## About This Document

This resource of sample legislative platform language provides a range of options for local health departments seeking to integrate health promoting policies into their jurisdiction's legislative platform. Topic areas identified support and advance the Public Health Alliance of Southern California priority initiative areas. Sample language is drawn upon evidence-informed, federal, state and local best practices accompanied by references and resources. Development of policy and policy recommendations is part of Public Health's Essential Health Services as defined by the American Public Health Association 2014. **Disclaimer:** Contents of this resource are not intended to reflect positions of Alliance members.

About the Alliance

The Public Health Alliance of Southern California (Alliance) is a collaboration of local health departments in Southern California. Collectively our members are statutorily responsible for the health of nearly 60% of California's population. Our vision is "All Southern California communities are healthy, vibrant and sustainable places to live, work and play." The Alliance builds healthy communities through upstream multi-sector policy, systems and environmental change; and mobilizes and amplifies the Southern California local health departments' regional voice in three Priority Initiatives: **Healthy Transportation and Land Use**, **Healthy Food Systems** and **Data in Action**. The Alliance work is grounded in two overarching frameworks including: **1) Equity/Opportunities for All and 2) Climate and Health.**
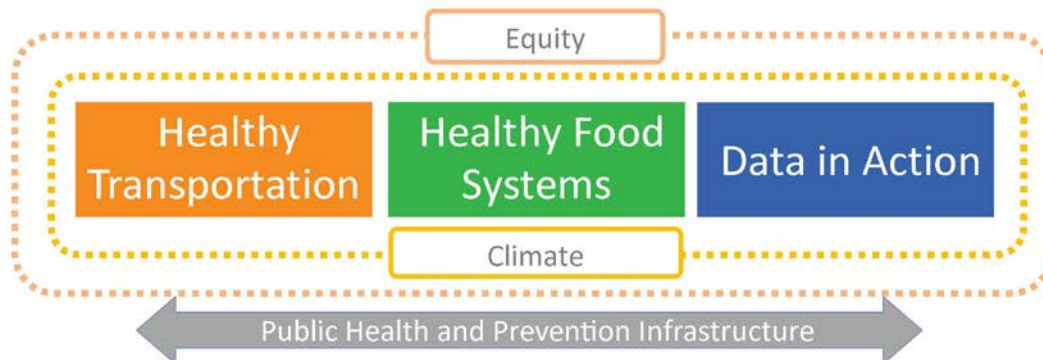
The Suggested Legislative Platform Language statements are grouped around these priority initiatives and overarching framework categories, with sections devoted to each. A sixth section provides recommended language for supporting overall Public Health and Prevention Infrastructure.

Document Structure

This document provides a set of sample legislative platform policy statements that support and advance the three Alliance Initiative Priorities and overarching approaches to address equity and climate change. These policy statements were identified by the Alliance within the context of our current work to achieve significant policy, systems and environmental change for the Southern California region. References provided in the document demonstrate how each policy statement is aligned with leading public health organizations, other prominent regional, state and national organizations, research centers and local laws and ordinances.

Guiding Principles

The Alliance's efforts to reduce the burden of chronic disease and build healthy communities will be guided by core principles to protect health, equity and sustainability, and ensure the greatest near- and long-term benefits:

- Take substantial and timely action toward primary prevention
- Support strategies with the highest potential impact through policy, systems and environmental change that can shift population health
- Promote health equity and environmental and social justice by identifying and addressing the social determinants of health to reduce health disparities.
- Engage the community in assessment, planning, decision-making and policy development to address health inequities
- Support greater resource allocation for communities suffering a disproportionate burden of social and behavioral determinants that lead to chronic disease
- Maximize health, environmental and economic co-benefits, including climate change adaptation, readiness, mitigation and community resilience especially for the most vulnerable with chronic illnesses
- Prioritize prevention for children and youth, the aged and other vulnerable groups
- Support better quality health care and self-management for those already affected by chronic disease
- Promote "Health in All Policies" approaches within government and non-governmental organizations to improve population health
- Build collaboration between public health, healthcare, transportation, land use planning, energy, housing, agriculture and environmental health sectors to improve population health

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Healthy Transportation and Land Use Strategies

Transportation Equity

1.1   Prioritize transportation spending to support accessibility for and reduce adverse impacts on low income residents and communities with poor socio-economic measures.

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

1.3   Support local hire practices and optimize local job creation when implementing transportation and infrastructure investments.

Active Transportation

1.4   Support transportation and planning policies, including funding for implementation, operations and maintenance that favor walking, bicycling and use of public transportation, and are synergistic with the goal of reducing greenhouse gas emissions.

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

1.6   Support strategies and programs that make transportation networks safe for all users, including Vision Zero, Complete Streets, Safe Routes to School and Safe Routes to Healthy Places policies and implementation.

1.7   Promote other built environment policies that favor physical activity in both recreational and non-recreational settings.

Policy Implementation and Alignment

1.8   Align local implementation of regional Sustainable Communities Strategies by tracking transportation-related greenhouse gas emissions at a County level, and conducting cost/benefit analyses of transportation projects using GHG-emissions as a criteria.

1.9   Use market-based strategies, including VMT-based fees, to manage demand and create sustainable funding streams for more equitable transportation investments.

1.10 Encourage adoption of VMT-based traffic impact analyses and mitigation measures as proposed by the Strategic Growth Council.

1.11 Support transportation investments are responsive to community needs by advancing non-infrastructure grant funding set-asides through programs such as the Active Transportation Program.

Green Infrastructure

1.12 Integrate stormwater capture and green infrastructure into transportation and built environment plans and investments.

1.13 Link green infrastructure strategies as part of implementation for emergency preparedness plans.

1.14 Support minimal water use for new development by encouraging multi-family housing types, smart landscaping, localized treatment for re-use, and grey water use options.

Data for Healthy Transportation and Land Use Options

1.15 Integrate public health into transportation and land use planning, funding and decision-making by standardizing the use of public health data in these processes.

1.16 Improve data collection related to active transportation modes, including mode split, current active transportation funding levels, and projected needs, so that data is equally collected for all modes of transport. Encourage investment in survey oversamples and new data collection methods to capture Active Transportation data with sufficient sample size to assess mode share.

Healthy Housing

1.17 Support policies and resources that assure the availability of safe and affordable housing so that people of all incomes, ages and abilities can live in communities that promote health.

1.18 Support policies that promote high quality affordable housing production and preservation, including inclusionary housing policies, production of affordable housing on publicly- owned land, and increased financing of affordable housing, and policies streamlining the construction of affordable housing near transportation options and employment areas.

1.19 Support policies to increase effectiveness of California's Housing Element and Regional Housing Needs Allocation (RHNA) process in creating adequate affordable housing supplies.

1.20 Implement value-capture strategies, including tax-increment financing, to ensure equitable development around public transportation investments.

1.21 Support policies that protect tenants and reduce risk of displacement in high cost housing markets.

1.22 Support strategies that promote homeownership, asset development, and ladders into the middle class.

1.23 Support re-investments in existing public housing.

1.24 Promote healthy indoor air quality in homes, and implement this best practice in publicly financed housing projects, and establish these best practices in private development projects.

1.25　Support the development of age-diverse communities with flexible housing types, schooling, child/elder care and transportation options to allow residents to remain in place throughout their lives.

1.26　Support policies that help aging individuals to remain independent in their homes with needed support for as long as possible ("aging in place").

1.27　Support 'Housing First' policies and the development of permanent, supportive housing to address chronic homelessness.

Healthy Food Systems Strategies

Equitable Food Systems

Promote healthy, socially just, local, sustainable, ecologically responsible and resilient food systems:

Access to Healthy Food and Water

2.1　Adopt procurement policies that increase access to and affordability of healthy foods and beverages, and as feasible promote sustainable, local, and water-wise food systems.

2.2　Support strategies that establish access to water as a basic right.

2.3　Promote the ubiquitous availability of clean potable tap water, in a variety of settings.

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

Equity, Resiliency and Sustainability in Food Production Practices

2.5　Support measures that safeguard food and water supplies in response to scientifically based climate projections.

2.6　Incentivize safe and water-friendly food production methods and procurement.

2.7　Support adoption of safe and economical water reuse strategies.

2.8　Support the right of workers engaged in the production, processing, and distribution of food to and safe working conditions and to a living wage.

2.9　Promote intersectoral approaches to reduce and eliminate use of food additives, agrochemicals and antibiotics in ways that degrade human or environmental health.

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

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

Supporting Food Security by Reducing Food Waste and Smart Resource Management

2.12   Support safe and wide reaching food diversion programs to feed food insecure residents and minimize organic waste in landfills.

2.13   Decrease food waste by implementing strategies to clarify differences between "sell by dates" and "best if used by" labels on food.

2.14   Support adoption and proliferation of safe, emerging solid waste management practices, and streamline local permitting of organic waste re-use facilities.

2.15   Support water policies that prioritize urban/community water for food production over ornamental landscapes.

Food Assistance, Food Environments and Marketing

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

2.17   Support continued and increased funding for programs that support nutrition assistance including WIC, School Lunch and Breakfast programs, Child and Adult Care Food Program (CACFP), SNAPEd and SNAP and advocate for the use of healthy and sustainable foods in these programs.

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

2.19   Constrain food marketing practices that threaten the health of children and their families by supporting intersectoral policies to reduce the amounts of sodium, added sugar and trans fat in the food supply.

2.20   Support taxation of sugar sweetened beverages to reduce obesity rates and provide a revenue stream to subsidize healthy foods or support public health education campaigns.

2.21   Support policies and programs that promote breastfeeding including requirements for hospitals to adopt "baby friendly practices".

2.22   Support policies and guidance to reduce meat consumption as part of a sustainable, healthy diet.

Using Data to Advance Equity

3.1   Develop and standardize Social Determinants of Health measures to prioritize funding for health disadvantaged areas.

3.2   Support prioritization of resources toward disadvantaged communities based on socio-economic metrics.

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

3.4   Support efforts to integrate interventions related to the social determinants of health into health care financing and delivery.

Standardize Data for Cross Sector Coordination

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

3.6   Encourage coordination of community needs assessments and implementation plans between hospitals, health departments, workforce, housing providers and other sectors.

Improve Chronic Disease Surveillance

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

3.8   Strengthen surveillance data for chronic disease incidence, prevalence, awareness, control and outcomes and facilitate access.

Equity/ Opportunities for All

Promote equity in the social determinants of health, including:

4.1   Support analysis of budgets and revenue streams and include public participation in budgeting processes to align allocations using social determinants of health.

4.2   Support incorporation of policies, programs and evaluation strategies to ensure equitable access to employment, resources, and housing.

4.3 Support efforts that address income inequality, including minimum/living wage provisions, to reduce poverty, and to increase pathways to the middle class.

4.4 Develop resources to assist government efforts to address historic inequities including through resource allocation and policy change.

4.5 Support efforts to address discrimination based on class, race/ethnicity, immigration status, gender, and sexual orientation and enforce anti-discrimination measures.

4.6 Support programs that help new immigrant communities' integration into the social and political structures of existing communities.

4.7 Support efforts to increase and share regional prosperity and quality jobs across the Southern California region.

Diversion and Re-Entry Programs

4.8 Support initiatives that provide funding for comprehensive rehabilitation, recidivism, and diversion programs for individuals at high risk of incarceration.

Homeless Services

4.9 Support initiatives that provide funding to: 1) reduce and prevent homelessness; 2) expand the availability of permanent supportive housing that provide coordinated services; and 3) allow jurisdictions to maximize and leverage Federal, State and local funds to provide services for at-risk and homeless families and single persons.

Gun Violence

4.10 Support for policies and programs to reduce the unjust impact of violence in communities,(including but not limited to gun control.)

4.11 Support efforts to reduce gun-related injury and death by strengthening background checks, limiting access to high capacity magazines and assault-style weapons, and participating in gun buy-back/take back programs.

Mental Health:

4.12 Support mental health parity in health insurance and service delivery.

Support screening and accessible services for people with alcohol and drug dependence and mental health problems as part of health care coverage

Healthcare:

4.13 Support a healthcare system that is accessible and affordable for all and which prioritizes prevention.

4.14   Support efforts to integrate interventions related to the social determinants of health into health care financing and delivery.

4.15   Support the engagement of healthcare providers, public health systems, and other community partners in accountable communities for health at the local or regional level, with the goal of improving the health of defined populations.

4.16   Support the coverage by health insurers of evidence-based disease prevention and self-management programs including diabetes prevention, tobacco cessation, asthma and other chronic disease self-management and other programs.

4.17   Support efforts that recognize special needs of persons with disabilities and support engagement of the disabled community to create appropriate policies and services.

4.18   Support efforts to advance cultural and linguistic appropriateness in planning, outreach and communication.

4.19   Support policies to build cultural competency in healthcare delivery and public health approach.

CLIMATE AND HEALTH

Climate Change Adaptation, Mitigation and Community Resilience

5.1   Strengthen the public health role and involvement in climate change action, including mitigation, adaptation and resilience.

5.2   Strengthen public health capacity, infrastructure and resources (including funding) to prevent and prepare for the impacts of climate change on health.

5.3   Build the evidence base through research, monitoring, surveillance, and pilot projects to evaluate the health implications of climate change and identify climate change solutions that optimize health.

5.4   Promote strategies to address climate change that optimize for health, equity, and well-being.

5.5   Promote community environments that simultaneously support health, and climate change mitigation and resilience (e.g. active transportation, walkability, urban greening).

5.6   Integrate health, equity and sustainability into decision-making processes, planning documents, guidelines, funding formulas and certification requirements across policy arenas.

5.7   Prioritize an equity frame across climate action plans/ strategies, recognizing that the most socioeconomically vulnerable communities are often the ones that are most vulnerable to climate change.

5.8   Promote adaptation planning and community resilience that incorporate health and health equity.

5.9   Improve baseline resilience in vulnerable locations and populations including: health; well-being; financial security; and housing.

5.10   Incorporate outdoor workforce health and safety protections for severe weather events.

5.11   Promote climate change strategies that support equitable community development.

Resilient Infrastructure Investments

5.12   Address the impacts of climate change on those natural and human systems upon which human health depends (e.g. air quality, water quality and quantity, food systems, weather systems, sea level).

5.13   Connect preservation of natural lands with climate resilience: expand wetlands, watersheds, recharge areas, streamside areas, and floodplains.

5.14   Support policies, programs, and funding to reduce heat islands, which are associated with increased levels of ozone as well as to create attractive shaded streets, including urban greening, green infrastructure, energy efficiency, and cool roofs and pavements.

5.15   Establish a climate risk analysis for large-scale infrastructure investments.

5.16   Estimate the economic and non-economic benefits of resilience investments.

Climate and Water

5.17   Include impacts of water projections for emergency preparedness planning.

5.18   Increase resiliency in water management through conservation, coordination and communication.

5.19   Promote measures that safeguard water resources when approving new development.

Greenhouse Gas Emissions Reductions

5.20   Ensure meaningful climate protections by aligning ARB-implemented GHG reduction targets with state mandated goals.

5.21   Support strategies that promote a net zero emissions economy.

5.22   Support urgent and substantial reductions to greenhouse gas emissions, short- and long-term, across sectors (e.g. energy, transportation, food and agriculture sectors).

5.23   Promote reduction of the systems that produce the sources of greenhouse gases (e.g. extraction of fossil fuels, expansion of unsustainable food systems).

5.24   Promote sustainable, healthy sequestration strategies across sectors (e.g. sustainable agriculture and food systems, urban greening).

Public Health and Prevention Infrastructure

6.1   Create sustainable revenue streams to support the reduction of health inequities and prevention of chronic disease at all levels.

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

6.3   Create sustainable funding sources such as wellness funds, social innovation bond programs, or other funding sources to allow local health departments to effectively address chronic disease prevention.

6.4   Support efforts to increase resources available to address inequities in social determinants of health, including living conditions such as the physical environment, social environment, and economic conditions including housing, education and community resilience.

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

6.6   Foster collaboration and funding mechanisms such as accountable communities for health to build partnerships and shared responsibilities for disease prevention across sectors, such as between local public health and planning departments, agriculture, transportation, health care providers or educators.

6.7   Use alignment of Community Health Needs Assessments and Community Health Assessment metrics and implementation goals as a mechanism for providing financing for key community health goals.

Prioritize transportation spending to support accessibility for and reduce adverse impacts on low income residents and communities with poor socio-economic measures.

References

National Prevention Strategy	Enhance cross-sector collaboration in community planning and design to promote health and safety. *(National Prevention Strategy, 2011 – Healthy and Safe Community Environments, Recommendation; http://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-and-safe-community-environments.html)*
National Association of City and County Health Officials (NACCHO)	Comprehensive, formal, and systemic integration of local public health considerations into community design processes, including community planning, regulations, and design of new development and redevelopment, and design of the public realm to promote and protect the health of communities. Dedication of increased federal, state, and local resources to improve the capacity of local health departments to participate effectively in the community design process through training, development of tools, technical assistance, and other support. In addition, federal transportation policy should support local health department involvement in local transportation planning. *(NACCHO Statement of Policy 03-02, Updated January 2013 – Healthy Community Design; http://www.naccho.org/uploads/downloadable-resources/Policy-and-Advocacy/03-02-Healthy-Community-Design.pdf)*
County Health Executives Association of California (CHEAC)	Support legislation and funding that encourages consideration of public health impacts in the design and planning of healthy communities. *(CHEAC 2016 Legislative Platform; http://www.cheac.org/page/Legislation/pdfs/legishs/2016/2016_Leg_Platform-Final.pdf)*
California Conference of Local Health Officers (CCLHO)	Inclusion of public health policy in county and city general plans and ordinances to promote access to good nutrition and physical activity; Collaboration between health departments and planning departments to incorporate public health strategies into local land use, transportation, and community design; *(CCLHO Policy Platform, Fall 2010, page 12, 13; https://www.cdph.ca.gov/programs/cclho/Documents/CCLHOPolicyPlatform.pdf)*

The Leadership Conference on Civil and Human Rights	The Leadership Conference on Civil and Human Rights, founded in 1950, is a coalition of over 200 national organizations charged to promote and protect the civil and human rights of all people in the United States. The 2011 publication, "Where We Need to Go: A Civil Rights Roadmap for Transportation Equity" supports transportation equity as a civil and human rights priority and makes recommendations to policy makers as they reauthorization surface transportation programs. "Access to affordable and reliable transportation widens opportunity and is essential to addressing poverty, unemployment, and other equal opportunity goals such as access to good schools and health care services. However, current transportation spending programs do not equally benefit all communities and populations. And the negative effects of some transportation decisions— such as the disruption of low-income neighborhoods — are broadly felt and have long-lasting effects. Providing equal access to transportation means providing all individuals living in the United States with an equal opportunity to succeed." *(The Leadership Conference on Civil and Human Rights, Transportation Equity, downloaded June 2016; http://www.civilrights.org/transportation/)*
Los Angeles County	2.4 Parks, 1. Support proposals to fund for acquisition, development, and rehabilitation of parks and recreation facilities and open space, and seek additional funding for the establishment of new urban parks in the underserved areas of the County. *(Los Angeles County 2015-16 State Legislative Agenda, Second Year, adopted December 8, 2015, page 9; http://ceo.lacounty.gov/IGR/PDF/FINAL%20VERSION%20-%20BOARD%20APPROVED_State%20Legislative%20Agenda%202nd%20Year%202015-16_Dec%208%202015.pdf)*

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

References

Centers for Disease Control and Prevention (CDC)	Provide incentives to support a strong network of public transportation options, including bus rapid transit and light rail, which connect housing and jobs as well as improve access to healthy foods, medical care, and other services.
	Work with government and non-government organizations to develop and implement model transportation planning policies that encourage transit-oriented developments and other mixed-use development, and increase connectivity among neighborhoods and communities for all transportation modes.
	(CDC Recommendations for Improving Health Through Transportation Policy, 2010, page 2,4; *http://www.cdc.gov/transportation/docs/FINAL%20CDC%20Transportation%20Recommendations-4-28-2010.pdf)*
California Department of Public Health (CDPH)	Develop incentives for sustainable housing development by awarding bonus points in competitive grant programs or giving dedicated or beneficial funding consideration for infill and transit-oriented developments.
	(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Housing and Indoor Spaces Recommendation I.B3, page 26; *http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf)*
California State Association of Counties (CSAC)	Priority areas for growth need incentives. The state should encourage new growth that supports compact development within cities, existing urban communities, and rural towns that have the largest potential for increasing densities and that efficiently utilize existing and new infrastructure investments and scarce resources, and strives towards achieving a jobs-housing balance. Consistent with regional planning efforts, cities and counties should receive incentives to support efficient development.
	(California State Association of Counties (CSAC) California Counties General Principles on Infrastructure Investment and Strategic Growth, 2006, page 2; *http://www.counties.org/sites/main/files/file-attachments/2006_infrastructure_0.pdf)*

Support local hire practices and optimize local job creation when implementing transportation and infrastructure investments.

