Preface

When the San Diego County Board of Supervisors adopted the Live Well San Diego vision, the foundation was laid for a county-wide transformation supporting a healthy, safe and thriving San Diego County. The vision is a collaborative change effort, involving residents, the County of San Diego, and every sector—businesses, schools, military and veterans’ organizations, community-based and faith-based organizations and all levels of government.

This Live Well San Diego vision includes three components. The first component, Building Better Health, was launched in July 2010, in response to a surge in chronic disease, rising health care costs and increased demands on the healthcare service delivery system. In October 2012, the Living Safely component was approved by the Board. It broadens our view of safety to facilitate how we interact with our residents and provide information that enables them to be proactive in their own safety. The Thriving component, launched in 2014, focuses on promoting a region in which residents can enjoy the highest quality of life.

This Resident Leadership Academy (RLA) curriculum will help residents gain knowledge and tools to make positive change within their communities and advance the vision of Live Well San Diego. As part of the RLA curriculum, participants develop and participate in improvement projects. Participants will be encouraged to align their efforts to community health assessment and improvement plans recently developed with input from Live Well San Diego leadership teams within each of the six HHSA regions.*

Funding for the series of RLA training offered in FY 2013-14 is through the Community Action Partnership (CAP), a program which works to empower economically disadvantaged individuals and families, within the County of San Diego, Health & Human Services Agency (HHSA). CAP received a small grant in FY 2012-13 to fund two Training Seminars for RLA Facilitators, graduating 26 facilitators. In FY 2013-14, CAP was awarded $100,000 for funding another Training Seminar for RLA Facilitators and for small competitive grants to CBOs to host RLAs. Central to the RLA curriculum is undertaking a community improvement project so that participants receive a hands-on learning opportunity by taking action to address barriers and improve the quality of life in their neighborhood.

* There are 5 Live Well San Diego Leadership Teams because 1 team covers both North Inland and North Coastal Regions. Correspondingly, there are 5 community health assessment and improvement plans that were developed between 2010 and 2013 as part of HHSA’s efforts to achieve national accreditation for its public health system and to inform activities that align to, and advance the, Live Well San Diego vision.
This RLA curriculum was designed by Community Health Improvement Partners (CHIP)*, with funding from the County HHSA. The design of this curriculum reflects CHIP’s unique role, experience and perspective. CHIP is a collaboration of San Diego health care systems, hospitals, community clinics, insurers, physicians, universities, community-based organizations and the County of San Diego HHSA, who are dedicated to a common vision to improve the health and well-being of all San Diegans through needs assessment, advocacy and collaboration. CHIP has considerable experience as one of six demonstration sites around the state of California participating in the Healthy Eating Active Communities (HEAC) initiative, funded by The California Endowment and Kaiser Permanente from 2005 – 2010. CHIP has also led or played a major role in these projects: Charting the Course: San Diego Community Needs Assessment; the San Diego County Childhood Obesity Initiative (COI), and Health Literacy San Diego. In addition, CHIP delivered this RLA curriculum when it was originally rolled out in FY 2010-11, as well as the first RLA Facilitator Training Seminars conducted in May and June of 2013.

RLAs are a key intervention that was introduced in San Diego through Communities Putting Prevention to Work (CPPW), under HHSA. CCPW engages San Diego County residents, schools, businesses and community leaders in systems and environmental approaches to create “Paths to Healthy Living.” The program was originally funded by the American Recovery and Reinvestment Act of 2009, and is now supported through a Community Transformation Grant made possible by the Centers for Disease Control and Prevention (CDC) through the County of San Diego Health and Human Services Agency.

The Live Well San Diego vision has four strategic approaches. They are: 1) Building a better service delivery system; 2) Supporting positive choices; 3) Pursuing policy and environmental changes, and 4) Improving the culture within. These strategies are in turn connected to five “Areas of Influence” (Health, Knowledge, Standard of Living, Community, Social) that impact overall well-being. Progress in achieving the vision of a healthy, safe and thriving San Diego County is measured with the Live Well San Diego Top 10 Indicators. These Indicators are, in turn, connected to measures of activities and associated outcomes that capture the collective efforts toward the vision of a healthy, safe and thriving San Diego County. The structure of the Live Well San Diego vision is captured in Figure 1.2 on the next page.

