SUMMARY

The Planning and Zoning Division has recognized the impact land use decisions have on the health of Oakland residents. To address these neighborhood conditions that produce negative health outcomes, staff has worked in collaboration with the Alameda County Public Health Department to explore the possibility and effectiveness of incorporating health language into the City General Plan. In order to implement such changes, it is recommended that staff be directed to work with the Alameda County Public Health Department to seek funding and develop a framework for incorporating a health element into the General Plan.

BACKGROUND

Growing evidence in planning research and discourse demonstrates a strong relationship between our health and the environments in which we live. The way our neighborhoods, streets, and homes are designed affects whether children can play outside and walk to school, whether families can access basic goods and services, and even whether neighbors can socialize and look out for one another.

Over the last half-century public health and land use professionals typically moved in parallel universes. That has changed over the past few years, as public health professionals have begun to understand the powerful impact the built environment has upon health choices and outcomes, and planners have started to comprehend the strong correlations between what makes a well-designed community for design's sake and what makes a well-designed community for health's sake.

In 2006, the City of Oakland Strategic Planning staff and Alameda County Public Health Department staff began working together on these issues on an ad hoc basis after co-hosting a Planning Healthy Cities Workshop. This work has included collaborating around specific projects and discussing and assessing ways that health outcomes could be effectively incorporated in the City General Plan.

Much of this collaborative work has been driven by the dramatic increase in chronic diseases such as the obesity epidemic and asthma which are strongly associated with environmental factors, healthy food access, ability to lead active lifestyles and prevalence of pollution. Since 1980, the number of obese Americans has doubled to more than one-third of the population, and the prevalence of type 2 diabetes has doubled, as well. The asthma rate among children has more than doubled. Based on current health trends, for the first time in American history, children are not predicted to live as long as their parents. However, these trends are not distributed evenly. The places in which we live and work matter.

Statistics clearly indicate that Oakland has significant public health issues that need to be addressed and these health issues are not distributed evenly throughout the city. Certain Oakland neighborhoods are bearing a disproportionate burden of death and disease and would benefit from an improved health environment. Oakland has a higher death rate than the rest of the county. Residents of East Oakland and parts of North and West Oakland have higher rates of death compared to the rest of Oakland.

To start to address some of the environmental conditions that lead to poor health, more and more cities across California are looking to local planning and development as critical avenues for healthy change. One strategy that can be particularly impactful is to incorporate health concerns into the City General Plan.

Incorporating explicit health outcome goals and actions into a general plan can come in many forms: a stand-alone "health element" devoted to the topic; a specific health section added to the land-use and transportation policy framework; language interweaved throughout various other elements of the document, or a combination of these. Articulating health outcomes should include overarching guiding principles and goals, as well as specific policies, actions and measurement indicators.

In the last few years an increasing number of municipalities have been purposefully addressing the health of their communities by creating health elements in their general plans or by incorporating health language throughout their general plan. Although this movement is still at the "early adopter" phase, there has been enough work in this arena to provide examples of best practices and model language with room to still innovate and address the needs of specific communities.

KEY ISSUES

Is there a clear need for incorporating explicit health outcomes in the General Plan?
Oakland's General Plan addresses health at least minimally, through traditional topics such as environmental protection, hazard mitigation, parks and recreation, bike and pedestrian safety, housing and building standards, and zoning. However, many of these policies are scattered across various elements, are not coordinated and not explicitly tied to land-use and transportation organization and investment policies. Many of the existing health outcomes are tied to regulating what effects a given project will have on the environment instead of concretely laying out an actionable vision of how the City should grow and invest in itself to achieve the broadest definition of a comprehensive healthy city. There is much more to be done in terms of the range of health issues that could be addressed, making the language more health-explicit, tying these factors to specific health data, and setting standards or targets in order to make the general plan more effective. Given the great health disparities that exist in Oakland, there is an urgent need to coordinate healthy planning strategies in a coordinated fashion. This is what a health element can help achieve.

Determining which approach should be taken to incorporate health outcomes into the General Plan
The specific approach of how to incorporate health outcomes into the General Plan will need further discussion. Each approach will need to be analyzed for its effectiveness in achieving health goals and in terms of time and cost involved in completing such inclusions.

Factors for Successfully Incorporating Health into the General Plan
Whether health language is incorporated throughout a general plan or in a separate health element, certain issues must be addressed in order to ensure this health language results in improved health for the residents of Oakland.

- **Health policies reflect the community's vision** – A broad and diverse set of stakeholders should be involved in identifying health needs addressed in the general plan.
- **Locally relevant health data is included** – Benchmarks (existing conditions) as well as standards and targets (goals for future conditions) reflect health and built environment data.
- **A plan for implementing the policies is developed** – Actions and programs should be outlined that will guide the city from vision to action and this should be incorporated into the City's policy framework section of the General Plan. Implementation partners should be named so that local government agencies and the community know who will play what role.
- **Standards are included to know if the plan has been successful** – Identify standards or targets that can be measured to highlight where policies have achieved a vision and where they may need to be reworked.
- **Policies and actions are included that will make progress toward eliminating health disparities** – Specify that neighborhoods of underserved, low-income, or communities of color receive priority for funding or infrastructure development.

CONCLUSION

For the general plan to effectively improve the health environment, it must be tailored to the specific needs of Oakland. This will be best accomplished through a robust community engagement process that seeks the meaningful input of residents. The Oakland Planning and Zoning Division and the Alameda County Public Health Department are committed to work together to make this happen.

RECOMMENDATIONS

For approval: Direct staff to work with the Alameda County Public Health Department to seek funding and develop a framework for incorporating a health element into the General Plan.