References

U.S. Department of Transportation	The U.S. Department of Transportation "Ladders of Opportunity" program explores new ways to make it easier for states and cities to hire local residents for transportation projects. The pilot program allows recipients of highway and transit grants to use hiring programs in which preference is given to local residents, low-income workers, and veterans. *(U.S. Department of Transportation, Updated Wednesday March 30, 2016; https://www.transportation.gov/opportunity/work)*

Support transportation and planning policies, including funding for implementation, operations and maintenance that favor walking, bicycling and use of public transportation, and are synergistic with the goal of reducing greenhouse gas emissions.

References

CDPH	Policies that support active transportation help Californians incorporate more health-promoting physical activity into their lives, while also reducing greenhouse gas emissions and other harmful co-pollutants. Infill development can help to reduce urban sprawl, reduce greenhouse gas emissions, and support location-efficient housing that promotes active transportation and allows workers to reap both economic and health benefits. *(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Executive Summary, page 7; http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf)*
CHEAC	Support legislation and funding that encourages consideration of public health impacts in the design and planning of healthy communities. Support efforts to develop climate change mitigation strategies to help protect against potential impacts on human health. *(CHEAC 2016 Legislative Platform; http://www.cheac.org/page/Legislation/pdfs/legishs/2016/2016_Leg_Platform-Final.pdf)*
CSAC	There are direct human health benefits associated with mitigating greenhouse gas emissions, such as lowering rates of obesity, injuries, and asthma. Counties believe that prevention, planning, research and preparation are the keys to coping with the public health issues brought about by climate change, and that any public policy related to climate change and public health must take into account the existing roles and resources of county government. *(California State Association of Counties (CSAC) Climate Change Policy Statements and Principles, November 2007, page 11; http://www.counties.org/sites/main/files/file-attachments/csac_climate_change_policy__final.pdf)*

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

References

National Prevention Strategy	Promote the development of transportation options and systems that encourage active transportation and accommodate diverse needs. Support adoption of active living principles in community design, such as mixed land use, compact design, and inclusion of safe and accessible parks and green space. *(National Prevention Strategy, 2011 – Active Living, Actions; http://www.surgeongeneral.gov/priorities/prevention/strategy/active-living.pdf)*
CDC	Increase opportunities for physical activities by devoting increased resources to non-motorized transportation options. *(CDC Recommendations for Improving Health through Transportation Policy, 2010, page 5; http://www.cdc.gov/transportation/docs/FINAL%20CDC%20Transportation%20Recommendations-4-28-2010.pdf)*
Active Living Research	Expert evaluations conclude that adults who live in walkable neighborhoods are more physically active and indicate that land use policy should be considered an important public health issue. Introducing sidewalks, bike trails and traffic calming devices can lead to increased physical activity. Walking for transportation is consistently related to having many destinations near homes, connected streets and high residential density. *(Kerr, J. Designing for Active Living Among Adults. A Research Summary. Princeton, NJ: Active Living Research, a National Program of the Robert Wood Johnson Foundation. Spring 2008, page 5; http://activelivingresearch.org/sites/default/files/Active_Adults_0.pdf)*

| Los Angeles County | 2.4 Parks, 5. Support proposals to fund or promote partnering opportunities with social service and health agencies to increase healthy activities and exercise programs in parks for youth and adults.

2.4 Parks, 6. Support proposals to fund or promote after-school programs in park facilities and schools operated by parks and recreation agencies, with special incentives and funding for programs identified in high-crime areas.

3.2 Land Use Planning, 4. Support legislation that promotes the development of housing sites near public transit hubs, discourages sprawl or promotes urban design that encourages safe walking, cycling routes to commercial districts and schools if financed by a mutually agreed upon funding mechanism.

4.6 Public Health, Support proposals that increase the prevalence and safety of sidewalks, walking, trails, bike paths and parks; promote safe walking and biking routes to schools and commercial districts; and promote complete streets while making streets safe and accessible for all users including automobiles, pedestrians, and bicyclists.

(Los Angeles County 2015-16 State Legislative Agenda, Second Year, adopted December 8, 2015; pages 10, 17, 35; http://ceo.lacounty.gov/IGR/PDF/FINAL%20VERSION%20-%20BOARD%20APPROVED_State%20Legislative%20Agenda%202nd%20Year%202015-16_Dec%208%202015.pdf) |

Support strategies, policies and programs that make transportation networks safe for all users, including Vision Zero, Complete Streets, Safe Routes to School and Safe Routes to Healthy Places policies and implementation.

References

CDPH	Support active transportation through implementation of "Complete Streets." Incorporate safety considerations of all roadway users into programs, policies, and community designs. *(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Active Transportation Recommendations I.A.2 and I.A.3, page 25;* *http://activelivingresearch.org/sites/default/files/Active_Adults_0.pdf)*
American Public Health Association (APHA)	Supporting the use of the Complete Streets methodology, which considers health effects on all transportation users Expanding Safe Routes to School programs, which encourage children, including children with disabilities, to walk and bike to school safely. *(APHA Fact Sheet, Undated/Downloaded June 2016 – Active Transportation;* *https://www.apha.org/~/media/files/pdf/topics/transport/apha_active_transportation_fact_sheet_2010.ashx)*
Let's Get Healthy California	Increase the number of walk trips per capita and the percentage of children who walk, bike and skate to school are priorities for creating healthy communities. *(Let's Get Healthy California Task Force Report, December 2012, page 21;* *http://www.chhs.ca.gov/LGHC/__Let%27s%20Get%20Healthy%20California%20Task%20Force%20Final%20Report.pdf)*
California Office of Planning and Research	Planning connected bike and pedestrian paths increase alternatives to auto use. Both transit oriented development (TOD) and infill development also create an opportunity for more active lifestyles. Complete Streets and multimodal, interconnected transit allow access to services, housing, school, open space recreation areas, and other amenities without the need for vehicles. In conjunction with a robust public transportation system, first and last mile policies- addressing the need to provide connections between destinations and the beginning or end of transit- ensure increased mobility. Additional infrastructure such as covered rest areas, shade, age friendly seating, and bike storage are important to increase utilization. *(California Office of Planning and Research Draft General Plan Guidelines for Public Comment, 2015, page 224;* *https://www.opr.ca.gov/docs/DRAFT_General_Plan_Guidelines_for_public_comment_2015.pdf)*

Vision Zero Los Angeles	Vision Zero is a road safety policy that promotes smart behaviors and road design and anticipates mistakes so that collisions do not result in severe injury of death. The City of Los Angeles has set the goal to eliminate traffic deaths by 2025 using a data driven approach by prioritizing areas for safety improvements. *(http://visionzero.lacity.org)*
New York City Vision Zero Action Plan	New York City Vision Zero Action Plan 2014 brings together government, advocacy, private sector and the public to improve street safety. The Action Plan includes proposed city actions for City Hall, Police Department, Department of Transportation, Taxi and Limousine Commission, Department of Citywide Administrative Services and Department of Health and Mental Hygiene. Actions include: increasing the enforcement of moving violations; improving street designs; holding public outreach sessions; increasing penalties for dangerous drivers; reducing speed limits; and increasing the use of enforcement cameras. *(New York City Vision Zero Action Plan 2014; http://www.nyc.gov/html/visionzero/pdf/nyc-vision-zero-action-plan.pdf)*

Promote built environment policies that favor physical activity in both recreational and non-recreational settings.

References

Healthy People 2020	Healthy People 2020 Physical activity objectives support the health benefits of regular physical activity. There are objectives related to increasing the proportion of trips made by walking and bicycling by adults as well as increasing legislative policies for the built environment that enhance access to and availability of physical activity opportunities. *(https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity)*
Los Angeles County	2.4 Parks, 1. Support proposals to fund for acquisition, development, and rehabilitation of parks and recreation facilities and open space, and seek additional funding for the establishment of new urban parks in the underserved areas of the County. *(Los Angeles County 2015-16 State Legislative Agenda, Second Year, adopted December 8, 2015, page 9; http://ceo.lacounty.gov/IGR/PDF/FINAL%20VERSION%20-%20BOARD%20APPROVED_State%20Legislative%20Agenda%202nd%20Year%202015-16_Dec%208%202015.pdf)*

Align local implementation of regional Sustainable Communities Strategies by tracking transportation-related greenhouse gas emissions at a County level, and conducting cost/benefit analyses of transportation projects using GHG-emissions as a criteria.

References

Southern California Association of Governments (SCAG)	Senate Bill 375 requires each Metropolitan Planning Organization (MPO) to prepare a Regional Transportation Plan (RTP) Sustainable Communities Strategy (SCS) plan to reduce greenhouse gas emissions from cars and light trucks through integrated transportation, land use, housing and environmental planning. Adopted in 2012, the SCAG RTP/SCS blueprint improves the quality of life where people live, work, play and how they will move around. *(Southern California Association of Governments, Regional Transportation Plan Sustainable Communities Strategies, 2012-2035; http://rtpscs.scag.ca.gov/Pages/About-the-SCS.aspx)*
San Diego Association of Governments (SANDAG)	SANDAG was the first Metropolitan Planning Organization (MPO) to adopt a Regional Transportation Plan (RTP) in 2011 that meets statutory requirements and encourages sustainable planning practices. The Sustainable Communities Strategies promote the integration of land use, housing and transportation to created walkable, transit-oriented and compact communities. A 2014 progress report is available on SANDAG's website. *(San Diego Association of Governments, Sustainable Communities Fact Sheet, January 2012; http://www.sandag.org/index.asp?projectid=360&fuseaction=projects.detail)*
California Office of Planning and Research	Regional and local governments and agencies influence VMT-related GHG emissions both on a project-level basis and in integrated, long-term blueprints such as the Sustainable Communities Strategies (SCS) and regional transportation plans. In addition, local land use decisions can promote climate-friendly policies such as transit-oriented and mixed-use development that can also create consistency with the region's SCS, if applicable. *(State of California General Plan Guidelines, Draft for Public Comment, 2015, page 268; https://www.opr.ca.gov/docs/DRAFT_General_Plan_Guidelines_for_public_comment_2015.pdf)*

| Climate Plan | As required by SB 375, the Air Resources Board set a target for the Southern California region to reduce per-capita greenhouse gas emissions from cars by 8% below 2005 levels by 2020, and 13% by 2035; SCAG's own 2012 plan actually exceeds these targets, aiming for 9% by 2020 and 16% by 2035. To meet the region's goal, all six of the region's counties will need to reduce greenhouse gases by reducing driving.

In the Southern California region, planning is "bottom up," or locally led: though the goals are regional, their implementation is local. County Transportation Commissions decide which transportation projects to fund; SCAG then incorporates their plans into the RTP/SCS.

Although SCAG has the responsibility for setting and meeting the region's greenhouse gas reduction targets, only County Transportation Commissions have the funding and authority to actually achieve the greenhouse gas reductions. This is why County Transportation Commissions should show the climate impacts of their decisions.

Toward a Sustainable Future, is Southern California on Track? http://www.climateplan.org/ontrack/ Page 7. |
|---|---|

Use market-based strategies, including VMT-based fees, to manage demand and create sustainable funding streams for more equitable transportation investments.

References

Southern California Association of Governments (SCAG)	A greater use of electric, alternative fuel vehicles and increases in fuel efficiency for light-duty vehicles and freight trucks will continue to impact gas tax revenues. The National Surface Transportation Infrastructure Financing Commission's findings and recommendations to efficiently fund investments in transportation in the medium to long run will be a user charge system based on miles driven rather than on fuel consumed. SCAG supports further research, development and demonstration on mileage-based user fees specific to the Southern California context. *(Southern California Association of Governments Transportation Finance, Mileage-Based User Fee, downloaded June 2016; http://transfin.scag.ca.gov/Pages/Mileage-Based-User-Fee.aspx)*
San Diego Association of Governments (SANDAG)	Options for funding transportation include a user based mileage fee. Senate Bill 1077 (DeSaulnier) enacted in 2014 authorizes such a fee. The legislation calls for an advisory committee to study and develop options to be implemented as a pilot project in 2017. *(San Diego Association of Governments, San Diego Forward: The Regional Plan, Chapter 3 Financing Our Future, October 2015, page 119; http://www.sdforward.com/pdfs/RP_final/The%20Plan%20-%20combined.pdf)*

Encourage adoption of VMT-based traffic impact analyses and mitigation measures as proposed by the Strategic Growth Council.

References

California Department of Transportation (CalTrans)	SB 743 Vehicle Miles Traveled (VMT) Impact Assessment will require lead agencies to assess VMT impacts on residential and office land use projects and set thresholds of significance. *(http://www.dot.ca.gov/hq/tpp/offices/omsp/SB743.html)*
Office of Planning and Research (OPR)	On September 27, 2013, Governor Brown signed Senate Bill 743 (Steinberg, 2013). Among other things, SB 743 creates a process to change the way we analyze transportation impacts under the California Environmental Quality Act (Public Resources Code section 21000 and following) (CEQA). Currently, environmental review of transportation impacts focuses on the delay that vehicles experience at intersections and on roadway segments. That delay is often measured using a metric known as "level of service," or LOS. Mitigation for increased delay often involves increasing capacity (i.e. the width of a roadway or size of an intersection), which may increase auto use and emissions and discourage alternative forms of transportation. Under SB 743, the focus of transportation analysis will shift from driver delay to reduction of greenhouse gas emissions, creation of multimodal networks and promotion of a mix of land uses. *(California Office of Planning and Research, "Updating Traffic Impacts Analysis in CEQA Guidelines"* *https://www.opr.ca.gov/docs/Final_Preliminary_Discussion_Draft_of_Updates_Implementing_SB_743_080614.pdf)*

City of Pasadena	Whereas, the existing Transportation Performance Measures are not in accordance with the revised goals and objectives of the existing proposed update to the General Plan, and are silent with regard to system performance of non-auto modes, and tend to generate mitigation solutions that are increasingly contrary to community values, and… SB 743 amended the California Environmental Quality Act in 2013, and the Governor's Office of Planning and Research is currently undertaking amendments to the State CEQA Guidelines, to change analysis of transportation impacts under CEQA and… the proposed new Transportation Performance Measures emphasize sustainability and a continued focus on livability by determining how to balance trade-offs among travel modes and among the mobility needs of different members of the community; and Whereas, the new Transportation Performance Measures also align with the sustainability goals of the existing and proposed update to the General Plan by evaluating the 'efficiency' of projects and analyzing the per capita length and number of trips associated with changes in land use. *(City of Pasadena Resolution 9398, Adopting New Traffic Thresholds of Significance for Purposes of CEQA, page 3 accessed: 6/23/16* *https://www.opr.ca.gov/docs/City_of_Pasadena.pdf)*

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Support transportation investments that are responsive to community needs, e.g. non-infrastructure grant funding set-asides through programs such as the Active Transportation Program.

References

California Transportation Commission	The Active Transportation Program (ATP) was created by Senate Bill 99 (Chapter 359, Statutes of 2013) and Assembly Bill 101 (Chapter 354, Statutes of 2013) to encourage increased use of active modes of transportation, such as biking and walking. The ATP consolidates various transportation programs, including the federal Transportation Alternatives Program, state Bicycle Transportation Account, and federal and state Safe Routes to School programs into a single program to: increase the proportion of biking and walking trips; increase safety for non-motorized users; increase mobility for non-motorized users; advance the efforts of regional agencies to achieve greenhouse gas reduction goals; enhance public health. *(http://www.catc.ca.gov/programs/ATP.htm)*

Public Health Alliance of Southern California	Local Health Departments have been longstanding partners in efforts to encourage transportation-related physical activity, partnering with jurisdictions on Safe Routes to School assessments and projects, recommending physical activity as a 'prescription for health,' and seeking to help communities with concerns about crime by implementing *Crime Prevention Through Environmental Design* strategies. We see non-infrastructure projects as laying the groundwork for communities where everyone can connect and have access to opportunities by means other than a motorized vehicle while creating a culture of health through active living. As such, the criteria should not only focus on infrastructure, but on developing programming and education to help residents feel safe and connected while walking of biking to destinations. ATP non-infrastructure grants also help finance the ongoing collaboration of health and planning at a local level, helping not only to increase the effectiveness of active transportation infrastructure improvements, but also to create a broad understanding of how individual transportation choices can improve health. *(PHA SoCal, Comment Letter on Active Transportation Program Cycle 3 Guidelines, page 3, accessed 6/23/16: http://phasocal.org/wp-content/uploads/2016/02/PHA-SoCal-ATP-Cycle-3-Comment-Letter.pdf)*

Integrate storm water capture and green infrastructure into transportation and built environment plans and investments.