The RLA curriculum helps to build capacity within communities to advance these strategies. Special focus of this curriculum is to reduce chronic disease by comprehensively addressing the complexities of tobacco use and the obesity epidemic. This means reducing tobacco use, improving nutrition, and promoting physical activity by creating environments that improve access to healthy foods and support vital neighborhoods.

Figure 1.1 Live Well San Diego: Building Better Health –3-4-50

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* The reference to CHIP here is to the non-profit think tank for public health issues based in San Diego County. This is NOT the same as community health improvement plans (also sometimes referred to as CHIPs), developed in each of the HHSA regions to inform local Live Well San Diego efforts and achieve national accreditation for the County’s public health system.
that measure the impact of collective actions by partners and the County to achieve the vision of a region that is Building Better Health, Living Safely and Thriving.
Welcome to the Resident Leadership Academy!

The Resident Leadership Academy (RLA) is an effort initiated in San Diego County that was designed to engage and support community members like you in creating better, healthier neighborhoods. Congratulations on being part of the solution for your communities!

Benefits of the Resident Leadership Academy

- Participants will increase their knowledge and skills, expand their social networks, and have fun taking action to create better neighborhood environments.
- Communities will experience positive changes in local environments that enhance quality-of-life and make it easier to live a healthy and happy life in your neighborhood.
- Health outcomes will improve for San Diego residents and the overall costs of health care will be reduced.

The basic concept behind the RLA is to bring cutting edge knowledge about how to link healthier neighborhood environments to local grassroots networks where residents can decide for themselves how they would like to see their neighborhoods improved.

Throughout this manual, you will gain knowledge and skills to address the following topics:

- How to strengthen social networks (bonds and grassroots power) within your neighborhood
- Social and environmental factors that play a large role at the neighborhood level in shaping how healthy people are
- How neighborhood design and safety influence walking and other forms of physical activity
- Healthy food systems and how they can be created
- How to plan and implement neighborhood projects that improve quality-of-life and support healthy living
- How to interact with decision-makers and other key partners to achieve improvements in your neighborhood.

The RLA is not a one dimensional educational effort to increase a participant’s knowledge about a series of topics. But rather, as you participate in the RLA you will be charged with putting your knowledge into action by creating and implementing one or more Community Improvement Projects. The Community Improvement Project (CIP) will ensure that the community group gains experience with putting ideas into actions that result in positive neighborhood changes. This curriculum is designed to help each community sustain its efforts and continue to identify and implement further projects to improve neighborhood conditions for many years to come.

Each RLA will end with the identification and completion of a CIP that changes the neighborhood environment in a way that supports local residents in living safe and healthy lives.
Ultimately, this means making it easier for people to have a nutritious diet, to participate in regular physical activity, and to be protected from neighborhood conditions that pose a threat to their health. In keeping with these line of reasoning the Community Improvement Project will give RLA participants practical experience and will also ensure that other community leaders become aware of the commitment of residents to creating a better place to live, work, and play. In other words, it will move efforts forward and encourage more people to get involved in the process of improving their neighborhood.

**Table 1.1: Overview of Resident Leadership Academy Sessions**

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Responding to the Public Health Crisis without Targeting Individuals

Obesity is a symptom of a public health system that is failing to serve the best interests of Americans. Government officials and members of the news media see the increase in the prevalence of obesity and diseases associated with obesity (such as diabetes and heart disease) as so severe as to represent a public health crisis or epidemic. Locally, the County of San Diego has directed attention and resources to the issue through the creation of the San Diego County Childhood Obesity Initiative, whose website can be found at www.ourcommunityyourkids.org, and the creation of a number of interconnected interventions, including this RLA.