Respectfully submitted:

for

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Attachments:

Appendix A: Oakland Health Data
Appendix B: Land Use Impact on Health
Appendix C: References

APPENDIX A – Oakland's Health Status

Oakland has a generally less favorable health profile than the county. There are profound inequities in health by race/ethnicity, income, and neighborhood. Oakland has a higher rate of death from all causes as well as for chronic diseases—heart disease, stroke, cancer and injury—unintentional injury and homicide, than the county. Poor health outcomes are concentrated in low-income areas of Oakland.

The following are highlighted areas of concern for Oakland's health status:

- West Oakland has high rates of death from all causes, teen births, tuberculosis, diabetes-related hospitalizations and asthma.
- Other areas that have high concentrations of unfavorable health outcomes include parts of East Oakland and North Oakland, San Antonio, Downtown, Chinatown, and Fruitvale.
- Oakland residents live 2.4 years fewer than county residents (77.8 versus 80.2 years); those in the lower income Oakland flatlands live 5.9 years fewer than those in the affluent hills.
- One in five adults in Oakland (20%) is obese. African Americans are three times as likely to be obese as Whites (33% versus 11% respectively). African Americans are four times as likely to have diabetes as Whites in Oakland (8% versus 2% respectively).
- Being physically active is protective against chronic health conditions such as diabetes. Neighborhood characteristics such as access to space and safety influence how physically active people in a community are. In Oakland, 23% of adults are physically inactive (i.e. do not engage in any moderate or vigorous activity) compared to 19% of adults in the county. Low-income Oakland residents are almost four times as likely to be physically inactive as high income residents (40% versus 11% respectively). Oakland residents are also twice as likely as county residents to not have a place near home to walk/exercise (14% versus 7%), or feel it is unsafe to exercise outdoors in their neighborhood (16% versus 7% respectively).
- Certain neighborhoods in Oakland have an overabundance of unhealthy food outlets, too few grocery stores, and a high concentration of liquor stores—conditions that contribute to health-damaging behaviors and poor health, especially in low-income communities.
- Pedestrian injuries are among the most common causes of death and hospitalization in Oakland. These injuries are more concentrated in areas of high traffic density and occur at an especially high rate in the downtown. African American and Latino pedestrians are at the greatest risk of pedestrian injury from collision with a vehicle. Unsafe conditions can discourage physical activity, leading to adverse health outcomes.
- Low income residents in Oakland are disproportionately exposed to harmful environmental pollutants, placing them at risk of poor health outcomes. Seven of ten schools in the county situated in close proximity of a freeway are in the Oakland Unified School District, exposing children to unacceptably high levels of air pollution and increases their risk of developing asthma. Other data show that West Oakland

residents breathe air with at least three times more diesel particles in it than the rest of the Bay Area, which translates to a 2.5 times greater lifetime risk of cancer compared to that in the Bay Area. This higher risk is predominantly due to diesel trucks transporting goods on freeways around the area as well as into and out of the Port of Oakland and the Union Pacific Rail Yard.

These data strongly suggest that Oakland has significant health issues that can be addressed by more equitable land use planning. Certain Oakland neighborhoods are bearing a disproportionate burden of poor health outcomes and would benefit from improved environmental conditions that promote health.

APPENDIX B – Land Use Impact on Health

The following table identifies key risk factors that affect people's health, highlights some associated health outcomes, and examples of how they relate to the built environment. This table is meant to be illustrative and not exhaustive.

RISK FACTORS	NEGATIVE HEALTH OUTCOMES	RELATION TO BUILT ENVIRONMENT
Unsafe neighborhoods	Lack of outdoor or physical activity, social isolation, stress, violence	• Concentration of alcohol and tobacco retailers • Limited access to essential services • Spatially and racially segregated housing • Lack of safe places to play
Unsafe streets	Injuries and fatalities, inactivity and obesity, stress	• Focus on auto use yields fewer lanes for bicycles, high traffic speed and congestion, noise pollution, and inadequate sidewalks • Absence of buffers separating cars from pedestrians
Alcohol and tobacco use	Alcoholism, cancer, communicable diseases, heart disease, liver disease, mental health problems, teen pregnancy, violence	• Concentration of liquor stores, convenience stores, and bars • Proliferation of alcohol and tobacco advertising
Poor or inadequate nutrition	Cancer, diabetes, hunger, hear disease, learning difficulties, obesity, stroke	• Limited access to grocery stores, farmers markets, and community gardens, • concentration of fast food, liquor, and convenience stores • Proliferation of unhealthy advertising
Lack of physical activity	Attention deficit disorder, cancer, depression, diabetes, heart disease, obesity, stress, stroke	• Limited or no open space or parks or poorly maintained parks • Outdoor activity limited by air pollution and safety concerns
Polluted air, soil, and water	Asthma, birth defects, cancer, heart disease, lung disease, neurological disorders, reproductive disorders	• Proximity of "sensitive sites" to sources of air pollution • Lack of green space or trees to buffer or filter pollution • Auto-oriented housing development • Proximity of "sensitive sites" to brownfield development • Presence of contaminated sites
Poor housing conditions	Asthma, communicable disease, lead poisoning, respiratory illness, stress, mental health issues	• Lack of quality affordable housing • Poor maintenance practices • Insufficient air ventilation
Social isolation	Acute and chronic stress, mental illness substance abuse, violence, vulnerability to natural disasters and epidemics	• Neighborhood design (long commutes, few public gathering places, lack of access to goods and services) and • Lack of access to public transit

APPENDIX C – References

Alameda County. 2008. *Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County*. Accessible at http://www.acphd.org/healthequity/.

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