References

California Natural Resources Agency	Support collaboration and coordination of land use and water planning activities to ensure that sustainable development is resilient to climate changes. Land use planning decisions are made at the city and county level which provides opportunities to reduce water consumption and green house gas emissions through implementation of more sustainable land use policy, siting and design techniques. *(Safeguarding California: Implementation Action Plans, Water Sector Plan, California Natural Resources Agency, March 2016, page 213;* *http://resources.ca.gov/docs/climate/safeguarding/Safeguarding%20California-Implementation%20Action%20Plans.pdf)*
State Water Resources Control Board	Senate Bill 985 encourages the use of storm water and dry weather runoff as a resource to improve water quality, reduce localized flooding, and increase water supplies for beneficial uses and the environment. Accordingly, the development of Plans will encourage public agencies to identify opportunities to use existing publicly owned lands and easements to capture, treat, store, and use storm water and dry weather runoff either onsite or offsite. Water Code section 10562 was amended requiring a Storm Water Resource Plan as a condition of receiving funds from any bond approved after January 2014, including Proposition 1, which authorized $200 million in grants for multi-benefit storm water management projects. Water Code section 10565 was added and requires the State Water Board to establish Storm Water Resource Plan development guidance that shall include, but is not limited to, the following: identifying types of local agencies and nongovernmental organizations that need to be consulted in developing a Storm Water Resource Plan; defining appropriate quantitative methods for identifying and prioritizing opportunities for storm water and dry weather runoff capture projects; defining the appropriate geographic scale of watersheds for storm water resource planning; and other guidance the [State Water Board] deems appropriate to achieve the objectives of Water Code section 10565. *(Draft State Water Resources Control Board Resolution No. 2015-___ Draft Storm water Resource Plan Guidelines;* *http://www.waterboards.ca.gov/water_issues/programs/grants_loans/swgp/docs/draft_resolution_swrpg.pdf)*

Link green infrastructure strategies as part of implementation for emergency preparedness plans.

References

American Planning Association	Green infrastructure reduces damage from storm surge and flooding. Green infrastructure can reduce damage from natural disasters by conserving environmentally sensitive lands through land acquisition or easements and natural resource protection ordinance. Green infrastructure such as trees, parks and green roofs can reduce surface temperatures during heat waves. Incorporating green infrastructure into planning for post-disaster recovery can provide environmental, economic, and social benefits for disadvantaged neighborhoods, which frequently have fewer trees and green spaces than more advantaged communities. *(American Planning Association, Green Infrastructure and Post Disaster Recovery; https://www.planning.org/research/postdisaster/briefingpapers/greeninfrastructure.htm) date?*
California Natural Resources Agency	Increase emphasis and incorporate climate change impacts and adaptation strategies into Local Hazard Mitigation Plans (LHMPs) as part of the Safety Element of local government General Plans. *(Safeguarding California: Implementation Action Plans, Emergency Management Sector Plan, California Natural Resources Agency, March 2016, page 64, 65; http://resources.ca.gov/docs/climate/safeguarding/Safeguarding%20California-Implementation%20Action%20Plans.pdf)*
California Office of Planning Research	The Safety Element of the General Plan aims to reduce potential risk of death, injuries, property damage and economic and social dislocation resulting from fires, floods, droughts, earthquakes, landslides as well as other hazards and climate change impacts. The Local Hazard Mitigation Plan ideally would be incorporated into the Safety Element with policies identifying hazards and emergency response projects as well as mitigation through avoidance of hazards by new projects and reduction of risk in developed areas. *(State of California General Plan Guidelines, Draft for Public Comment, 2015, page 192, 193; https://www.opr.ca.gov/docs/DRAFT_General_Plan_Guidelines_for_public_comment_2015.pdf)*

Support minimal water use for new development by encouraging multi family housing types, smart landscaping, localized treatment for re-use, and grey water use options.

References

Environmental Protection Agency	Compact development generates less storm water runoff per unit through fewer impervious surfaces. It can also conserve drinking water via shorter pipes, reducing the amount of water lost to leaks. Incorporating gray water uses for landscaping and toilet flushing also conserves water. *(https://www.epa.gov/smartgrowth/smart-growth-and-water)*
California Water Action Plan 2016 Update	Promote Local Urban Conservation Ordinances and Programs Local agencies are increasingly conserving water by prohibiting certain types of wasteful water use. Examples include: prohibiting watering hard surfaces such as sidewalks, walkways, driveways or parking areas; prohibiting outdoor watering during and after periods of rain; and not serving water to customers in restaurants unless specifically requested. Local agencies are also pioneering incentive programs, for example, converting lawns to drought tolerant landscapes—and programs to capture rainwater. In July 2015, the California Water Commission adopted a new statewide model water efficient landscape ordinance that will limit lawn in new residential and commercial developments and require efficient irrigation systems. Under the model ordinance, which local governments must meet or exceed, new development will use roughly a third less water on landscaping. *(California Water Action Plan 2016 Update, page 6; http://resources.ca.gov/docs/california_water_action_plan/Final_California_Water_Action_Plan.pdf)*
City of Los Angeles Stormwater Ordinance	A Low Impact Development Plan shall be prepared to comply with the following: 1. Stormwater runoff will be infiltrated, evapotranspired, captured and used, and/or treated through high removal efficiency Best Management Practices onsite, through stormwater management techniques as identified in Section 4.1. The onsite stormwater management techniques must be properly sized, at a minimum, to infiltrate, evapotranspire, store for use, and/or treat through a high removal efficiency biofiltration/biotreatment system, without any stormwater runoff leaving the site to the maximum extent feasible, for at least the volume of water produced by the stormwater quality design storm event that results from: i. The 0.75-inch, 24-hour rain event, or ii. The 85th percentile 24-hour runoff event determined from the Los Angeles County 85th percentile precipitation isohyetal map, whichever is greater *City of Los Angeles Stormwater Division Low Impact Development Manual:* http://www.lastormwater.org/wp-content/files_mf/lidmanualfinal.pdf

Integrate public health into transportation and land use planning, funding and decision-making by standardizing the use of public health data in these processes.

References

American Public Health Association	Calls for improving public and public health participation in transportation and land-use decisions, establishing transparent and appropriately timed evaluation processes of transportation and land use plans and policies, and establishing a process to assess the health impacts of proposed transportation and land-use plans, policies, and projects. Supports research initiatives to evaluate the determinants within the built environment of adverse as well as beneficial public health impacts. Calls for better data collection by transportation agencies on the availability, use and users of non-motorized transportation. *(http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/02/14/17/creating-policies-on-land-use-and-transportation-systems-that-promote-public-health)*
California Office of Planning and Research	Adding a health lens to the planning process can lead to better health outcomes. Many health-related policies also promote economic, equity and climate resilient goals. Incorporating health data creates and opportunity to conduct a more comprehensive existing conditions analysis and serves as a means to provide baseline data to track progress for the social, economic and environmental factors that impact health. *(California Office of Planning and Research Draft General Plan Guidelines for Public Comment, 2015, page 231; https://www.opr.ca.gov/docs/DRAFT_General_Plan_Guidelines_for_public_comment_2015.pdf)*
California Planning Roundtable	Public health data can help planners better understand the distribution of resources and opportunities in a particular community in order to determine priorities. *(The Social Determinants of Health for Planners: Live, Work, Play, Learn! A Paper by the California Planning Roundtable, Healthy Communities Workgroup, Social Determinants of Health Subcommittee, October 2015, page 6; http://www.cproundtable.org/publications/social-determinants-health-planners/)*

Improve data collection related to active transportation modes, including mode split, current active transportation funding levels, and projected needs, so that data is equally collected for all modes of transport. Encourage investment in survey oversamples and new data collection methods to capture Active Transportation data with sufficient sample size to assess mode share.

References

CDC	Data and evaluation are critical to ensure that we have robust information on the impact of transportation systems on health as well as to determine whether interventions have their intended effect. Support public health data collection and analysis activities for active transportation and public transportation. Examples include:
	Improved specificity of external cause-of-injury codes for transportation-related deaths, hospitalizations, and emergency department visits to capture information on traffic-relatedness, vehicle type, and occupant status
	Comprehensive counts of deaths and improved data estimates of injuries related to all modes of transportation, including pedestrians and bicyclists
	Systematic counts of users of all modes of transportation, including pedestrians and bicyclists
	Targeted community level data to track the impact of policies, programs, and services
	Enhance travel demand modeling capability to reflect all modes of transportation
	(CDC Recommendations for Improving Health through Transportation Policy, 2010, page 8; http://www.cdc.gov/transportation/docs/FINAL%20CDC%20Transportation%20Recommendations-4-28-2010.pdf)

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

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

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

    ii.   Determine inequities by demographics such as income, race, and disability and encourage use of this data by Metropolitan Planning Organizations (MPOs) and Regional Transportation Planning Agencies (RTPAs) in transportation planning models.

    iii.   Assess and predict the health impacts associated with increases in active transportation and decreases in motorized transport.

(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Active Transportation Recommendation, page 25; http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf) |
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Support policies and resources that assure the availability of safe and affordable housing so that people of all incomes, ages and abilities can live in communities that promote health.

References

CDPH	Housing location affects access to resources such as parks, recreation, grocery stores with healthy food, jobs, schools, and other community necessities. By impacting access, housing location influences people's behaviors such as physical activity, healthy eating, and method of transportation, which in turn impact health. ... State funding should be directed towards new housing that is accessible to community resources. Existing housing can also be made more accessible through policies that increase infill and transportation services. *(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Recommendations Narrative, Housing and Indoor Spaces, page 48; http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf)*
National Prevention Strategy	Design and promote affordable, accessible, safe, and healthy housing. *(National Prevention Strategy, 2011 – Healthy and Safe Community Environments, Recommendation 2; http://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-and-safe-community-environments.html)*
PolicyLink	"'Healthy housing' is a home where the physical, mental, and socioeconomic environment supports household members in making healthy choices, achieving educational and economic success, and engaging in robust social and cultural networks… It does not impose cost burdens that divert household income away from healthy food, medical care, or educational opportunities. It is located in healthy and well-resourced neighborhoods." *(Healthy Communities of Opportunity: An Equity Blueprint to Address America's Housing Challenges, PolicyLink and The Kresge Foundation, page 9, April 20, 2016, page 9; https://www.policylink.org/sites/default/files/HCO_Web_Only.pdf)*
CHEAC	Support efforts, working with other sectors, to maintain and expand affordable, safe and stable housing. *(CHEAC 2016 Legislative Platform; http://www.cheac.org/page/Legislation/pdfs/legishs/2016/2016_Leg_Platform-Final.pdf)*

Support policies that promote high quality affordable housing production and preservation, including inclusionary housing policies, production of affordable housing on publicly-owned land, and increased financing of affordable housing, and policies streamlining the construction of affordable housing near transportation options and employment areas.

References

Change Lab Solutions	Building In Healthy Infill provides useful strategies for city and county general plans that support healthy infill development in a diversity of communities. *(Building In Healthy Landfill, Change Lab Solutions, 2014; http://www.changelabsolutions.org/publications/building-healthy-infill)*
CDPH	Encourage sustainable development through healthy housing by offering incentives and providing State guidance. Explore secure and permanent funding for affordable housing. Promote sustainable development through smart housing siting. *(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010- Housing and Indoor Spaces Recommendations 1.B1, 1.B2 and 1.B3, page 26; http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf)*
California Association of Housing Authorities (CAHA)	Community revitalization and development programs help state and local governments provide affordable housing to low-income families. Programs include the HOME Investment Partnership Program (HOME), Low-Income Housing Tax Credit (LIHTC), Community Development Block Grant Program (CDBG), USDA Rural Housing and Homeless Assistance Grants. CAHA supports fully funding the HOME Program to pre-2010 levels; fully funding the CDBG Program to pre 2010 levels; supporting full capitalization of the National Housing Trust Fund; providing necessary appropriations to sustain renewal of one year for the Section 521 Rural Housing Program contracts; and fully funding HUD's Homeless Assistance Grants. *(California Association of Housing Authorities, Legislative Focus 2016 downloaded in June 2016; http://www.cahahousing.org/CAHA2016Legislative%20Focus.pdf)*

Support policies to increase effectiveness of California's Housing Element and Regional Housing Needs Allocation (RHNA) process in creating adequate affordable housing supplies.

References

California Department of Housing and Community Development	California Department of Housing and Community Development (HCD) is required to allocate the region's share of the statewide housing need to Councils of Governments (COG) based on Department of Finance population projections and regional population forecasts used in preparing regional transportation plans. The COG develops a Regional Housing Need Allocation Plan (RHNA-Plan) allocating the region's share of the statewide need to cities and counties within the region. The RHNA-Plan should promote the following objectives: Increase the housing supply and the mix of housing types, tenure and affordability in all cities and counties within the region in an equitable manner; Promote infill development and socioeconomic equity, the protection of environmental and agricultural resources, and the encouragement of efficient development patterns; and Promote an improved intraregional relationship between jobs and housing. *(California Department of Housing and Community Development Regional Housing Needs Assessment downloaded July 2016; http://www.hcd.ca.gov/housing-policy-development/housing-element/hn_phn_regional.php)*
SCAG	To comply with California state housing law, jurisdictions within California must update their housing element every eight (8) years. In addition to providing a sites and zoning analysis to accommodate the projected housing need as determined by the Regional Housing Needs Assessment (RHNA) Allocation Plan, jurisdictions are required to assess their existing housing needs. Housing elements for the 5th planning cycle (October 2013 to October 2021) must be submitted by jurisdictions within the SCAG region to the California Department of Housing and Community Development by October 15, 2013. *(SCAG Regional Transportation Plan, Housing Elements 2012; http://rtpscs.scag.ca.gov/Pages/Housing-Elements-2012.aspx)*
SANDAG	The Regional Housing Needs Assessment (RHNA) Plan for the San Diego region describes the methodology developed to allocate the region's housing needs in four income categories (very low, low, moderate and above moderate) to the 18 cities and county unincorporated area. The RHNA Plan also discusses the housing issues in the region, the 2050 Regional Growth Forecast and the relationship of the RHNA to the 2050 Regional Transportation Plan and Sustainable Communities Strategy. *(SANDAG Regional Housing Needs Assessment Plan, 2010-2020, Final October 28, 2011; http://www.sandag.org/uploads/publicationid/publicationid_1661_14392.pdf)*

Implement value-capture strategies, including tax-increment financing, to ensure equitable development around public transportation investments.

References

Metropolitan Area Planning Council	Value capture is a type of public financing that uses some or all of the value credited by the public infrastructure (transportation, sewer and water facilities) as these facilities increase adjacent land values and generate increased property values for private land owners and increased local government tax collections. *(Metropolitan Area Planning Council, Understanding Value Capture as a Transportation Financing Strategy in Massachusetts, March 2013; http://www.mbta.com/uploadedfiles/About_the_T/Panel/MAPCValueCaptureMemo.pdf)*
American Public Transportation Association	Value capture investments like special assessment districts, tax increment financing, impact fees, joint development, air rights sale and split-rate property taxes allow jurisdictions to collect revenue in specific land use areas and direct the revenue toward specific projects. *(American Public Transportation Association, Policy Development and Research, August 2015; https://www.apta.com/resources/reportsandpublications/Documents/APTA-Value-Capture-2015.pdf)*
Puget Sound Regional Council	Value Capture Financing in Washington provides an analysis of value capture financing methods and tools in Washington State and around the United States for developing infrastructure and affordable housing that support transit investments. This report is published by the Puget Sound Regional Council. *(Value Capture Financing in Washington, Puget Sound Regional Council, February 2013, Executive Summary, page 1; http://www.psrc.org/assets/9065/ValueCaptureFinancingReport113-printing.pdf)*

CA SB 628B 2014 Beall—Enhanced Infrastructure Finance Districts	This bill would...authorize the legislative body of a city or a county, defined to include a city and county, to establish an enhanced infrastructure financing district, adopt an infrastructure financing plan, and issue bonds, for which only the district is liable, upon approval by 55% of the voters; to finance public capital facilities or other specified projects of communitywide significance, including, but not limited to, brownfield restoration and other environmental mitigation; the development of projects on a former military base; the repayment of the transfer of funds to a military base reuse authority; the acquisition, construction, or rehabilitation of housing for persons of low and moderate income for rent or purchase; the acquisition, construction, or repair of industrial structures for private use; transit priority projects; and projects to implement a sustainable communities strategy. The bill would also authorize an enhanced infrastructure financing district to utilize any powers under the Polanco Redevelopment Act. *(https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201320140SB628)*

Support policies that protect tenants and reduce risk of displacement in high cost housing markets.

References

California Department of Consumer Affairs	California cities may have rent control ordinances that limit or prohibit rent increases or limit the circumstances in which a tenant can be evicted. *(California Department of Consumer Affairs, When You Have Decided to Rent, downloaded June 2016; http://www.dca.ca.gov/publications/landlordbook/when-rent.shtml)*
Justa Causa ::Just Cause	Justa Causa :: Just Cause with health impact research and data and policy analysis contributed by the Alameda County Public Health Department, Health Impact Team. Six key principles with policies and practices for preventing displacement: (1) Baseline protections for vulnerable residents; (2) Production and preservation of affordable housing; (3) stabilization of existing communities; (4) non-market base approaches to housing and community development; (5) Displacement prevention as a regional priority; and (6) Planning as a participatory process. *(Development Without Displacement Resisting Gentrification in the Bay Area, Causa Justa :: Just Cause, April, 2014, page 59; http://www.cjjc.org/images/development-without-displacement.pdf)*

Support strategies that promote homeownership, asset development, and ladders into the middle class.

References

Urban Institute	Housing Policy Levers to Promote Economic Mobility identifies links between housing policy and economic mobility. The Paper explores five categories of housing policy levers that affect economic mobility including tax policy, block grants, rental assistance, fair housing and homeownership programs.
	(Urban Institute, Housing Policy Levers to Promote Economic Mobility, September 2015, page 6; http://www.urban.org/research/publication/housing-policy-levers-promote-economic-mobility/view/full_report)

Support re-investments in existing public housing.

References

California Association of Housing Authorities (CAHA)	More than 36,000 California households live in Public Housing and include children or household members who are elderly or disabled. Years of underfunding the program has had a deleterious effect on the Public Housing stock across California. CAHA supports fully funding Public Housing operating costs and capital needs; renewing funding for residents' service programs (Resident Opportunities and Supportive Services) and Family Self Sufficiency; continuing to prohibit HUD from requiring or enforcing the Physical Needs Assessment until funding for the Capital Fund increases; and providing $50 million to support Rental Assistance Demonstration conversions. *(California Association of Housing Authorities, Legislative Focus 2016, downloaded June 2016; http://www.cahahousing.org/CAHA2016Legislative%20Focus.pdf)*

Promote healthy indoor air quality in homes, and implement this best practice in publicly financed housing projects, and establish these best practices in private development projects.