Before describing why obesity is a problem for our population, it is important to explain that our emphasis is on supporting all people in having access to healthy lifestyles and not in trying to target people who are overweight or obese. While obesity is a public health challenge for our entire country, health and weight are also very personal issues. Many biological factors influence individual weight and body type, and it is neither helpful nor entirely accurate to see obesity as a problem at an individual level. Even as we try to reverse the trend toward increasing obesity rates, we must not buy into the tendency in our culture to place the blame on individuals or to pass judgment on people based on body shape/or weight.

Environmental Causes and Solutions

Scientific literature suggests that the prevalence of obesity and physical inactivity is caused by individual, social, and environmental factors. Historically, strategies to reduce obesity and diabetes have focused exclusively on a traditional medical model of individual education, behavior change and, if needed, medical treatment. This approach places the burden of responsibility on the individual and actually adds to the stress levels experienced by people who want to improve their lives.

These attempts to address health at the individual level have not been successful because they often ignore the context, or environments, in which individual choices are made. Recent studies have linked the epidemic to environmental and social conditions. Many of the contributing factors of the obesity epidemic include design of neighborhoods that force one to use a vehicle rather than walk, unsafe conditions for pedestrians and cyclists on many streets, a lack of access to safe and convenient parks and recreational spaces, an easy availability of fast food that is not particularly nutritious, cutbacks to school physical education programs, and a lack of healthful snacks in vending machines. These factors often prevent even the best intentions of families and individuals to practice healthy lifestyles in their communities. Tackling the obesity epidemic requires a broader, more comprehensive approach than merely the sheer force of individual will to change. Environments have been created that make it difficult to make healthy choices, and the solutions need to change environments to support healthy choices.

Definitions

Obesity: Body Mass Index (BMI) of 30 or higher.

Body Mass Index (BMI): A measure of an adult’s weight in relation to his or her height, (specifically the adult’s weight in kilograms divided by the square of his or her height in meters).

“Obesity and with it diabetes are the only major health problems that are getting worse in this country, and they’re getting worse rapidly.”
- Dr. Thomas Friedman, Director for Centers of
**Statistical Trends**

Obesity is a national epidemic and the biggest public health problem facing America today. About 60 million adults, or 32.9% of the adult population, are now obese, which represents a doubling of the rate since 1980. In a little over thirty years, the rate of obesity in children has tripled, and 1-in-5 four-year-olds are obese. If obesity rates continue at this magnitude, the current generation of children will live shorter lives than their parents. Obesity is as much a local issue as it is a national issue. Obesity is a particular challenge for the people of San Diego, and this problem is emphasized by the rapidly increasing expansion of obesity among children.

**Costs of Obesity**

Obesity negatively impacts quality of life, increases risks of chronic disease, and has a substantial economic impact as well. The California Center for Public Health Advocacy released in July 2009 a study of the economic cost of obesity in California. In just six years, the reported economic costs of an adult being overweight, obese, and physically inactive have nearly doubled to an estimated $41 billion a year in California. In addition to this new statewide figure, this study also provided a cost estimate of obesity by county, with San Diego County at a staggering $3 billion.

**Graph 1.1: Estimated Cost of Obesity within California, 2006**

![Graph showing estimated cost of obesity by state and county](image)
Obesity and School Achievement

The U.S. Surgeon General recently identified the obesity epidemic as one of the greatest health problems today. The National Association of State Boards of Education (NASBE) has also recently proclaimed that health and success in school are interrelated, and schools cannot achieve their primary mission of education if students and staff are not healthy and fit physically, mentally, and socially.\textsuperscript{xii} Health-risk behaviors, such as poor food choices and physical inactivity, can lead to poor school performance and have been consistently linked to academic failure and often affect students’ school attendance, grades, test scores, and ability to pay attention in class.\textsuperscript{x}

**Graph 1.2: % of Students in Healthy Fitness Zone, Grades 5, 7 and 9 San Diego County, School Years 2000-01 to 2007-08**

![Graph 1.2: % of Students in Healthy Fitness Zone, Grades 5, 7 and 9 San Diego County, School Years 2000-01 to 2007-08](image)

The trend is not improving. Although slightly below the state rates (not shown) for 5th, 7th and 9th graders, San Diego is far from achieving the national objective of having no more than 5 percent of children and youth be overweight or obese.

*San Diego County Report Card on Children and Families, 2009*

**Graph 1.3: California - Grade 7* Stanford Achievement Test Results and Physical Fitness**

![Graph 1.3: California - Grade 7* Stanford Achievement Test Results and Physical Fitness](image)

* N=322,000
** Stanford Achievement Test - 9th Edition
*** Based on Fittestgram Test developed by Cooper Institute. The test measures health-related fitness: cardiovascular endurance, muscular strength, muscular endurance, flexibility, and body composition.

*Adapted from California Physical Fitness Testing 2002: Report to the Governor and Legislature*
Furthermore, academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes. Recent studies show that students who are more physically fit perform better on academic achievement tests (see chart - Standard Achievement Test Results and Physical Fitness Scores\(^{ix}\)). This occurrence is not only taking place in California, but also in Texas. As reported by Active Living Research (2009), FITNESSGRAM\(^\circ\) test results were analyzed from more than 2.4 million Texas students in grades 3 to 12 during the 2007-2008 school year and there were significant school-level correlations found between physical fitness and better performance on state standardized tests.\(^{x\text{a}}\) The same researchers also found that “higher physical fitness achievement also was associated with better school attendance rates and fewer disciplinary incidents involving drugs, alcohol, and violence or truancy.”\(^{x\text{b}}\) Leading state and national education organizations recognize the close relationship between health and education, as well as the need to set health into the educational environment for all students.

**Environmental Prevention is Environmental Enhancement**

If we take as a starting point that all people deserve the right to make their own choices and all people want to lead happy and healthy lives, then the work at hand is to make sure everyone has access to the necessary resources that facilitate good health. We can work toward that goal by shaping our environments in ways that make healthy choices easy choices – so limited time won’t compromise the level of nutrition in our meals, the need to get from one place to another won’t require the use of a car, and personal safety concerns won’t prevent us from getting outside to be active, for example.

> “It is unrealistic to place the burden of resolving this crisis on parents and children alone. Though personal responsibility is important, our fast-food, media-saturated, unsafe streets, car-oriented environment is working against us. Schools, physicians, food industry leaders and other stakeholders must work with communities to create an environment where it is easier for young people to make healthy choices about eating and physical activity.”

> - Marion Standish, The California Endowment

**Conclusion**

The great thing about taking an environmental approach is that we are able to think in positive terms and aim to contribute to a future environment that we can all appreciate. Rather than just responding to the public health crisis of increasing expansion of obesity, we are working on making neighborhoods better places to live for all people in the present, and in the future.
Glossary of Terms

RLA is the Resident Leadership Academy. The RLA is comprised of 10 instructional modules that are designed to be shared with resident leaders in high need communities, to inspire action and facilitate sustainable, community-driven leadership on public health issues.

CIP stands for Community Improvement Project. Each RLA pilot community will create and implement its own action plan as part of the RLA process.

CPPW stands for Communities Putting Prevention to Work. CPPW is the former name of the Healthy Works initiative in San Diego County, now called Live Well San Diego: Healthy Works.

CHA refers to Community Health Assessment which is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community, and to help develop strategies to address the community’s needs and issues. A variety of tools and processes may be used to conduct a CHA; the essential ingredients are community engagement and collaborative participation. CHAs were developed by each of the Agency’s regions to inform activities of their respective Live Well San Diego Leadership Teams and as part of HHSA’s efforts to achieve national accreditation for its public health system.