References

CCLHO	Indoor air quality should be considered in building design, modifications and construction and in ongoing maintenance and operations. *(CCLHO Policy Platform, Fall 2010, page 35;* *https://www.cdph.ca.gov/programs/cclho/Documents/CCLHOPolicyPlatform.pdf)*
U. S. Department of Housing and Urban Development (HUD)	HUD and the Federal Healthy Homes Workgroup developed five goals to achieve the vision to "substantially reduce the number of American homes with residential health and safety hazards." Goals include establishing healthy homes recommendations; encouraging adoption of the healthy homes recommendations; create and support training and workforce development to address health hazards in housing; educate the public about healthy homes; and support research that enforces and advances healthy housing in a cost-effective manner. *(Advancing Healthy Housing: A Strategy for Action, Report from the Federal Healthy Homes Workgroup, 2013, page 7;* *http://portal.hud.gov/hudportal/documents/huddoc?id=ExecSummary013113.pdf)*
Healthy People 2020	People spend most of their time at home, work or school. Some of these environments may expose people to indoor air pollution and lead based paint hazards. Maintain healthy homes and communities is essential to environmental health. *(Healthy People 2020; https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health)*

Support the development of age-diverse communities with flexible housing types, schooling, child/elder care and transportation options to allow residents to remain in place throughout their lives.

References

American Planning Association	Multigenerational planning is an approach that considers the needs of all age groups throughout all planning stages. The approach strives to make cities and neighborhoods accessible, safe and inclusive for children, youth and families; allows people to age in place; provides civic participation by older and younger generations; and takes into consideration the specific concerns of each age group.
	(American Planning Association, Multigenerational Planning: Using smart growth and universal design to link the needs of children and the aging population, 2011; https://planning-org-uploaded-media.s3.amazonaws.com/legacy_resources/research/family/briefingpapers/pdf/multigenerational.pdf)

Support to policies that help aging individuals to remain independent in their homes with needed support for as long as possible ("aging in place").

References

CDC	Affordable, accessible and suitable housing options can allow older adults to age in place and remain in their community all their entire lives. Housing that is convenient to community destinations can provide opportunities for physical activity and social interaction. Communities with a safe and secure pedestrian environment, and near destinations such as libraries, stores, and places of worship, allow older adults to remain independent, active, and engaged. Combined transportation and land-use planning that offers convenient, accessible alternatives to driving can help the older adults reach this goal of an active, healthy lifestyle. *(CDC Healthy Aging and the Build Environment, downloaded June 2016;* *http://www.cdc.gov/healthyplaces/healthtopics/healthyaging.htm)*
American Association of Retired Persons (AARP)	Factors of livability are interrelated and have intergenerational impact—Community land-use, infrastructure, housing, transportation, supportive services, and health care play a part in creating livable communities and promoting successful aging in place. Coordinate activities and develop policies, programs, planning processes and decisions within these policy areas in order to eliminate barriers that exist between them. Elimination of barriers can promote livable communities that have positive intergenerational impact. *(The Policy Book: AARP Public Policies 2015-2016, Livable Communities;* *http://policybook.aarp.org/the-policy-book/chapter-9/sub047-1.3091801)*

Support 'Housing First' policies and the development of permanent, supportive housing to address chronic homelessness.

References

Economic Roundtable	Link housing strategies to cost savings – The cost map for single homeless adults developed through this study can guide cost effective housing strategies. *Economic Roundtable "Where We Sleep" Report., part of 10th decile project and tool on housing the homeless and avoided cost.*
American Association of Retired Persons (AARP)	Factors of livability are interrelated and have intergenerational impact—Community land-use, infrastructure, housing, transportation, supportive services, and health care play a part in creating livable communities and promoting successful aging in place. Coordinate activities and develop policies, programs, planning processes and decisions within these policy areas in order to eliminate barriers that exist between them. Elimination of barriers can promote livable communities that have positive intergenerational impact. *(The Policy Book: AARP Public Policies 2015-2016, Livable Communities; http://policybook.aarp.org/the-policy-book/chapter-9/sub047-1.3091801)*

Adopt procurement policies that increase access to and affordability of healthy foods and beverages, and as feasible promote sustainable, local, and water-wise food systems.

References

National Prevention Strategy	Implement organizational and programmatic nutrition standards and policies. Such policies can be implemented in work sites, schools, early learning centers, institutional cafeterias/food service, hospitals, and living facilities for older adults, as well as within Federal and state-supported food services and programs. Such policies not only help people to make healthier food choices, but over time will lead to a wider variety of healthier products from which to choose. *(National Prevention Strategy, 2011 – Healthy Eating Recommendation 2; http://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-eating.html)*
NACCHO	Local governments should implement food procurement policies that discourage the consumption of sugar sweetened beverages (SSBs), increase healthy vending options, and include healthy eating guidelines. *(NACCHO Statement of Policy 13-04, 2013 – Healthy Food Access; http://www.naccho.org/uploads/downloadable-resources/Policy-and-Advocacy/13-04-Healthy-Food-Access-2.pdf)*
CDPH	Leverage government spending to support healthy eating and sustainable local food systems…[by adopting] healthy food procurement policy…to ensure that foods purchased for consumption or sale on State property (e.g., vending machines, institutions, cafeterias, concessioner contracts) meet minimum nutritional standards. *(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Healthy Eating Recommendation I.E4, page 72; http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf)*
Los Angeles Food Policy Council	The Good Food Purchasing Program (GFPP) provides clear standards and strategic support to empower major institutions to procure local, sustainable, fair and humanely produced foods, while improving access to healthy, high-quality food for all communities. GFPP is a commitment by food service institutions to improve their regional food system by implementing meaningful purchasing standards in five key value categories: (1) local economies, (2) environmental sustainability, (3) valued workforce, (4) animal welfare, and (5) nutrition. *(Los Angeles Food Policy Council, Good Food Purchasing Policy, 2012; http://goodfoodla.org/policymaking/good-food-procurement/)*

Los Angeles County	4.6 Public Health, 28.b. Support and/or sponsor legislation that promotes: increased affordability of fresh fruits and vegetables, specifically through financial incentives, subsidies and outreach to CalFresh recipients. 28.c. Support and/or sponsor legislation that promotes: the development of pricing strategies that require vendors to increase prices on unhealthy sugar-sweetened beverages to offset decreased prices in healthy beverages as well as strategies that reduce cost for foods high in protein and lean in fat, including fish and poultry. 28.e. Support and/or sponsor legislation that promotes: adopt, implement, or strengthen food procurement policies to increase access to healthy foods and beverages. *(Los Angeles County 2015-16 State Legislative Agenda, Second Year, adopted December 8, 2015, page 36; http://ceo.lacounty.gov/IGR/PDF/FINAL%20VERSION%20-%20BOARD%20APPROVED_State%20Legislative%20Agenda%202nd%20Year%202015-16_Dec%208%202015.pdf)*
City of Philadelphia, PA	Starting January 1, 2017, the City of Philadelphia will impose a 1.5 cents per ounce tax on the supply of sweetened beverages to retail dealers (example: regular and diet sodas, teas). The tax is also levied on syrups and concentrates used to make sweetened drinks. *(City of Philadelphia, PA Sweetened Beverage Tax, downloaded June 2016; http://www.phila.gov/Revenue/businesses/taxes/Pages/SweetenedBeverageTax.aspx)*

Support strategies that establish access to water as a basic right.

References

World Health Organization	The human right to water is generally defined as a right to access water of sufficient cleanliness and in sufficient quantities to meet individual needs.
	(World Health Organization, Water, Sanitation and Health, downloaded June 2016; http://www.who.int/water_sanitation_health/humanrights/en/index2.html)

Promote the ubiquitous availability of clean potable tap water, in a variety of settings.

References

CDC	Basic water and sanitation services are important to overall health. Having in-home running water and flush toilets help to keep people healthy. These services reduce the spread of infectious diseases. *(CDC Water and Sanitation, downloaded June 2016; http://www.cdc.gov/ncezid/dpei/aip/water-sanitation.html)*
California Department of Education	California Department of education is required to provide drinking water for students in schools during meal times to comply with California Senate Bill 1413. *(California Department of Education; http://www.cde.ca.gov/ls/nu/he/water.asp)*
CDPH Nutrition Education and Obesity Prevention Branch	Rethink Your Drink educates low-income Californians about healthy drink options including tap water; helps identify drinks with added sugar; and makes the health link between consumption of sugar-sweetened beverages and health risks. At the same time, the Rethink Your Drink Campaign hopes to stimulate community-level partnerships and invite local environmental changes that will improve access, affordability and desirability of healthy beverages. *(California Department of Public Health, Nutrition Education and Obesity Prevention Branch (NEOP); https://www.cdph.ca.gov/programs/cpns/Pages/RethinkYourDrink.aspx)*
Public Health Alliance of Southern California	Water Actions for Local Health Departments: Nutrition/NEOP, Ensure all schools and pubic places have access to safe drinking water as an alternative to sugar-sweetened beverages. Include safe drinking water availability and infrastructure in school wellness policies. Collaborate with Environmental Health to assess and remediate water quality concerns. *(Public Health Alliance of Southern California, Water Actions for Local Health Departments: Nutrition/NEOP, 2015; http://phasocal.org/water-initiative/webinar-series-nutrition/)*

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

References

NACCHO	Local governments and planning agencies should integrate healthy food accessibility considerations into the community design process (land use planning, zoning, and the design of new community developments); communities should be designed to include fresh produce grocery stores, healthy corner stores, community gardens, food marts, and farmers' markets. *(NACCHO Statement of Policy 13-04, 2013 – Healthy Food Access, page 1; http://www.naccho.org/uploads/downloadable-resources/Policy-and-Advocacy/13-04-Healthy-Food-Access-2.pdf)*
CCLHO	The built environment determines opportunity for the enjoyment of physical activity, good nutrition, safety, clean air and clean water. Inclusion of public health policy in county and city general plans and ordinances to promote access to good nutrition and physical activity; Land use policy that preserves agriculture lands for production of nuts, fruits, and vegetables. *(CCLHO Policy Platform, Fall 2010, page 12; https://www.cdph.ca.gov/programs/cclho/Documents/CCLHOPolicyPlatform.pdf)*
Let's Get Healthy California	Increase the number of healthy food outlets is a priority for creating healthy communities. This priority will be tracked using the Retail Food Environment Index which describes how well the community environment supports children and adults in making healthy food choices. *(Let's Get Healthy California Task Force Report, December 2012, page 22; http://www.chhs.ca.gov/LGHC/__Let%27s%20Get%20Healthy%20California%20Task%20Force%20Final%20Report.pdf)*

Healthy People 2020	Access and availability of healthy foods can help people follow healthful diets. Two Nutrition and Weight Status objectives relate to food retail outlets: Increase the number of state-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans; and increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans. *(Healthy People 2020; https://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status)*
Los Angeles County	4.6 Public Health, 22. Support proposals that increase the availability and marketing of healthy, local and affordable foods and beverages by expanding access to and increasing the number of grocery stores, farmers' markets and community gardens, especially in low-income communities, and by increasing availability and promotion of healthy food options available at grocery stores, corner convenience stores, mobile food facilities, restaurants, and locations at or near schools. *(Los Angeles County 2015-16 State Legislative Agenda, Second Year, adopted December 8, 2015, page 35; http://ceo.lacounty.gov/IGR/PDF/FINAL%20VERSION%20-%20BOARD%20APPROVED_State%20Legislative%20Agenda%202nd%20Year%202015-16_Dec%208%202015.pdf)*

Support measures that safeguard food and water supplies in response to scientifically based climate projections.

References

California Natural Resources Agency	The Safeguarding California Plan provides policy guidance for state decision makers and is part of continuing efforts to reduce impacts and prepared for climate risks. Safeguarding California's food and water supplies in response to climate impacts requires coordination between state agencies and across international, national, regional, state and local boundaries. Example strategies to safeguard food/agriculture include improving the understanding of climate impacts on agriculture, developing and promoting adoption of management strategies (soil conservation practices, drought resiliency, farmland conservation) and outreach and education to farmers, ranchers, decision makers and other partners. Example strategies to safeguard water supplies include preparing for flooding, supporting regional groundwater management for drought resiliency, diversify local supplies and increase water use efficiency, improve water storage capacity and address water-related impacts of climate change on vulnerable and disadvantaged populations and cultural resources. *(California Natural Resources Agency, Safeguarding California Handout downloaded July 2016; http://resources.ca.gov/docs/climate/Safeguarding_Handout_All.pdf)*

Incentivize safe and water-friendly food production methods and procurement.

References

Food Manufacturing	"Water reuse, including reclaimed and recycled water, is one method food and beverage facilities can employ to alleviate business risk, enhance sustainability practices and safeguard water quality standards by decreasing the plant's dependency on external water sources. Water reuse is the use of treated wastewater in nonprocess applications with lower quality requirements within the food and beverage industry. Reclaimed or recycled water is former wastewater that is treated and frequently disinfected to remove solids and impurities, and kept for a second use rather than being discharged back into the environment. Reclaimed water can be used in food and beverage plants for nonproduct applications, such as landscape irrigation, truck washing and warehouse floor washing. The purpose of these processes is sustainability and water conservation, rather than discharging treated water to surface waters such as rivers and oceans. Many food and beverage facilities use large quantities of potable water in their daily operations, impacting local water supply and surface water quality. Reusing water is a logical way to minimize a facility's environmental footprint." *(Food Manufacturing, Reusing Water in Food, Beverage Facilities, August 5, 2014; http://www.foodmanufacturing.com/article/2014/08/reusing-water-food-beverage-facilities)*
Los Angeles Food Policy Council	A Good Food System: Protects and strengthens our biodiversity and natural resources throughout the region. *(Los Angeles Food Policy Council, What is a Good Food System?, Downloaded June 2016; http://goodfoodla.org/policymaking/good-food-procurement/)*

Support adoption of safe and economical water reuse strategies.

References

CHEAC	Support efforts to promote the development of "alternative water" sources, e.g. recycled water, storm water, rainwater and gray water for both indoor and outdoor use. *(CHEAC 2016 Legislative Platform; http://www.cheac.org/page/Legislation/pdfs/legishs/2016/2016_Leg_Platform-Final.pdf)*
Public Health Alliance of Southern California	Water Actions for Local Health Departments: Healthy Communities/Built Environment: Ensure staff are trained in "abundant" water systems design, including capture and reuse; identify strategies for integrating healthy water system promotion into healthy communities work; adopt messaging to facilitate integration of healthy water systems in healthy communities work; and review how water is addressed in your jurisdiction's legislative agenda, water quality control plans and incentive programs. *(Public Health Alliance of Southern California, Water Actions for Local Health Departments: Healthy Communities/Built Environment, 2015; http://phasocal.org/water-initiative/)*

Support the right of workers engaged in the production, processing, and distribution of food to and safe working conditions and to a living wage.

References

CHEAC	Support legislation and funding that promotes safe and healthy living and working environments for all California residents. *(CHEAC Legislative 2016 Legislative Platform; http://www.cheac.org/page/Legislation/pdfs/legishs/2016/2016_Leg_Platform-Final.pdf)*
Los Angeles Food Policy Council	A good food system: prioritizes the health and well being of our residents; contributes to a thriving economy where all participants in the food supply chain receive fair compensation and fair treatment. A thriving good food economy for everyone: will create and retain good food jobs with opportunities for training and upward mobility available to residents of all racial, ethnic and socioeconomic backgrounds; the health and wellbeing of all workers will be a fundamental component of a sustainable food system; and workers will be treated with respect, justice, and dignity. *(Los Angeles Food Policy Council, What is a Good Food System?, Downloaded June 2016; http://goodfoodla.org/good-food/what-is-a-good-food-system/)*

Promote intersectoral approaches to reduce and eliminate use of food additives, agrochemicals and antibiotics in ways that degrade human or environmental health.

References

Health Care Without Harm	Antibiotic misuse in animal agriculture is leading to antibiotic resistant infections in humans and health experts agree that antibiotic overuse in food animal productions is unnecessary and must stop. Health care stewardship through hospital food procurement practices can convey the commitment to stop purchasing meat raised with non-therapeutic antibiotics and advocate that the food supply chain carry products that meet this criteria. *(Health Care Without Harm, Expanding Antibiotic Stewardship: The Role of Health Care in Eliminating Antibiotic Overuse in Animal Agriculture, May 2014; https://noharm-uscanada.org/sites/default/files/documents-files/2735/Expanding%20Antibiotic%20Stewardship.pdf)*

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

References

CDPH	Identify State and local regulations that pose barriers to access to locally grown or healthy foods, and recommend changes to: Make it easier for farmers' markets and produce vendors to operate in neighborhoods that lack access to fresh produce. Eliminate contracting and other barriers to procurement and use of fresh fruits and vegetables by institutions. Make it easier for school cafeterias to serve food grown in school gardens, including through identification of best practices for safe use of school-grown food. *(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Healthy Eating Recommendation I.E1, page 11; http://sgc.ca.gov/pdf/HiAP_Task_Force_Executive_Summary_Dec_2010.pdf)*
CCLHO	CCLHO supports collaborate efforts by local Health Officers and environ- mental health directors to promote healthy and nutritional food choices in homes, schools, and restaurants. Wherever appropriate, they should work with local agriculture commissioners and agricultural co-op extensions to provide information. *(CCLHO Policy Platform, Fall 2010, page 35; https://www.cdph.ca.gov/programs/cclho/Documents/CCLHOPolicyPlatform.pdf)*
CDPH	CDPH Cottage Food Operations Overview: Assembly Bill 1616 (Gatto) creates a two-tier cottage food operator registration and permitting system to be enforced by local county or city environmental health agencies: 1) "Class A" cottage food operators are those operations that sell CFO prepared foods directly to the public (at the home where the cottage food operation is located or at a community event), and 2) "Class B" cottage food operators are those operations that sell CFO prepared foods either indirectly through restaurants and stores or both directly to the public as well as indirectly to the public via sale to retail food facilities such as restaurants and markets. *(California Department of Public Health Cottage food Operations Overview, downloaded June 2016; http://www.cdph.ca.gov/programs/Documents/fdbCFOover.pdf)*

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

References

U.S. Department of Agriculture (USDA)	As with many evolving fields, research on local and regional food still leaves many questions unanswered. There is a lack of peer-reviewed literature and national datasets; local case studies and surveys are inconsistent in their format, making comparison difficult; and there is no standardized way to estimate economic impacts of local and regional markets. *(USDA Know Your Farmer, Know Your Food Compass, Last Modified July 2012 – Local Food Knowledge, page 72; http://www.usda.gov/documents/9-Knowledge.pdf)*
National Prevention Council	Ensure a food safety system that includes rigorous standards for food safety, data collection and analysis for effective food safety inspections, and tools to help prevent or quickly identify and stop outbreaks. *(National Prevention Council Action Plan, 2012 – Healthy Eating, page 29; http://www.surgeongeneral.gov/priorities/prevention/2012-npc-action-plan.pdf)*
CDPH	Encourage labeling of produce origin so that purchasers can select local produce if desired. *(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Recommendation I.E1, page 64; http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf)*

Support safe and wide reaching food diversion programs to feed food insecure residents and minimize organic waste in landfills.

References

California Department of Resources Recycling and Recovery (CalRecycle)	Feeding hungry people with donations of extra food is an integral part of resource conservation. There are many local organizations that recover healthy food and deliver it quickly to those in need. *(CalRecycle, Food Banks and Food Recovery; http://www.calrecycle.ca.gov/Organics/Food/Donation/default.htm)*
Waste Not Orange County	The Waste Not OC Coalition is focused on identifying sources of recoverable food from restaurants, grocery stores, hospitals, schools and other locations and educating potential donors to safely redirect food to those in need. *(Waste Not OC Coalition, downloaded June 2016; http://www.wastenotoc.org)*
Practice Greenhealth Academy	The Practice Greenhealth academy offers training and education programs to build and integrate sustainability programs in the nation's hospitals. Topics range from recycling less food to landfills, less water and composting. *(Practice Greenhealth Academy, downloaded June 2016; https://practicegreenhealth.org/greenhealth-academy)*

Decrease food waste by implementing strategies to clarify differences between "sell by dates" and "best if used by" labels on food.

References

USDA Food Safety and Inspection Service	With the exception of infant formula, there is no Federal requirement for product dating although more than 20 states require dating some foods. Open dating is found on perishable foods such as meat, poultry, eggs and dairy projects. A **"Sell-By"** date tells the store how long to display the product for sale. You should buy the product before the date expires. A **"Best if Used By (or Before)"** date is recommended for best flavor or quality. It is not a purchase or safety date. A **"Use-By"** date is the last date recommended for the use of the product while at peak quality. The date has been determined by the manufacturer of the product. *(USDA Food Safety and Inspection Service, Food Safety Information, August 2013; http://www.fsis.usda.gov/wps/wcm/connect/19013cb7-8a4d-474c-8bd7-bda76b9defb3/Food_Product_Dating.pdf?MOD=AJPERES)*

Support adoption and proliferation of safe, emerging solid waste management practices, and streamline local permitting of organic waste re-use facilities.

References

CalRecycle	The California Department of Resources Recycling and Recovery (CalRecycle) works to increase the diversion of organic materials away from landfills and toward the production of value-added products such as compost, fertilizers and biofuels. Information on waste management and local permitting of organic waste re-use facilities is available on the website. *(http://www.calrecycle.ca.gov/SWFacilities/Permitting/facilitytype/compost/)*
CalRecycle	Assembly Bill 1826 Chesbro (Chapter 727, Statutes of 2014) requires businesses to recycle their organic waste on or after April 1, 2016. In preparation, local jurisdictions must implement an organic waste recycling program by January 1, 2016. Mandatory recycling of organic waste is the next step toward achieving California's aggressive recycling and greenhouse gas (GHG) emission goals. Organic waste such as green materials and food materials are recyclable through composting and mulching, and through anaerobic digestion, which can produce renewable energy and fuel. Greenhouse gas (GHG) emissions resulting from the decomposition of organic wastes in landfills have been identified as a significant source of emissions contributing to global climate change. Reducing the amount of organic materials sent to landfills and increasing the production of compost and mulch are part of the AB 32 (California Global Warming Solutions Act of 2006) Scoping Plan. *California Department of Resources Recycling and Recovery (CalRecycle), downloaded June 2016; http://www.calrecycle.ca.gov/Recycle/Commercial/Organics/#GENERAL)*

Support water policies that prioritize water for food production over ornamental landscapes.

References

Public Health Alliance of Southern California	The Water Security for Community and Household Gardens and Farms Webinar Series Recommendations for Action: • Develop FAQs and factsheets for the public on the health benefits of urban agriculture and the need to prioritize water use for edible landscapes. • Promote and demonstrate hierarchy of appropriate water use. Use greywater and alternative sources for ornamental landscapes to conserve potable water for use in edible gardens. Demonstrate these uses in community gardens, particularly on health department and county or city property. • Work with county agencies and municipal water districts to support policies that promote water and food security. Mandate use of greywater on nonedible plants on county property (including detention facilities). • Educate policymakers on the health benefits of community gardens (as a high priority for water use), and of using greywater/alternative water techniques where possible to have more potable water available for drinking and for food. Health departments, Food Policy Councils, and community-based organizations can work together to advance the dialogue. *(Public Health Alliance of Southern California Water Security for Community and Household Gardens and Farms, September 15, 2015;* http://phasocal.org/communitygardens/*)*
California Governor's Executive Order B-29-15	California Governor's Executive Order B-29-15 requires new expedited actions that are needed to reduce the harmful impacts for water shortages and other impacts of the drought. Actions include: • The Save Water Resources Board (Water Board) shall prohibit irrigation with potable water of ornamental turf on public street medians. • The Water Board shall prohibit irrigation with potable water outside of newly constructed homes and buildings that is not delivered by drip or microspray systems. *(California Governor's Executive Order B-29-15, January 14, 2014;* https://www.gov.ca.gov/docs/4.1.15_Executive_Order.pdf*)*

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

References

CDPH	Better utilize state-administered food assistance programs to increase consumption of healthy foods, decrease consumption of low-nutrient, high-calorie foods, reduce hunger, and add dollars to the local economy. *(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Healthy Eating Recommendation I.E2, page 66;* *http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf)*
NACCHO	Enhance the accessibility and availability of healthy foods as a means to prevent and reduce chronic diseases. Local health department, public and private collaboration can support small business development to promote providing incentives to retailers that promote produce and nutritious foods to Supplemental Nutrition Assistance Program (SNAP) beneficiaries. *(NACCHO Statement of Policy 13-04, Healthy Food Access;* *http://www.naccho.org/uploads/downloadable-resources/Policy-and-Advocacy/13-04-Healthy-Food-Access-2.pdf)*

Support continued and increased funding for programs that support nutrition assistance including WIC, School Lunch and Breakfast programs, Child and Adult Care Food Program (CACEP), SNAPEd and SNAP and advocate for the use of healthy and sustainable foods in these programs.

References

National WIC Association	*The National WIC Association advocates* for and promotes quality nutrition services for all eligible mothers and young children, and assure effective management of WIC. Funding for WIC must be adequate to: assure that no eligible applicants are turned away; maintain current and anticipated WIC participation levels; assure adequate nutrition services and administration (NSA) funding; respond adequately to economic forecasts of rising food cost inflation; and provide funds for nutrition services to maintain clinic staffing and assure competitive salaries. *(National WIC Association 2017 Legislative and Funding Agenda, February 2016;https://s3.amazonaws.com/aws.upl/nwica.org/legislativeagenda2017_final.pdf)*
Riverside County	Support Child Nutrition and WIC Reauthorization to provide full funding which is adequate to maintain current and anticipated Women, Infants and Children (WIC) participation levels and assure adequate Nutrition Services and Administrative (NSA) funding to maintain clinic costs, education and cost of living increases should the economic recovery take longer than anticipated. Child Nutrition also includes SNAP education for families. *(Riverside County 2016 Legislative Platform, Public Health, page 54; http://countyofriverside.us/Portals/9/LegislativePlatform/RCLegislativePlatform2016.pdf)*

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

References

National Prevention Strategy	Increase access to healthy and affordable foods in communities. Increasing access to healthy, affordable food options provides people with the opportunity to make healthy choices. Providing healthy foods in existing establishments, increasing the availability of full-service supermarkets and grocery stores, and supporting local and regional farm-to-table efforts (e.g. farmers markets, community gardens) have all been shown to increase access to healthy food. In addition, providing a greater variety of healthy options that are affordable can help increase consumption of healthy foods, as the price of healthy food choices is frequently more expensive (per calorie) than less healthy food options. *(National Prevention Strategy, 2011 – Healthy Eating Recommendation 1;* *http://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-eating.html)*
NACCHO	Local communities should increase community access to healthy foods by enhancing incentive programs and policies to increase access to affordable healthy food options. *(NACCHO Statement of Policy 13-04, Healthy Food Access;* *http://www.naccho.org/uploads/downloadable-resources/Policy-and-Advocacy/13-04-Healthy-Food-Access-2.pdf)*
CDC	Having healthy food available and affordable in food retail and food service settings allows people to make healthier food choices. When healthy foods are not available, people may settle for foods that are higher in calories and lower in nutritional value. Assist in the creation of new food retail outlets in underserved areas to increase access to healthier foods and beverages. Support the improvement of the quality, variety, and amount of healthier foods and beverages in existing stores. Help with the promotion and marketing of healthier foods and beverages to the consumer. *(CDC Healthy Food Environments, October 2015;* *http://www.cdc.gov/obesity/strategies/healthy-food-env.html)*

Constrain food marketing practices that threaten the health of children and their families by supporting intersectoral policies to reduce the amounts of sodium, added sugar and trans fat in the food supply.

References

County Health Rankings and Roadmaps	Child-focused advertising restrictions for unhealthy foods and beverages minimize corporate appeals to children and adolescents who may not be aware of persuasive intent. Prohibiting unhealthy food and beverage advertising during children's television programming, incentivizing healthy food advertising, or banning product placement of unhealthy foods and beverages in children's movies are examples of policies that restrict advertising of unhealthy foods and beverages. *(County Health Rankings and Roadmaps, Child-focused Advertising Restrictions for Unhealthy Foods and Beverages;* http://www.countyhealthrankings.org/policies/child-focused-advertising-restrictions-unhealthy-foods-beverages*)*

Support taxation on sugar sweetened beverages to reduce obesity rates and provide a revenue stream to subsidize healthy foods or support public health education campaigns.

References

County Health Rankings and Roadmaps	Adding an excise tax (a fee per ounce) or a sales tax (a percentage of the product's price) to the current price of soda or other sugar sweetened beverages increases the price of those beverages. There is some evidence that this tax will decrease consumption. Funds generated by this tax may be used to subsidize healthy foods or to support other public health ventures. *(County Health Rankings and Roadmaps, Sugar Sweetened Beverage Taxes;* *http://www.countyhealthrankings.org/policies/sugar-sweetened-beverage-taxes)*
City of Berkeley, CA	Frequently Asked Questions (FAQ) for the Sweetened Beverage Tax of Berkeley, CA. The Sugar-Sweetened Beverage Product Tax was adopted by the voters in November 2014 on the distribution of "sugar-sweetened beverage products" in the City of Berkeley. Beginning in January 2015, products whose distribution is subject to the tax include both products like soda, energy drinks, and heavily presweetened tea as well as the "added caloric sweeteners" used to produce them, such as the syrup used to make fountain drinks. *(City of Berkeley, Sweetened Beverage Tax, Updated November 10, 2015;* *http://www.ci.berkeley.ca.us/uploadedFiles/Finance/Level_3_-_General/Frequently%20Asked%20Questions%20Edited%20Version%20201111015.2.pdf)*

Support policies and programs that promote breastfeeding including requirements for hospitals to adopt "baby friendly practices".

References

National Prevention Strategy	Support policies and programs that promote breastfeeding. Support breastfeeding, including implementing the breastfeeding provisions in the Affordable Care Act. Adopt worksite lactation policies that provide space and break time for breastfeeding employees (in accordance with the Affordable Care Act) and offer lactation management services and support. Work with hospitals, early learning centers, health care providers and community based organizations to implement breastfeeding policies and programs. *(National Prevention Strategy, 2011- Healthy Eating;* *http://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-eating.html)*
CDC	The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies includes support for breastfeeding in hospitals and birth centers, worksites and communities. *(Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Atlanta: U.S. Department of Health and Human Services; 2013;* *http://www.cdc.gov/breastfeeding/resources/guide.htm)*

Support policies and guidance to reduce meat consumption as part of a sustainable, healthy diet.

References

United States Department of Agriculture (USDA)	Sustainable diets are higher in plant-based foods (vegetables, fruits, whole grains, legumes, nuts, seeds) and lower in calories and animal based foods and are more health promoting and associated with less environmental impact than the current U.S. diet. *(USDA Scientific Report of the 2015 Dietary Guidelines Advisory Committee, February 2015, Part A. Executive Summary, page 7; https://health.gov/dietaryguidelines/2015-scientific-report/pdfs/scientific-report-of-the-2015-dietary-guidelines-advisory-committee.pdf)*
USDA	Recognize and place priority on moving toward a more sustainable diet consisting with healthy dietary pattern options. Access to sufficient, nutritious and safe food is an essential element of food security and a sustainable diet helps ensure access for the current population and future generation. *USDA Scientific Report of the 2015 Dietary Guidelines Advisory Committee, February 2015, Part A. Executive Summary, page 10-11; https://health.gov/dietaryguidelines/2015-scientific-report/pdfs/scientific-report-of-the-2015-dietary-guidelines-advisory-committee.pdf)*
Healthier Hospitals Initiative	Includes a Healthier Food Challenge that provides a framework in hospitals to serve healthier foods to improve the health of patients, staff and communities. Hospitals can commit to "Less Meat, Better Meat" by reducing meat purchased by 10% per year or achieve the goal of an average 1.5 ounce meat per meal served. Also increase by 5% per year or achieve the goals of 20% of meat and poultry purchases raised without routine use of antibiotics. *Healthier Hospital Initiative, downloaded July 2016; http://healthierhospitals.org/hhi-challenges/healthier-food*

Develop and standardize Social Determinants of Health measures to prioritize funding for health disadvantaged areas.

California Health Disadvantage Index	The Public Health Alliance has developed a composite index to identify cumulative health disadvantage in California. The purpose of this Health Disadvantage Index (HDI) is to prioritize public and private investments, resources and programs. HDI includes diverse non-medical economic, social, political and environmental factors that influence physical and cognitive function, behavior and disease. These factors are often called health determinants or social determinants of health and form the root causes of disadvantage. Indicator data used for HDI comes from publicly available sources and is produced at a census tract level. HDI materials are freely available online for use by communities and public and private agencies. *(Public Health Alliance of Southern California, Methodology for a California Health Disadvantage Index Version 1.1, January 26, 2016; http://phasocal.org/ca-hdi/hdi-reports-data-files/)*

Support prioritization of resources toward disadvantaged communities based on socio-economic metrics.

References

California Health Disadvantage Index	The Public Health Alliance has developed a composite index to identify cumulative health disadvantage in California. The purpose of this Health Disadvantage Index (HDI) is to prioritize public and private investments, resources and programs. HDI includes diverse non-medical economic, social, political and environmental factors that influence physical and cognitive function, behavior and disease. These factors are often called health determinants or social determinants of health and form the root causes of disadvantage. Indicator data used for HDI comes from publicly available sources and is produced at a census tract level. HDI materials are freely available online for use by communities and public and private agencies. *(Public Health Alliance of Southern California, Methodology for a California Health Disadvantage Index Version 1.1, January 26, 2016; http://phasocal.org/ca-hdi/hdi-reports-data-files/)*

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

References

National Prevention Strategy	Increase availability and use of prevention research to identify effective environmental, policy, and systems [sic] that reduce chronic diseases, promote safety, and eliminate health disparities. *(National Prevention Strategy, 2011 – Healthy and Safe Community Environments, Actions; http://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-safe-environments.pdf)*
U.S. Department of Health and Human Services (HHS)	Increase the availability and quality of data collected and reported on racial and ethnic minority populations. The capacity of HHS to identify disparities and effectively monitor efforts to reduce them is limited by a lack of specificity, uniformity, and quality in data collection and reporting procedures. Consistent methods for collecting and reporting health data by race, ethnicity, and language are essential. *(HHS Action Plan to Reduce Racial and Ethnic Health Disparities, 2011 – Goal IV: Advance Scientific Knowledge and Innovation, Strategy IV.A, page 29; http://minorityhealth.hhs.gov/npa/files/plans/hhs/hhs_plan_complete.pdf)*
California Health and Safety Code	Conduct demographic analyses on health and mental health disparities and inequities ... include, to the extent feasible, an analysis of the underlying conditions that contribute to health and well-being. *(Office of Health Equity Statute, Section 131019.5 of the California Health and Safety Code; http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=130001-131000&file=131000-131020)*
California Health Disadvantage Index	The Public Health Alliance has developed a composite index to identify cumulative health disadvantage in California. The purpose of this Health Disadvantage Index (HDI) is to prioritize public and private investments, resources and programs. HDI includes diverse non-medical economic, social, political and environmental factors that influence physical and cognitive function, behavior and disease. These factors are often called health determinants or social determinants of health and form the root causes of disadvantage. Indicator data used for HDI comes from publicly available sources and is produced at a census tract level. HDI materials are freely available online for use by communities and public and private agencies. *(Public Health Alliance of Southern California, Methodology for a California Health Disadvantage Index Version 1.1, January 26, 2016; http://phasocal.org/ca-hdi/hdi-reports-data-files/)*

Support efforts to integrate interventions related to the social determinants of health into health care financing and delivery.

References

Let's Get Healthy California	Significant health disparities or differences in health outcomes exist by race/ethnicity, income, educational attainment, geography, sexual orientation and gender identify and occupation. These disparities related to differences in social, economic and environmental conditions as well as to issues within the healthcare system. Efforts to address many of the goals and indicators of Let's Get Healthy California such as infant mortality, asthma or obesity, will need to reach beyond the boundaries of the traditional health and health care sectors and take a multi-sectoral approach. *(Let's Get Healthy California Taskforce Final Report, December 19, 2012, page 1, 25; http://www.chhs.ca.gov/LGHC/__Let%27s%20Get%20Healthy%20California%20Task%20Force%20Final%20Report.pdf)*
National Prevention Strategy	Reduce disparities in access to quality health care. *(National Prevention Strategy, 2011- Elimination of Health Disparities; http://www.surgeongeneral.gov/priorities/prevention/strategy/elimination-of-health-disparities.html)*

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

References

National Prevention Strategy	Expand and increase access to information technology and integrated data systems to promote cross-sector information exchange. Identify and implement strategies that are proven to work and conduct research where evidence is lacking. *(National Prevention Strategy – Healthy and Safe Community Environments, Recommendations 6 and 7; http://www.surgeongeneral.gov/priorities/prevention/strategy/healthy-and-safe-community-environments.html)*
CDPH	State agencies and their contractors, where feasible and appropriate, should incorporate health and health equity indicators into data collection tools and accountability measures, and endeavor to standardize data elements and indicators to facilitate data collection, sharing, and accessibility. *(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Promote Healthy Public Policy Recommendation II.C1, page 31; http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf)*
California Health Disadvantage Index	The Public Health Alliance has developed a composite index to identify cumulative health disadvantage in California. The purpose of this Health Disadvantage Index (HDI) is to prioritize public and private investments, resources and programs. HDI includes diverse non-medical economic, social, political and environmental factors that influence physical and cognitive function, behavior and disease. These factors are often called health determinants or social determinants of health and form the root causes of disadvantage. Indicator data used for HDI comes from publicly available sources and is produced at a census tract level. HDI materials are freely available online for use by communities and public and private agencies. *(Public Health Alliance of Southern California, Methodology for a California Health Disadvantage Index Version 1.1, January 26, 2016; http://phasocal.org/ca-hdi/hdi-reports-data-files/)*

CDPH Healthy Communities Data and Indicators Project (HCI)	The Healthy Communities Data and Indicators Project (HCI) enhances public health by providing data, a standardized set of statistical measures, and tools that multiple sectors can use for planning healthy communities and evaluation the impacts of plans, projects, policy, and environmental changes on community health. *(California Department of Public Health, Healthy Communities Data and Indicators Project (HCI), revised 5/16/12; http://www.cdph.ca.gov/Documents/CDPH_Healthy_Community_Indicators1pager5-16-12.pdf)*

Encourage coordination of community needs assessments and implementation plans between hospitals, health departments, workforce housing providers and other sectors.