CHIP is Community Health Improvement Partners. CHIP is a collaboration of San Diego healthcare systems, hospitals, community clinics, insurers, physicians, universities, community-based organizations, and the County of San Diego Health and Human Services Agency, who are dedicated to a common vision. The mission of CHIP is to improve the health of all San Diegans through needs assessment, advocacy, and education. CHIP’s Healthy Eating Active Communities (HEAC) departmental staff developed the RLA curriculum (with guidance from an External Review Committee comprised of diverse stakeholders in San Diego) and have facilitated the completion of 4 pilot projects in the cities of Oceanside, Lemon Grove, National City and target neighborhoods of Southeastern San Diego.

CHIP is Community Health Improvement Plan. These are not to be confused with the organization, CHIP, defined above. This CHIP refers to a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. The plan is used to set priorities and coordinate and target resources, and is critical for developing policies and defining actions. Just as with CHAs, CHIPs were developed by each of the Agency’s regions to inform activities of their respective Live Well San Diego Leadership Teams and as part of HHSA’s efforts to achieve national accreditation for its public health system.

COI stands for the San Diego County Childhood Obesity Initiative. The COI is a public-private partnership supported by the San Diego County Board of Supervisors, the First 5 Commission, Kaiser Permanente and The California Endowment, to comprehensively address and improve outcomes related to obesity and chronic disease through the facilitation of seven domains countywide: government, healthcare, schools and after-schools, early childhood, community, media and business.

County of SD/HHSA stands for County of San Diego – Health and Human Services Agency. The County of San Diego/HHSA administers the CPPW in San Diego.

CDC is the Centers for Disease Control headquartered in Atlanta, GA. The CDC administered the American Recovery and Reinvestment Act funded through Communities Putting Prevention to Work initiative nationally.
Chronic Disease is a disease that is long-lasting or recurrent. The term chronic describes the course of the disease, or its rate of onset and development. Chronic can refer to a persistent and lasting medical condition. (E.g. diabetes, asthma, cardiovascular diseases, cancer, etc.)

Environmental Prevention strategies are focused on changing aspects of the environment that contribute to poor health behaviors.

BMI (Body Mass Index) is a key index for relating a person’s body weight to their height. The BMI is a person’s weight in kilograms (kg) divided by their height in meters (m) squared.

Built Environment refers to the man-made surroundings that provide the setting for human activity, ranging in scale from personal shelter to neighborhoods to the large-scale, civic scale surroundings.

School Environment focuses on the psycho-social climate and culture in a school that maximizes the health of students and staff.

Quality of Life is a phrase that is used to evaluate the general well-being of individuals and societies. It is the personal satisfaction (or dissatisfaction) with the cultural or intellectual conditions under which a person lives.

Grassroots is people or society at a local level rather than at the center of major political activity. “Grassroots” is consistent with something that originates from the common people. A typical “grassroots” effort might include a door-to-door education and survey campaign.

iii http://www.cdc.gov/obesity/data/trends.html
viii Access CCPHA study at http://www.publichealtheadvocacy.org/costofobesity.html
ix Centers for Disease Control and Prevention, The Role of Schools in Preventing Childhood Obesity at http://www.cdc.gov/healthyyouth/physicalactivity/pdf/roleofschools_obesity.pdf
Module 2: Community Building Principles

Objectives
1. To identify how community building occurs and sets the stage for effective community action
2. To understand what social capital is and how it can be enhanced in a diverse community environment
3. To be able to take steps to become an effective community builder, leader, and organizer

Introduction
Community Building is a critical component to creating positive social environments in our communities. Through the course of this module, participants will look at what has worked to create success in the community building process, by developing and supporting community builders, and in understanding the role of social capital in the process. In addition, participants will be able to assess what they and/or neighborhood-based organizations already do or have done in the past to achieve more cohesive community environments, and what areas they would like to improve in order to have greater success with future efforts of these types. Participants with little to no previous experience in community building will receive a roadmap of shared experiences from those who have had success in these areas.