References

NACCHO	NACCHO is committed to helping local health departments strategically align community health assessments with other assessment initiatives such as those of non-profit hospitals. *(NACCHO Community Health Assessment and Improvement Planning; http://www.naccho.org/programs/public-health-infrastructure/community-health-assessment)*
Association of State and Territorial Health Officials (ASTHO)	The IRS published the Community Health Needs Assessment (CHNA) and implementation strategies final rules on December 31, 2014 for tax-exempt hospitals as a result of the Affordable Care Act. These assessment and strategies provide an opportunity to improve hospital community benefits and meet the needs of their communities. CHANs must take into account input from persons who represent the community served by the hospital facility as well as those with special knowledge or expertise in public health. *(Association of State and Territorial Health Officials, Health Systems Transformation, Community Health Needs Assessment, downloaded June 2016; http://www.astho.org/Programs/Access/Community-Health-Needs-Assessments/)*

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

References

CCLHO	Timely, reliable, and valid information is fundamental to the effective and efficient operation of local health departments. Population-based public health data should be available at a relevant geographic level to facilitate planning to improve the health of the community, prevent outbreaks, and reduce premature deaths. It is increasingly important to move towards electronic submission of public health data, such as communicable disease reporting (including laboratory results), immunization registries, death registration, and chronic disease registries. Cogent analysis of data is needed for health officers to be able to promote the concept of "health in all policies" with local governments.
	(CCLHO Policy Platform, Fall 2010, page 25; https://www.cdph.ca.gov/programs/cclho/Documents/CCLHOPolicyPlatform.pdf)

Strengthen surveillance data for chronic disease incidence, prevalence, awareness, control and outcomes and facilitate access

References

California Health and Human Services Agency	The California Health and Human Services Agency (CHHS) has launched its Open Data Portal initiative in order to increase public access to one of the State's most valuable assets – non-confidential health and human services data. Its goals are to spark innovation, promote research and economic opportunities, engage public participation in government, increase transparency, and inform decision-making. "Open Data" describes data that are freely available, machine-readable, and formatted according to national technical standards to facilitate visibility and reuse of published data. *(California Health and Human Services Agency Open Data Portal; https://chhs.data.ca.gov/about)*

Support analysis of budgets and revenue streams and include public participation in budgeting processes to align allocations using the social determinants of health.

References

Government Alliance on Race and Equity (GARE)	GARE has a "racial equity tool" that can be applied to policies, practices, programs and budgets to determine alignment of allocations using the social determinants of health. The tool proactively seeks to eliminate racial inequities and advance equity; identifies clear goals, objectives and measurable outcomes; engages community in decision- making processes; identifies who will benefit and who will be burdened by a given decision; and develops mechanisms for successful implementation and evaluation of the impact. *(Government Alliance on Race Equity, Racial Equity Toolkit- An opportunity to operationalize equity; http://racialequityalliance.org/newsite/wp-content/uploads/2015/10/GARE-Racial_Equity_Toolkit.pdf)*
City of Seattle Racial and Social Justice Initiative (RSJI)	The City of Seattle Budget Office requires departments to conduct a racial equity analysis of all budget requests. The 2015-2017 RSJI Equity Strategies and Outcomes include: Strategy #1 Ensure racial equity in City programs and services to make tangible differences in people's lives. 2. Apply a racial equity lens to all our work. The Mayor's Performance Plans with Department Directors will require at least four uses of the Racial Equity Took Kit and us of the Inclusive Outreach and Public Engagement Guide on programs, projects and service changes. *(City of Seattle, WA, Race and Social Justice Initiative Vision and Strategy 2015-2017, page 11; http://www.seattle.gov/Documents/Departments/RSJI/rsji-2015-2017-plan.pdf)*
Multnomah County, OR	The Equity and Empowerment Lens is a transformative quality improvement tool used to improve planning, decision making and resource allocation leading to more racially equitable policies and programs. *(Multnomah County, OR, Equity and Empowerment Lens, downloaded June 2016; https://multco.us/diversity-equity/equity-and-empowerment-lens)*

Support incorporation of policies, programs and evaluation strategies to ensure equitable access to employment, resources, and housing.

References

HUD	Access to Opportunity *(U.S. Department of Housing and Urban Development, Office of Economic Resilience;* *http://portal.hud.gov/hudportal/documents/huddoc?id=access-opportunity.pdf)*
Prevention Institute	"Metrics that measure and track our progress in the determinants of health can help set priorities and inform necessary action steps to keep all Americans healthy, lower the cost of health care, increase productivity, improve quality of life, and ensure that everyone has an equal opportunity to prosper and achieve his or her full potential." This publication includes recommended health equity metrics that reflect the determinants including structural drivers, community determinants (social-cultural development, physical/built environment, economic development) and health care services. *(Prevention Institute, Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health, June 2015; Executive Summary, page 2;* *http://www.preventioninstitute.org/component/jlibrary/article/id-367/127.html)*

Support efforts that address income inequality, including minimum/living wage provisions, to reduce poverty, and to increase pathways to the middle class.

References

Urban Institute	Improving the economic conditions of Americans at many income levels including those who are poor to those in the middle class could improve health and help control the rising costs of health care. Policy directions that offer promise for improving health include: earnings and asset develop programs that increase economic self-sufficiency of low income families; family strengthening programs that improve health, education and link to needed support and benefit services; neighborhood strengthening programs to improve the neighborhood, connect service providers and engage residents in decision making. *(Urban Institute, How are Income and Wealth Linked to Health and Longevity? April 2015, page 11, 12; http://www.urban.org/research/publication/how-are-income-and-wealth-linked-health-and-longevity)*
City of Los Angeles	On July 1, 2016 the minimum age in the City of Los Angeles will increase from $10.50/hour to $15.00/hour on July 1, 2021 according to a wage schedule. The Office of Wage Standards is responsible for implementing and administering the guidelines of the Los Angeles Minimum Wage and Minimum Wage Enforcement Ordinances for all workers and businesses in the City of Los Angeles. *(City of Los Angeles, Office of Wage Standards, Raise the Wage LA, downloaded June 2016; http://wagesla.lacity.org)*

Develop resources to assist government efforts to address historic inequities including through resource allocation and policy change.

References

Association of State and Territorial Health Officers (ASTHO)	Collaborating across multiple sectors to address health disparities and empower individuals, promote healthy communities and ensure quality clinical and community preventive services can increase the number of Americans who are healthy at every stage of life. Successful cross-sectoral collaboration includes: creating shared goals; engaging partners early/developing partner relationships; defining a common language; activating the community; and leveraging funding/investments. *(Association of State and Territorial Health Officers, Health in All Policies: Strategies to Promote Innovative Leadership, January 2013, page 1; http://www.astho.org/Programs/Prevention/Implementing-the-National-Prevention-Strategy/HiAP-Toolkit/)*
American Public Health Association (APHA)	APHA Better Health Through Equity: Case Studies in Reframing Public Health Work describes essential lessons learned to successfully implement a health equity framework. WITHIN YOUR ORGANIZATION: Achieving health equity first begins with building knowledge, understanding and capacity within your organization or agency. WITHIN YOUR COMMUNITY: Achieving health equity requires an empathetic approach that acknowledges a community's history, respects its traditions, listens to its stories and actively engages its members as leaders in a health equity initiative. WITHIN YOUR PRACTICE: Achieving health equity means allowing community values and priorities to shape and inform interventions. Science-based evidence is always important to measuring needs and progress, but gaining community buy-in is critical to sustainability. *(American Public Health Association, Better Health Through Equity: Case Studies in Reframing Public Health Work, March 2015, page IV; https://www.apha.org/~/media/files/pdf/topics/equity/equity_stories.ashx)*

Support efforts to address discrimination based on class, race/ethnicity, immigration status, gender, and sexual orientation and enforce anti-discrimination measures.

References

NACCHO	The National Association of City and Health Officials (NACCHO) supports the incorporation and adoption of principles of social justice into everyday public health practice in order to eliminate the root causes of health inequities. Based on those principles, NACCHO encourages local health department to act directly, with allies, on structures of inequality associated with class, race, gender, and sexual orientation, as they are bound with imbalances in political power. *(National Association of City and County Health Officials, Statement of Policy, Health Equity and Social Justice, Policy 05-02, Updated February 2015;* http://www.naccho.org/uploads/downloadable-resources/Policy-and-Advocacy/05-02-Health-Equity-and-Social-Justice.pdf*)*
California Department of Fair Employment and Housing Act (FEHA)	The *Fair Employment and Housing Act* (FEHA) prohibits harassment and discrimination in employment because of race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, mental and physical disability, medical condition, age, pregnancy, denial of medical and family care leave, or pregnancy disability leave (Government Code sections 12940,12945, 12945.2) and/or retaliation for protesting illegal discrimination related to one of these categories, or for reporting patient abuse in tax supported institutions. *(California Department of Fair Employment and Housing, FEHA, downloaded June 2016;* http://www.dfeh.ca.gov/Publications_FEHADescr.htm*)*

Support programs that help new immigrant communities' integration into the social and political structures of existing communities.

References

Migration Policy Institute	Immigrant integration is the process of economic mobility and social inclusion for newcomers and their children. Integration involves institutions and systems that promote development and growth in society including early child hood care, education systems, workforce development, health care, and government services to communities with linguistic diversity. *(Migration Policy Institute, Immigrants in the United States: How Well Are They Integrating Into Society?, May 2011; http://www.migrationpolicy.org/research/immigrants-united-states-how-well-are-they-integrating-society)*
California Department of Social Services Refugee Resettlement Program	Fact sheet on the California Refugee Resettlement Program *(California Department of Social Services Refugee Resettlement Program, Fact Sheet, June 2016; http://www.cdss.ca.gov/refugeeprogram/res/pdf/Factsheets/RRP_Fact_Sheet.pdf)*
San Diego County	San Diego has traditionally received a large percentage of new refugees who enter the county and is designated by the State as a high impact county. Federal Issue 4. Increase in Refugee Arrivals and Associated Impacts: Support adequate and ongoing federal funding to increase self-sufficiency and reduce dependency on welfare and government funded housing programs funded by local governments among refugees in impacted areas including the provision of federal resettlement benefits for longer than the current eight month time frame. Support adequate and ongoing federal funding to meet the health needs of refugees in impacted areas. Support adequate and ongoing federal funding to provide stable and affordable housing for refugees in impacted areas. Support an increase in targeted federal funding to effectively resettle refugees and aid in assimilation. *(County of San Diego Priority Issues 2016 Legislative Program, page 18_)*

Support efforts to increase and share regional prosperity and quality jobs across the Southern California region.

References

Urban Institute	"The socioeconomic status of individuals and neighborhoods are intertwined with individual and population health because the local economy determines access to jobs, commerce, schools and other resources that enables families to enjoy economic success and place-based health benefits." *(Urban Institute, How Are Income and Wealth Linked to Health and Longevity?, April 2015, page 5; http://www.urban.org/research/publication/how-are-income-and-wealth-linked-health-and-longevity)*

Support initiatives that provide funding for comprehensive rehabilitation, recidivism, and diversion programs for individuals at high risk of incarceration.

References

US Department of Justice	In the past 20 years, state and local spending on corrections has grown at a rate faster than nearly any other budget item. Despite increasing corrections expenditures, recidivism rates remain high, with half of all persons released from prison returning within 3 years.
	• Further, every state has a handful of high-risk communities to which most ex-offenders return, which places significant financial burdens on already strapped local jurisdictions. In recent decades, justice responses to crime relied substantially on incarceration strategies alone, resulting in exponential growth in:
	• Incarceration Rates. Approximately 2.3 million American adults are currently incarcerated in federal, state, and local prisons and jails.
	• Corrections Spending for State, Local, and Tribal Governments. State corrections spending has increased over the past 20 years from $12 billion in 1987 to $48 billion in 2007,3 while local corrections spending has increased from $6 billion to $24 billion during the same time period.
	• Probation and Parole Rates. Approximately 5.1 million Americans are currently on probation or parole, more than triple those reported in 1982.5 These expensive and unsustainable approaches also lead to jail and prison overcrowding, budget constraints within the justice system and local government, and overwhelmed community supervision agencies, programs, and service systems left to supervise high numbers of clients.
	• BJA's Justice Reinvestment Initiative (JRI) is a strategic and data-driven process that helps state, local, and tribal communities better assess their systems and implement policy options that generate and reinvest substantial cost savings.
	(Improving Criminal Justice and Reducing Recidivism Through Justice Reinvestment 2011 US Department of Justice: Office of Justice Program, Bureau of Justice Assistance. https://www.bja.gov/Publications/JRI_FS.pdf/)

Support initiatives that provide funding to: 1) reduce and prevent homelessness; 2) expand the availability of permanent supportive housing that provide coordinated services; and 3) allow jurisdictions to maximize and leverage Federal, State and local funds to provide services for at-risk and homeless families and single persons.

References

US Interagency Council on Homelessness	Federal Strategic Plan to Prevent and End Homelessness: Vision: no one should experience homelessness—no one should be without a safe, stable place to call home. Calls to end chronic homelessness, homelessness for families, youth and children 10 years and sets a path to end all types of homelessness. *(United States Interagency Council of Homelessness Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (U.S. Interagency Council on Homelessness)* *Opening Doors is the nation's first comprehensive strategy to prevent and end homelessness. Opening Doors serves as a roadmap for joint action by the 19 USICH member agencies, including HHS, along with local and state partners in the public and private sectors.)*

Support policies and programs to reduce the unjust impact of violence in communities.

References

CDC	Veto Violence a national initiative led by the Centers for Disease Control and Prevention (CDC) to prevent youth violence. The Veto Violence website: http://vetoviolence.cdc.gov/resources pulls together information from multiple sources to help communities connect with evidence-based youth violence prevention approaches. The strategies included have been rigorously evaluated and shown to impact factors for youth violence and/or lower the occurrence of youth violence.
HHSA Task Force for Community Preventative Services	The Community Guide includes recommendations for preventing youth violence based on systematheic reviews of evidence-based strategies. *(HHSA Task Force for Community Preventative Services The Community Guide for Violence Prevention: http://www.thecommunityguide.org/violence/index.html accessed 6/23/16)*
Substance Abuse and Mental Health Services Administration (SAMHSA)	The Substance Abuse and Mental Health Services Administration (SAMHSA) supports NREPP to help connect the public to information about evidence-based approaches that promote mental health, prevent substance abuse, and treat mental health and substance abuse. The registry includes interventions with violence outcomes. *(SAMHSA The National Registry of Evidence-based Programs and Practices (NREPP) http://www.nrepp.samhsa.gov/*

Support efforts to reduce gun-related injury and death by strengthening background checks, limiting access to high capacity magazines and assault-style weapons, and participating in gun buy-back/take back programs.

References

Urban Institute	"Reducing Gun Violence in America: Informing Policy with Evidence and Analysis" John Hopkins University Press 2013. Academic researchers unanimously agreed on basic strategies including: 1) Establish mandatory universal background-check system and prohibit "high-risk" individuals from obtaining guns such as: (individuals on the terrorist watch list, violent individuals with restraining orders, accelerate laws to keep violent and mentally ill from having guns) 2) Appoint a permanent director to ATF with authority to develop sanctions against those that violate laws 3) encourage research on "personalized" guns and gun triggers 4) ban assault weapons, carefully defined, and with them magazines that fire more than ten rounds and 5) fund research to build evidence on causes and solutions of gun violence.
	(Urban Institute, How Are Income and Wealth Linked to Health and Longevity?, April 2015, page 5; http://www.urban.org/research/publication/how-are-income-and-wealth-linked-health-and-longevity)

Support mental health parity in health insurance and service delivery.
Support screening and accessible services for people with alcohol and drug
dependence and mental health problems as part of health care coverage

References

Surgeon General	"Equality between mental health coverage and other health coverage-a concept known as parity-is an affordable and effective objective." *(1999 Mental Health: A Report of the Surgeon General* *http://www.surgeongeneral.gov/library/mentalhealth/home.html)*
IOM	Dealing equally with health care for mental, substance-use, and general health conditions requires a fundamental change in how we as a society and health care system think about and respond to these problems and illnesses. Mental and substance-use problems and illnesses should not be viewed as separate from and unrelated to overall health and general health care. *(Improving the Quality of Health Care for Mental and Substance-use Conditions, Institute of Medicine (2005), http://www.iom.edu/Reports/2005/Improving-the-Quality-of-Health-Care-for-Mental-and-Substance-Use-Conditions-Quality-Chasm-Series.aspx)*

Support a healthcare system that is accessible and affordable for all and which prioritizes prevention.

References

National Prevention Strategy/US Surgeon General	Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness. *(National Prevention Strategy 2011* *http://www.surgeongeneral.gov/priorities/prevention/strategy/report.pdf)*

Support efforts to integrate interventions related to the social determinants of health into health care financing and delivery.

References

Kaiser Family Foundation	Recently there has been increasing recognition of the importance of social determinants of health. A growing number of initiatives are emerging to address these broader determinants of health and develop integrated solutions within the context of the health care delivery system.
	(Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity Issue Brief The Kaiser Family Foundation Nov 2015 http://kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/)

Support the engagement of healthcare providers, public health systems, and other community partners in accountable communities for health at the local or regional level, with the goal of improving the health of defined populations.

References

Centers for Medicaid and Medicare Health Services	The Accountable Health Communities (AHC) model addresses a critical gap between clinical care and community services in the current health care delivery system by testing whether systematically identifying and addressing the health-related social needs of beneficiaries' impacts total health care costs, improves health, and quality of care. In taking this approach, the Accountable Health Communities model supports the Center for Medicare & Medicaid Service's (CMS) "better care, smarter spending, and healthier people" approach to improving health care delivery. *Informational page on Accountable Communities for Health Model:* *https://innovation.cms.gov/initiatives/AHCM*
	-Please also refer to references in 6.6 of this document.-

Support the coverage by health insurers of evidence-based disease prevention and self-management programs including diabetes prevention, tobacco cessation, asthma and other chronic disease self-management and other programs.

References

National Council On Aging	Support the coverage by health insurers of evidence-based disease prevention and self-management programs including diabetes prevention, tobacco cessation, asthma and other chronic disease self-management and other programs.
	Based on a recent national study of Chronic Disease Self-Management Program (CDSMP), the program resulted in significant, measurable improvements in the health and quality of life of adults with chronic diseases. CDSMP also appears to save enough through reductions in health care expenditures to pay for itself within the first year.
	(National Council on Aging https://www.ncoa.org/news/resources-for-reporters/get-the-facts/chronic-disease-facts/ *Accessed 6/23/16)*
CDC	CDSMP is an effective self-management education program for people with chronic health problems. The program specifically addresses arthritis, diabetes, lung and heart disease, but teaches skills useful for managing a variety of chronic diseases. This program was developed at Stanford University. Centers for Disease Control- Recommended Programs.
	*(*http://www.cdc.gov/arthritis/interventions/self_manage.htm *Accessed 6/23/16)*

Support efforts that recognize special needs of persons with disabilities and support engagement of the disabled community to create appropriate policies and services.