Community Building Principles
Community engagement and participation are essential in creating a good quality of life in neighborhoods for youth and adults. These core elements are key outcomes of community building and neighborhood pride, and are critical success factors in preserving a good public image. Neighborhoods that demonstrate high levels of involvement and ownership benefit from more social bonding, harmony, and increased safety and security as compared to other communities where residents do not exhibit these behaviors. This type of community engagement can begin with very basic interactions amongst neighbors that set the stage for more active community involvement later on.
This type of participation promotes a greater awareness of community issues, both good and bad, and provides local residents with the opportunity to share, be empowered to have a voice that makes a difference on the issues that matter to them, and in so doing, becoming a part of the solutions to the community’s challenges.

Community Leadership is an important role; it inspires and initiates these opportunities for engagement to create stronger communities. To achieve this type of harmonious environment, certain components need to exist for the community building process to be successful. This session outlines effective considerations for persons and/or community-based organizations serving the role of Organizer, to create positive, engaged, empowered and more cohesive communities. Participants in the Resident Leadership Academy are considered to have the potential to be Community Organizers and leaders of their neighborhood. To do this, participants will need to have a clear understanding of their anticipated role in the community to promote positive changes in targeted neighborhoods. The success of community organizers and leaders is reflected in the leadership and involvement they inspire among traditional and non-traditional partners, which is realized when they embrace their natural roles in creating positive changes in their neighborhoods.

“Good community organizers have the ability to work with community leaders to help guide others in the community through the process of finding their own voice and identifiable roles to make their communities better places to live, work and play.”

- Paul Mattessich, 1997
Not everyone is comfortable with the role of Leader or Organizer. Therefore, it is very important that community members show support in other ways like showing up to events, making calls, creating flyers, donating time and/or money, spreading the word to; neighbors, friends and family, just to name a few. This is where community building efforts come into play. The better the relationships in the community, the more likely it is that the level of support necessary to have a successful change made in the community can be achieved. This session will give participants the opportunity to learn about community building principles, social capital and how Community Builders can be identified and supported. Additionally, this module will showcase a review of the components that have shown to have the most success in creating positive changes in other communities through community building.

We anticipate the following outcomes for this module; 1) local leaders will have increased awareness of their capacity to make changes in their community and the value of organizing local people to take positive action 2) local people will have increased knowledge and understanding of their own ability to help local leaders in these efforts, and will have greater confidence in their own ability to make appropriate changes and 3) local people will be better-informed about options and strategies that have had the highest rates of success in other communities.

**Social Capital**

What is social capital? Have you heard that term before? Social capital refers to the resources embedded in social relations among persons and organizations that facilitate cooperation and teamwork in communities, such as skills, knowledge, trade-off, norms and values that make it easier for people to work together. This is why social capital is a key component to success in the community building process. For example, educated parents (human capital) benefit their child if parents and children spend time interacting (social capital).
Social capital exists in three principal forms: First, information sharing uses social relations to pass on valuable information. Thus, a parent seeking child care may consult friends, relative, or neighbors who have experience with local child care providers. Second, trust generated through social relations establishes generalized exchange as a norm within a community: “I’ll do this for you now because you (or someone else) will assist me later.” This process does not require specific trades; rather, it is a shared belief that if residents need help, they will receive it. Third, norms and values that maintains social order--social beliefs such as delaying childbearing until marriage or investing in education—are passed on in families, schools, churches, and other settings. They are reinforced by social support, honors, and rewards, although failure to comply with beliefs is criticized, and typically results in a loss of status.

Figure 2.1 Social Capital

“Like physical and human capital, social capital, is a productive resource that makes possible otherwise unachievable results and enhances the productivity of other resources.”
- Paul Mattessich, 1997
Bonding vs. Bridging, two ways social capital happens - Bonding happens practically automatically through natural affinities. It tends to reinforce exclusive identities and similar groups and is good for securing specific exchange of support and mobilizing solidarity.