References

Journal of Community Engagement and Scholarship	Research acknowledges the importance of direct involvement of people with disabilities in all aspects of policy debates, and civic engagement is one means in which to create or influence change. For people with disabilities, civic engagement can help to create self-efficacy, promote social integration, and develop personal interests….. Increasing the engagement of people with disabilities will ensure that new policies do not continue the cycles of political marginalization historically experienced by this population. *(Civic Engagement and People with Disabilities: The role of advocacy and technology 2012 Journal of Community Engagement and Scholarship; http://jces.ua.edu/civic-engagement-and-people-with-disabilities-the-role-of-advocacy-and-technology/ Accessed 6/23/16)*
Department of Justice, Civil Rights Division	Engagement with people with disabilities and their families, disability advocates, and other community stakeholders has informed all aspects of our work and has helped us develop sustainable remedies that address the concerns and priorities of each individual community. *("Expanding Opportunity in the Community for People with Disabilities" https://www.ada.gov/disability-rights-accomplishments.htm Accessed Accessed 6/23/16 Americans with Disabilities Act)*

4.18 Support efforts to advance cultural and linguistic appropriateness in planning, outreach and communication.

References

Office of Planning and Research	Robust community engagement to capture all voices within the community from the beginning of the general plan update is vital to creating a shared vision with significant community support, creating a plan that is more likely to acknowledge community challenges and accurately account for existing community assets.
	Robust community engagement is a vital component of drafting and updating a general plan. When a general plan is written or amended, state law requires the planning agency to "provide opportunities for the involvement of citizens, California Native American Indian tribes, public agencies, public utility companies, and civic, education, and other community groups,"which may include public agencies, public utility companies, community groups, and others through hearings or other appropriate methods (§65351)The law also requires that a jurisdiction make a diligent effort to include all economic groups when drafting, adopting and implementing its housing element (§65583). For the purposes of this chapter, the term "update" will refer to adopting new general plans as well as updating existing ones.
	(OPR 2016 General Plan Guidelines, https://www.opr.ca.gov/docs/DRAFT_General_Plan_Guidelines_for_public_comment_2015.pdf)

Support policies to build cultural competency in healthcare delivery and public health approach.

References

CDC

Cultural competence is the **integration and transformation of knowledge** about individuals and groups of people **into specific standards, policies, practices, and attitudes** used in appropriate cultural settings to increase the quality of services; thereby producing **better outcomes**.

Principles of cultural competence include:

1. Define culture broadly.
2. Value clients' cultural beliefs.
3. Recognize complexity in language interpretation.
4. Facilitate learning between providers and communities.
5. Involve the community in defining and addressing service needs.
6. Collaborate with other agencies.
7. Professionalize staff hiring and training.
8. Institutionalize cultural competence.

CDC National Prevention Information Framework, Health Communications "Cultural Competence." https://npin.cdc.gov/pages/cultural-competence

Strengthen the public health role and involvement in climate change action, including mitigation, adaptation and resilience.

References

California Natural Resources Agency	"Responding to climate change provides opportunities to improve human health and wellbeing by working across sectors including energy, agriculture, housing, land use and transportation. " Health co-benefits and adaptive capacity protect people while combating climate change through active transportation, urban greening, mixed use zoning, affordable, healthy and energy-efficient housing, sustainable forestry and consumption of locally grown produce. *(Safeguarding California: Implementation Action Plans, California Natural Resources Agency, March 2016, page 147;* *http://resources.ca.gov/docs/climate/safeguarding/Safeguarding%20California-Implementation%20Action%20Plans.pdf)*
CCLHO	Health Officers, health and environmental health departments must demonstrate leadership and form strategic alliances with public and private partners, community, planning and transportation, agriculture, parks and recreation, air quality boards, pest abatement districts and others. Climate mitigation strategies that will help protect human health include: assessment of community vulnerability and resilience to climate change; assessment of the impact of climate change legislation, regulations, and policies on public health; development of mitigation and adaptation strategies that maximize health co-benefits; participation in local greenhouse gas emissions inventories and climate change or sustainability action plans; Promotion of culturally appropriate risk communication, education, and outreach; advancement of a climate change research agenda; enhancement of climate change health impact surveillance; and reduction of air pollution, in particular greenhouse gases, in partnership with local air quality management districts and planning agencies. *(CCLHO Policy Platform, Fall 2010, page 53, 54;* *https://www.cdph.ca.gov/programs/cclho/Documents/CCLHOPolicyPlatform.pdf)*
CHEAC	Support efforts to develop climate change mitigation strategies to help protect against potential impacts on human health. *(CHEAC 2016 Legislative Platform;* *http://www.cheac.org/page/Legislation/pdfs/legishs/2016/2016_Leg_Platform-Final.pdf)*

Strengthen public health capacity, infrastructure and resources (including funding) to prevent and prepare for the impacts of climate change on health.

References

CSAC	Potential impacts of climate change on human health are recognized. Heat-related illnesses, air pollution, wild fire, water pollution and supply issues, mental health impact and infectious diseases all related to the health and well-being of residents, and to the range and cost of services provided by county governments. There are direct human health benefits associated with mitigating greenhouse gas emissions, such as lowering rates of obesity, injuries, and asthma. Prevention, planning, research and preparation are keys to coping with public health issues brought about by climate change. *(CSAC Climate Change Policy Statements and Principles, November 2007, page 11;* http://www.counties.org/sites/main/files/file-attachments/csac_climate_change_policy_final.pdf*)*
CCLHO	Climate change mitigation strategies that will help protect the human environment include: Assessment of community vulnerability and resilience to climate change; assessment of the impact of climate change legislation, regulations, and policies on public health; development of mitigation and adaptation strategies that maximize health co-benefits; participation in local greenhouse gas emissions inventories and climate change or sustainability action plans; promotion of culturally appropriate risk communication, education, and outreach; advancement of a climate change research agenda; enhancement of climate change health impact surveillance; and reduction of air pollution, in particular greenhouse gases, in partnership with local air quality management districts and planning agencies. *(CCLHO Policy Platform, Fall 2010, page 53;* https://www.cdph.ca.gov/programs/cclho/Documents/CCLHOPolicyPlatform.pdf*)*
CHEAC	Support efforts to develop climate change mitigation strategies to help protect against potential impacts on human health. *(CHEAC 2016 Legislative Platform;* http://www.cheac.org/page/Legislation/pdfs/legishs/2016/2016_Leg_Platform-Final.pdf*)*

Build the evidence base through research, monitoring, surveillance, and pilot projects to evaluate the health implications of climate change and identify climate change solutions that optimize health.

References

CDC	The Building Resilience Against Climate Effects (BRACE) framework can help health departments prepared for and respond to climate change. The process allows health departments to understand the people and places in their jurisdiction that are most vulnerable and susceptive to adverse impacts to climate change. *(CDC Climate and Health Program, Assessing Health Vulnerability to Climate Change: A Guide for Health Departments;* *https://www.cdc.gov/climateandhealth/pubs/assessinghealthvulnerabilitytoclimatechange.pdf)*
California Natural Resources Agency	Partner across state agencies and departments to collect data to understand the impact of climate related illnesses and deaths. Conduct routine surveillance of the health, mental health, social and economic factors associated with heat illness and death, wildfire smoke, cases of food-borne illness and others. *(California Natural Resources Agency, Safeguarding California: Implementation Action Plans, March 2016, page 166, 167;* *http://resources.ca.gov/docs/climate/safeguarding/Safeguarding%20California-Implementation%20Action%20Plans.pdf)*

Promote strategies to address climate change that optimize for health, equity, and well-being.

References

U. S. Climate and Health Alliance	Statement of Principles- Equity: Climate change threatens to disproportionately harm the poor, vulnerable, and disadvantaged; strategies to address climate change must link with efforts to address health and social inequities and human rights. *(U.S. Climate and Health Alliance, Statement of Principles, February 2014;* *http://usclimateandhealthalliance.org/about/statement-of-principles/)*
CCLHO	Climate change mitigation strategies that will help protect the human environment include: Assessment of community vulnerability and resilience to climate change; assessment of the impact of climate change legislation, regulations, and policies on public health; development of mitigation and adaptation strategies that maximize health co-benefits; participation in local greenhouse gas emissions inventories and climate change or sustainability action plans; promotion of culturally appropriate risk communication, education, and outreach; advancement of a climate change research agenda; enhancement of climate change health impact surveillance; and reduction of air pollution, in particular greenhouse gases, in partnership with local air quality management districts and planning agencies. *(CCLHO Policy Platform, Fall 2010, page 53;* *https://www.cdph.ca.gov/programs/cclho/Documents/CCLHOPolicyPlatform.pdf)*
CSAC	Potential impacts of climate change on human health are recognized. Heat-related illnesses, air pollution, wildfires, water pollution and supply issues, mental health impacts and infectious diseases are all related to the health and well-bing of residents and to the long-range costs of services provided by county governments. There are direct human health benefits associated with mitigating greenhouse gas emissions, such as lowering rates of obesity, injuries, and asthma. Prevention, planning, research and preparation are keys to coping with public health issues brought about by climate change. *(CSAC Climate Change Policy Statements and Principles, November 2007;* *http://www.counties.org/sites/main/files/file-* *attachments/csac_climate_change_policy__final.pdf)*

Promote community environments that simultaneously support health, and climate change mitigation and resilience (e.g. active transportation, walkability, urban greening).

References

U. S. Climate and Health Alliance	Statement of Principles- Health in All Policies: Sustainable, resilient communities can only be achieved through mutually reinforcing changes in transportation, energy, housing, agriculture, commerce, water, health care, and other systems; collaboration across sectors and a "Health in All Policies" approach are thus required to ensure that systems are sustainable and aligned with the needs of both people today and future generations. *(U.S. Climate and Health Alliance, Statement of Principles, February 2014; http://usclimateandhealthalliance.org/about/statement-of-principles/)*
CDPH	Policies that support active transportation help Californians incorporate more health-promoting physical activity into their lives, while also reducing greenhouse gas emissions and other harmful co-pollutants. Infill development can help to reduce urban sprawl, reduce greenhouse gas emissions, and support location-efficient housing that promotes active transportation and allows workers to reap both economic and health benefits. *(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010 – Executive Summary, page 7; http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf)*
CHEAC	Support legislation and funding that encourages consideration of public health impacts in the design and planning of healthy communities. Support efforts to develop climate change mitigation strategies to help protect against potential impacts on human health. *(CHEAC 2016 Legislative Platform; http://www.cheac.org/page/Legislation/pdfs/legishs/2016/2016_Leg_Platform-Final.pdf)*

| CSAC | There are direct human health benefits associated with mitigating greenhouse gas emissions, such as lowering rates of obesity, injuries, and asthma. Counties believe that prevention, planning, research and preparation are the keys to coping with the public health issues brought about by climate change, and that any public policy related to climate change and public health must take into account the existing roles and resources of county government.

(California State Association of Counties (CSAC) Climate Change Policy Statements and Principles, November 2007, page 11; http://www.counties.org/sites/main/files/file-attachments/csac_climate_change_policy_final.pdf*)* |

Integrate health, equity and sustainability into decision-making processes, planning documents, guidelines, funding formulas and certification requirements across policy arenas.

References

American Public Health Association (APHA)	APHA calls upon national, state, and local health agencies and organizations to develop climate change adaptation and mitigation strategies and policies to prepare for and manage the health risks of climate change, doing so in ways that promote equity and sustainable development. Public health departments and health care systems should incorporate climate vulnerability assessments, planning, tracking, and interventions into public health strategies and health care provision. APHA also calls upon policymakers and public administrators to actively include community members when developing climate change strategies and policies at the local, regional, state, and national levels. *(APHA Public Health Opportunities to Address the Health Effects of Climate Change- Action Step #1; http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/12/03/15/34/public-health-opportunities-to-address-the-health-effects-of-climate-change)*

Prioritize an equity frame across climate action plans/ strategies, recognizing that the most socioeconomically vulnerable communities are often the ones that are most vulnerable to climate change.

References

California Natural Resources Agency	It is recognized that climate change does not affect all people equally and resources must focus on supporting the resilience of people and communities who are most vulnerable to climate change effects. *(California Natural Resources Agency, Safeguarding California: Implementation Action Plans-Public Health Sector Plan, March 2016, page 146; http://resources.ca.gov/docs/climate/safeguarding/Safeguarding%20California-Implementation%20Action%20Plans.pdf)*
CDPH CalBRACE Project	California Building Resilience Against Climate Effects (CalBRACE) is an evidence-based project that provides resources and technical assistance for the stat and local health departments to build climate adaptation capacity and enhance resilience at the local and regional levels. *(California Department of Public Health, California Building Resilience Against Climate Effects, downloaded June 2016; https://www.cdph.ca.gov/programs/Pages/CalBRACE.aspx)*
CalEPA Urban Heat Island Index	In 2015 CalEPA released the study, "Creating and Mapping an Urban Heat Island Index for California" which defines and examines the characteristics of the urban heat island and creates and Urban Heat Island Index to quantify the extent and severity of urban heat islands for individual cities. *(California Environmental Protection Agency, Urban Heat Island Index for California, downloaded June 2016: http://www.calepa.ca.gov/UrbanHeat/)*

Promote adaptation planning and community resilience that incorporate health and health equity.

References

U.S. Climate and Health Alliance	Statement of Principles- Action for adaptation and resilience: Because climate change is already occurring, we must also act now to protect people from the impacts of climate change and to build climate resilient communities with the social, economic, and physical capacity to thrive in the face of climate change.
	Statement of Principles- Equity: Climate change threatens to disproportionately harm the poor, vulnerable, and disadvantaged; strategies to address climate change must link with efforts to address health and social inequities and human rights.
	(U.S. Climate and Health Alliance, Statement of Principles, February 2014; http://usclimateandhealthalliance.org/about/statement-of-principles/)
Texas Health Institute	Report describes how 15 major U.S. cities are working to educate, engage, and empower vulnerable communities of color to build resilience to climate change.
	(Texas Health Institute, Status and Progress in Engaging Communities of Color to Advance Resilience to Climate Change- Experiences of 15 U.S. Cities, December 2014; http://www.texashealthinstitute.org/uploads/1/3/5/3/13535548/thi_climate_resilience__vulnerable_communities_final_report_12_11_2014_new.pdf)

Improve baseline resilience in vulnerable locations and populations: health, well-being, financial security, and housing.

References

Journal of Environmental and Public Health	Local health departments can develop climate change environmental public health indicators (EPHI) to assist in implementing the 10 essential public health services and the CDC Building Resilience Against Climate Effects (BRACE) framework. This work can also leverage the community vulnerability assessment results to ensure interventions designed to address climate change do not further impact existing health disparities. *(Journal of Environmental and Public Health, An Approach to Developing Local Climate Change Environmental Public Health Indicators, Vulnerability Assessments and Projections of Future Impacts, Volume 2014 (2014), Article ID 132057; http://www.hindawi.com/journals/jeph/2014/132057/)*
CDPH CalBRACE Project	California Building Resilience Against Climate Effects (CalBRACE) is an evidence-based project that provides resources and technical assistance for the stat and local health departments to build climate adaptation capacity and enhance resilience at the local and regional levels. *(California Department of Public Health, California Building Resilience Against Climate Effects, downloaded June 2016; https://www.cdph.ca.gov/programs/Pages/CalBRACE.aspx*
San Francisco Department of Public Health	San Francisco Department of Public Health Climate and Health Program developed a Heat Vulnerability Index that geographically predicts high risk areas during an extreme heat event. The Department continues their work to promote community resilience through education improvement and engagement to reduce the health impacts to climate change. *(San Francisco Department of Public Health, Environmental Health, Climate and Health Program, downloaded June 2016; https://www.sfdph.org/dph/EH/climatechange/)*

Incorporate outdoor workforce health and safety protections for severe weather events.

References

CDC	Impacts to people working outdoors can experience direct effects of climate change associated occupational hazards such as: increased ambient temperatures, air pollution, and extreme weather. Additionally, indirect climate change associated occupational hazards are likely to occur from vector-borne diseases and expanded habitats, industrial transitions, emerging industries (e.g., renewable energy, carbon sequestration, and "green industries"), increased use of pesticides, and changes in the built environment. *(CDC Climate Change and Occupational Safety and Health, May 4, 2016; http://www.cdc.gov/niosh/topics/climate/how.html)*
Department of Industrial Relations (CalOSHA)	California employers are required to take four steps to prevent heat illness for their employees: training about heat illness prevention; providing fresh water; providing shade; and developing and implementing written procedures for complying with CalOSHA Heat Illness Prevention Standard. *(State of California Department of Industrial Relations (CalOSHA) Heat Illness Prevention, June 2016; http://www.dir.ca.gov/DOSH/HeatIllnessInfo.html)*

Promote climate change strategies that support equitable community development.

References

Convergence Partnership	The Convergence Partnership, a collaboration of foundations and health-care institutions, works to foster healthier and more equitable environments for all children and families. Resilient equitable development is a priority area of focus for the Convergence Partnership. Equitable development is an approach to creating healthy, vibrant communities of opportunity. It involves promoting affordable housing without displacement, supporting inclusive transit-oriented development, creating expanded economic opportunity, and prioritizing health and prevention for communities, particularly in the context of a changing climate.
	The Partnership prioritizes: sustaining, strengthening, and stimulating healthy, sustainable, and equitable transportation policy; forging new connections to and within the community economic development field; and promoting community economic development strategies to advance community health and equity.
	(Convergence Partnership, Resilient Equitable Development, downloaded June 2016; http://www.convergencepartnership.org/cp-focus-areas/resilience-equitable-development)

Address the impacts of climate change on those natural and human systems upon which human health depends (e.g. air quality, water quality and quantity, food systems, weather systems, sea level).

References

U.S. Climate and Health Alliance	Statement of Principles- Health in All Policies: Sustainable, resilient communities can only be achieved through mutually reinforcing changes in transportation, energy, housing, agriculture, commerce, water, health care, and other systems; collaboration across sectors and a "Health in All Policies" approach are thus required to ensure that systems are sustainable and aligned with the needs of both people today and future generations. *(U.S. Climate and Health Alliance, Statement of Principles, February 2014; http://usclimateandhealthalliance.org/about/statement-of-principles/)*

Connect preservation of natural lands with climate resilience: expand wetlands, watersheds, recharge areas, streamside areas, and floodplains.

References

California Natural Resources Agency	California Natural Resources Agency, Safeguarding California includes action plans for Ocean and Coastal Resources and Ecosystems and Land Use and Community Development. *(California Natural Resources Agency, Safeguarding California, March 2016; http://resources.ca.gov/climate/safeguarding/)*

Support policies, programs, and funding to reduce heat islands, which are associated with increased levels of ozone as well as to create attractive shaded streets, including urban greening, green infrastructure, energy efficiency, and cool roofs and pavements.

References

CDPH	Support urban greening and access to green spaces.
	(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010, 1.C1, page 9; http://sgc.ca.gov/pdf/HiAP_Task_Force_Executive_Summary_Dec_2010.pdf)
California Natural Resources Agency	Utilize green infrastructure, "low impact development" and low-energy strategies to manage building site storm water runoff, reduce the urban heat island effect, and cool indoor air. Examples include: installing rain gardens, bioswales, and solar-reflective/light-colored permeable pavements.
	Plant trees, vegetation (such as green walls and green roofs) , and use building shade to lower indoor air temperatures and alleviate the urban heart island effect.
	(California Natural Resources Agency, Safeguarding California, March 2016 Public Health Sector Plan, page 163; http://resources.ca.gov/climate/safeguarding/)
California Office of Planning and Research	Increased urban greening and cool surfaces can decrease temperatures and lessen the effects of extreme hear. Green roofs can also produce health benefits by reducing exposure to heat and improving air quality. Healthy tree canopies can provide shade from heat, help carbon capture and improve air quality.
	(California Office of Planning and Research Draft General Plan Guidelines for Public Comment, 2015, page 222; https://www.opr.ca.gov/docs/DRAFT_General_Plan_Guidelines_for_public_comment_2015.pdf)

Establish a climate risk analysis for large-scale infrastructure investments.

References

California Governor's Executive Order B-30-15	In April 2015, Governor Brown signed Executive Order B-30-15 establishing a 2030 greenhouse gas emissions reduction target of 40 percent below 1990 levels, addressing the need for climate adaptation, and directing State government to: Incorporate climate change impacts into the State's Five-Year Infrastructure Plan; Update the State's comprehensive strategy for safeguarding against climate impacts; Factor climate change from a lifecycle perspective into State agency planning and investment decisions; Implement measures under existing agency and departmental authority to reduce greenhouse gas emissions._(California Governor's Executive Order B-30-15, April 29, 2014; https://www.gov.ca.gov/news.php?id=18938)_

Estimate the economic and non-economic benefits of resilience investments.

References

Environmental Research Letters	Implications of Incorporating Air-Quality Co-Benefits into Climate Change Policy Making *(http://iopscience.iop.org/article/10.1088/1748-9326/5/1/014007/meta;jsessionid=F532D28A7B2CC918F1DB7D707ECAAB73.c2.iopscience.cld.iop.org)*

Include impacts of climate, health water projections and equity considerations for emergency preparedness planning.

References

California Natural Resources Agency	Collaborate with California Office of Emergency Services and CDPH Emergency Preparedness Office to support cities and counties to incorporate climate, health, water projections and equity considerations in their updates to local hazard mitigation plans and general plan safety elements. *(California Natural Resources Agency, Safeguarding California: Implementation Action Plans, March 2016, page 168;* *http://resources.ca.gov/docs/climate/safeguarding/Safeguarding%20California-Implementation%20Action%20Plans.pdf)*
California Natural Resources Agency	Increase emphasis and incorporate climate change impacts and adaptation strategies into Local Hazard Mitigation Plans (LHMPs) as part of the Safety Element of local government General Plans. *(Safeguarding California: Implementation Action Plans, Emergency Management Sector Plan, California Natural Resources Agency, March 2016, page 64, 65;* *http://resources.ca.gov/docs/climate/safeguarding/Safeguarding%20California-Implementation%20Action%20Plans.pdf)*
California Office of Planning and Research	The Safety Element of the General Plan aims to reduce potential risk of death, injuries, property damage and economic and social dislocation resulting from fires, floods, droughts, earthquakes, landslides as well as other hazards and climate change impacts. The Local Hazard Mitigation Plan ideally would be incorporated into the Safety Element with policies identifying hazards and emergency response projects as well as mitigation through avoidance of hazards by new projects and reduction of risk in developed areas. *(State of California General Plan Guidelines, Draft for Public Comment, 2015, page 192, 193;* *https://www.opr.ca.gov/docs/DRAFT_General_Plan_Guidelines_for_public_comment_2015.pdf)*

Increase resiliency in water management through conservation, coordination and communication.

References

Office of Planning and Research	Increase resiliency in water management through conservation, coordination and communication. *(The Governor's Office of Planning and Research, Drought Toolkit, August 2014; https://www.opr.ca.gov/s_droughttoolkit.php)*
CDC	Identify, coordinate and engage interagency partners and stakeholders working on drought efforts and participate in local water agency vulnerability assessments to include a health lens. *(CDC Every Drop Counts: Protecting public health during drought conditions- guide for public health professionals, 2010; https://www.cdc.gov/nceh/ehs/docs/when_every_drop_counts.pdf)*
Public Health Alliance of Southern CA	Identify strategies for integrating healthy water system promotion in healthy communities work (e.g., review water systems design integration with parks planning; integrate Green Streets messaging into Complete Streets promotion). Adopt sustainable, water-friendly procurement policies (e.g. "Meatless Monday" resolution); support water-friendly community garden practices; partner with schools to ensure drinking water availability and quality. Update emergency preparedness and response plans to incorporate water and climate vulnerability assessment data. Include water supply and quality safety checks into home health visits; communicate health resources and messages on appropriate drought-time water use, disposal of prescription drugs, soil and water testing and emergency preparedness. Identify water data gaps and potential mitigation strategies. *(Public Health Alliance of Southern California, Water Actions for Local Health Departments Checklists, 2015; http://phasocal.org/water-initiative/)*

Promote measures that safeguard water resources when approving new development.

References

EPA	Protecting Water Resources with Higher Density Development

(https://www.epa.gov/smartgrowth/protecting-water-resources-higher-density-development) |
| California Water Action Plan 2016 Update | Promote Local Urban Conservation Ordinances and Programs
Local agencies are increasingly conserving water by prohibiting certain types of wasteful water use. Examples include: prohibiting watering hard surfaces such as sidewalks, walkways, driveways or parking areas; prohibiting outdoor watering during and after periods of rain; and not serving water to customers in restaurants unless specifically requested. Local agencies are also pioneering incentive programs, for example, converting lawns to drought tolerant landscapes—and programs to capture rainwater. In July 2015, the California Water Commission adopted a new statewide model water efficient landscape ordinance that will limit lawn in new residential and commercial developments and require efficient irrigation systems. Under the model ordinance, which local governments must meet or exceed, new development will use roughly a third less water on landscaping.

(California Water Action Plan 2016 Update, page 6; http://resources.ca.gov/docs/california_water_action_plan/Final_California_Water_Action_Plan.pdf) |
| City of Los Angeles | The City of Los Angeles passed Ordinance NO. 181899 on September 27, 2011 that amended Sections 64.70.01 and 64.72 of Article 4.4 of Chapter VI of the Los Angeles Municipal Code to expand the applicability of the existing Standard Urban Stormwater Mitigation Plan (SUSMP) requirements by imposing rainwater Low Impact Development (LID) strategies in development and redevelopment projects that require building permits. Requirements for construction activities and facility operations of development and redevelopment projects comply with the the requirements of the Standard Urban Stormwater Mitigation Plan, integrated Low Impact Development practices and standards for stormwater pollution mitigation and maximize open, green and pervious space consistent with the City's landscape ordinance and other related requirements in the Development Best Management Practices Handbook.

(City of Los Angeles, Storm Water Program, September 27, 2011; http://www.lastormwater.org/wp-content/files_mf/finallidordinance181899.pdf) |

Ensure meaningful climate protections by aligning ARB-implemented GHG reduction targets with state mandated goals.

References

California Governor's Executive Order B-30-15	In April 2015, Governor Brown signed Executive Order B-30-15 establishing a 2030 greenhouse gas emissions reduction target of 40 percent below 1990 levels, addressing the need for climate adaptation, and directing State government to: Incorporate climate change impacts into the State's Five-Year Infrastructure Plan; Update the State's comprehensive strategy for safeguarding against climate impacts; Factor climate change from a lifecycle perspective into State agency planning and investment decisions; Implement measures under existing agency and departmental authority to reduce greenhouse gas emissions. *(California Governor's Executive Order B-30-15, April 29, 2014; https://www.gov.ca.gov/news.php?id=18938)*
Air Resources Board	Frequently Asked Questions About Executive Order B-30-15, 2030 Carbon Target and Adaptation. *(Air Resources Board Frequently Asked Questions about B-30-15, revised 4/25/15; http://www.arb.ca.gov/newsrel/2030_carbon_target_adaptation_faq.pdf)*

Support strategies that promote a net zero emissions economy.

References

City of San Diego, CA	City of San Diego Climate Action Plan Draft July 2015 outlines five key strategies to further reduce 2020 and 2035 greenhouse gas emissions through: 1) energy and water efficient buildings; 2) clean and renewable energy; 3) bicycling, walking, transit and land use; 4) zero waste; and 5) climate resiliency. *(City of San Diego Climate Action Plan Draft 2015, pages 21, 23; https://www.sandiego.gov/sites/default/files/legacy/planning/genplan/cap/pdf/draft_cap_july_2015.pdf)*
Cambridge Institute	After COP21: Achieving a zero carbon economy. *(Cambridge Institute for Sustainability Leadership; http://www.cisl.cam.ac.uk/news/blog/after-cop21-achieving-a-zero-carbon-economy)*

Support urgent and substantial reductions to greenhouse gas emissions, short- and long-term, across sectors (e.g. energy, transportation, food and agriculture sectors).

References

US Climate and Health Alliance	Statement of Principles- Emissions reduction: Greenhouse gas emissions must be significantly reduced without delay, to avoid reaching a climate "tipping point" that will increase the likelihood of catastrophic consequences for health and well-being.
	(U.S. Climate and Health Alliance, Statement of Principles, February 2014; http://usclimateandhealthalliance.org/about/statement-of-principles/)

Promote reduction of the systems that produce the sources of greenhouse gases (e.g. extraction of fossil fuels, expansion of unsustainable food systems).

References

APHA	Exhorts US policymakers to immediately take necessary steps to reduce US greenhouse gas emissions, including carbon dioxide and methane, as called for in the President's 2013 Climate Action Plan, setting mandatory economy-wide limits on emissions with successive reductions over time to create incentives for energy efficiency and alternative energy production with an emphasis on renewable energy approaches. APHA thus calls for robust implementation of the Environmental Protection Agency's Clean Power Plan as an important step toward emissions reductions. *(APHA Public Health Opportunities to Address the Health Effects of Climate Change- Action Step #6; http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/12/03/15/34/public-health-opportunities-to-address-the-health-effects-of-climate-change)*

Promote sustainable, healthy sequestration strategies across sectors (e.g. sustainable agriculture and food systems, urban greening).

References

US Climate and Health Alliance	PHI supports efforts that reduce long-term climate change, promote climate resilient communities, protect all people from the health impacts of climate change, and optimize health and healthy equity outcomes and co-benefits. *(Center on Climate Change and Health Policy Platform, Center for Climate Change and Health, January 2014, Policy Priorities No. 9; http://climatehealthconnect.org/solutions/phi-climate-change-and-health-policy-platform/)*

Create sustainable revenue streams to support the reduction of health inequities and prevention of chronic disease at all levels.

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

References

NACCHO	Federal, state, and local governments should:
	Adopt a Health in All Policies [HiAP] approach in the policy-making process in order to ensure that policies made outside of the health sector have positive or neutral impacts on the determinants of health.
	Provide funding, training, and technical assistance for local health departments (LHDs) to ensure that they can assume a leadership role implementing a HiAP approach at the local level and determine the best strategies for implementing HiAP locally.
	(NACCHO Policy Statement 12-01, Implementing Health in All Policies through Local Health Department Leadership; http://www.naccho.org/uploads/downloadable-resources/Policy-and-Advocacy/12-01-health-in-all-policies.pdf)
CDPH	Public health agencies alone cannot change the environments that largely determine the health of California's residents, since responsibility for the determinants of health generally falls under the realms of housing, transportation, education, air quality, parks, criminal justice, and employment agencies, to name just a few. Thus, for public health agencies to achieve their mission – to improve the health of the population – they must work collaboratively with the many government agencies, businesses, and community-based organizations which are best positioned to create healthy communities.
	(Health in All Policies Task Force Report to the Strategic Growth Council, December 3, 2010, page 15; http://sgc.ca.gov/pdf/HiAP_Task_Force_Report-_Dec_2010.pdf)

APHA	American Public Health Association and
	Public Health Institute
	Health in All Policies: A Guide for State and Local Health Departments
	(Health in All Policies: A Guide for State and Local Health Department, American Public Health Association and Public Health Institute, 2013; http://www.phi.org/uploads/files/Health_in_All_Policies-A_Guide_for_State_and_Local_Governments.pdf)

Create sustainable funding sources such as wellness funds, social innovation bond programs, or other funding sources to allow local health departments to effectively address chronic disease prevention.

References

CCLHO/CHEAC	Adopt a tobacco control-like model for programmatic and funding structures and mechanisms for all other chronic disease prevention efforts to ensure sustainability throughout California, including:
	Effective state-local partnership to combine a statewide perspective with local experience.
	Minimum allocations for all LHDs [local health departments], with flexibility to support local priorities, strategies, and approaches.
	Separate competitive funding for innovations that reflect the local context, climate, diverse community needs and interests, and opportunities to partner.
	Designated funding to key community partners, such as voluntary/advocacy organizations that can work directly on policy with elected officials.
	Consider baseline funding for appropriate institutional partners, with designated LHD oversight for coordinating efforts.
	Earmarked funds for a materials clearinghouse, training and technical assistance, and external/independent evaluation services.
	(Chronic Disease Prevention Framework, CCLHO-CHEAC Chronic Disease Prevention Leadership Project, 2013 – Recommendation 2, page 10; https://www.cdph.ca.gov/programs/cclho/Documents/ChronicDiseaseReportFINAL.pdf)
CCLHO/CHEAC	Designate a portion of future taxes and other funds collected through passage of policies related to chronic diseases to go directly to chronic disease and obesity prevention at both the local and state levels.
	(Chronic Disease Prevention Framework, CCLHO-CHEAC Chronic Disease Prevention Leadership Project, 2013 – Recommendation 5, page 10; https://www.cdph.ca.gov/programs/cclho/Documents/ChronicDiseaseReportFINAL.pdf)

CHEAC	Support a dedicated funding stream to fund preventive health services or activities that improve community health outcomes. Advocate for flexibility for California to design prevention programs to take advantage of California's state and local health department strengths and encourage the provision of basic funding to state and local health departments with additional funding available on a competitive basis. Encourage the allocation of new revenue streams in an equitable manner across all local health jurisdictions. *(CHEAC 2016 Legislative Platform;* *http://www.cheac.org/page/Legislation/pdfs/legishs/2016/2016_Leg_Platform-Final.pdf)*

Support efforts to increase resources available to address inequities in social determinants of health, including living conditions such as the physical environment, social environment, and economic conditions including housing, education and community resilience.

References

NACCHO	[E]ncourage the transformation of public health practice to include...The development, tracking, and regular presentation of indicators that measure social health and well-being, including inequities in health status, similar to the national presentation of economic indicators; and identify the institutional sources of decision-making cumulatively generating health inequities (e.g., investment in local infrastructure by neighborhood; distribution of city fiscal resources by neighborhood; bank loans, lending practices, and foreclosures by neighborhood; political influence, etc) *(NACCHO Statement of Policy 05-02, Updated February 2015 – Health Equity and Social Justice; http://www.naccho.org/uploads/downloadable-resources/Policy-and-Advocacy/05-02-Health-Equity-and-Social-Justice.pdf)*
CHEAC	Seek to reduce health disparities and inequities by working to eliminate barriers to good health for California's diverse population. (CHEAC 2016 Legislative Platform; *http://www.cheac.org/page/Legislation/pdfs/legishs/2016/2016_Leg_Platform-Final.pdf)*
Robert Wood Johnson Foundation	What Works for Health Toolkit presents an array of social determinants of health-based interventions, along with a determination of the strength of the evidence supporting each intervention's impact on health.

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

References

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

Foster collaboration and funding mechanisms such as accountable communities for health to build partnerships and shared responsibilities for disease prevention across sectors, such as between local public health and planning departments, agriculture, transportation, health care providers or educators.

References

Prevention Institute	Accountable Communities for Health: 1. Brings together major healthcare providers across a geographic area, and requires them to operate as partners rather than competitors; 2. Focuses on the health of all residents in a geographic area rather than just a patient panel; 3. Engages a broad set of partners outside of healthcare to improve overall population health; and 4. Identifies multiple strands of resources that can be applied to ACH-defined objectives that explore the potential for redirecting savings from healthcare costs in order to sustain collaborative efforts." *(Accountable Communities for Health: Opportunities and Recommendations, Prevention Institute, July 2015; http://www.preventioninstitute.org/component/jlibrary/article/id-366/127.html)*
Community Partners California Accountable Communities for Health Initiative	The California Accountable Communities for Health Initiative (CACHI) will fund six pilot projects. Improving population health requires collaboration across many sectors including health systems, health insurance plans, public health, education, housing and transportation. CACHIs will work in a specific geographic area to achieve community-wide population health improvements to reduce the prevalence and cost of chronic disease for people with or likely will be diagnosed with asthma, cardiovascular disease or diabetes. Applications for the pilot projects were due April 29, 2016. Check website for updates. *(Community Partners, California Accountable Communities for Health Initiative; Overview and Frequently Asked Questions downloaded June 2016; http://www.communitypartners.org/cachi)*

Use alignment of Community Health Needs Assessments and Community Health Assessment metrics and implementation goals as a mechanism for providing financing for key community health goals.

References

Association of State and Territorial Health Officials (ASTHO)	The IRS published the Community Health Needs Assessment (CHNA) and implementation strategies final rules on December 31, 2014 for tax-exempt hospitals as a result of the Affordable Care Act. These assessment and strategies provide an opportunity to improve hospital community benefits and meet the needs of their communities. CHANs must take into account input from persons who represent the community served by the hospital facility as well as those with special knowledge or expertise in public health. *(Association of State and Territorial Health Officials, Health Systems Transformation, Community Health Needs Assessment, downloaded June 2016; http://www.astho.org/Programs/Access/Community-Health-Needs-Assessments/)*
NACCHO	The National Association of City and County Health Officials (NACCHO) is committed to helping local health departments (LHDs) strategically align their community health assessment efforts with other assessment initiatives such as those of non-profit hospitals. The resources available provide information to help LHDs and non-profit hospitals conduct collaborative community health assessment and improvement processes. *(National Association of City and County Health Officials, Community Benefit, downloaded June 2016; http://archived.naccho.org/topics/infrastructure/mapp/chahealthreform.cfm)*