**BONDING**
Examples of where bonding social capital tends to form –
- ethnic fraternal organizations, church-based women’s groups, and fashionable country clubs

**BRIDGING**
Examples of bridging social capital–
- civil rights movement, youth service groups, and internet chat groups

Bridging on the other hand is building bonds with people outside of your commonalities and it takes more thoughtful actions to create. Bridging networks are better for linkage to external assets and can generate broader identities and mutuality.

An issue focus reduces barriers to achieving bridging social capital. Bonding social capital, by creating strong in-group loyalty, may also create strong out-group antagonism. Nevertheless, under many circumstances both bridging and bonding social capital can have powerfully positive social effects.

**DISCUSSION QUESTIONS:**
1. What groups are you a part of?
2. Of the groups mentioned which ones are created from bonding and which from bridging?
3. What's an example of something you can do this coming week to build your social capital through bridging and bonding with your neighbors?
Although bonding is easier than bridging, it will be important for Resident Leadership Academy (RLA) participants to focus on doing both, but especially bridging. It doesn’t happen as naturally but can have a bigger impact in the long run. Let’s look at our own examples of bonding vs. bridging and how to use these strategies as opportunities to create social capital?

**COMMUNITY BUILDING**

The word community is used often in different ways to represent many types of communities, so we will define community and community building, and during this section we will look into how to build community. Let’s look at the term “community.” Since there are different definitions to choose from, the following definition is the most appropriate:

*Community is “people that live within geographically bounded areas who are involved in social interaction and have one or more psychological ties with each other and with the place in which they live.”*

Community Building, on the other hand, generally refers to building the social networks within the community, and developing group and individual problem-solving and leadership skills.

*Figure 2.2 Community Building*
Community Building is defined as any identifiable set of activities pursued by a community in order to increase community social capacity. Fundamentally, community building concerns strengthening the capacity of neighborhood residents, associations, and organizations to work, individually and collectively to foster and sustain positive neighborhood change. For individuals, community building focuses on both the capacity and ‘empowerment’ of neighborhood residents to identify and access opportunities and effect change, as well as on the development of individual leadership. These are ties through family relationships, acquaintance or other more formal means through which information, resources, and assistance can be received and delivered. Finally, for organizations, community building centers on developing the capacity of formal and informal institutions within the neighborhood to provide goods and services effectively, and on the relationships among organizations both within and beyond the neighborhood to associations, community building focuses on the nature, strength, resources and coordinate strategies.

**DISCUSSION QUESTIONS:**
1. What are some results of community connections?
2. Can you share some examples of community building?
3. What challenges are there to community building?
4. How can we overcome the challenges?
COMMUNITY LEADERSHIP ROLES

Community Building is about preparedness and strong sense of connection and trust between people who live in an area. Everybody benefits from a strong sense of community but if you want to get something done and change something you will have to focus the energy of the community, and that’s where the Community leadership roles come into play. There are three types of roles we will be reviewing in this section: the Community Builders, the Community Leaders and the Community Organizer.

Figure 2.3 Community Organization Tree

The Community Builders help assure positive connections from neighbor to neighbor. Community Leaders are those who take a central role in representing the interest of the many individuals (after identifying agreement and including the community builder’s voice) that are in the community. This helps to create a good base for the community leaders to work with. In other cases you have a community leader from within also taking the organizer role and sometimes the support for the local leaders comes from outside the community in which case the title of Community Organizer is usually used. A person who takes on a leadership role takes on more responsibility, for example, if you are a community builder, you will help make strong connections between your neighbors because if you don’t have strong connections others might speak on behalf of your community without knowing the truth of your situation. Community leaders will represent the consensus of the community as mentioned earlier, based on the work between you and the community builders, and you must assure that you stick to that agreement; your own opinions can become secondary.
Furthermore, you are ethically bound to represent the communities’ interest and not your own. Some leaders continue on to become Organizers of their own communities but in most cases, true leaders of the community work in collaboration, and use Organizers from outside as a resource to make effective changes in their communities.

**COMMUNITY BUILDING CHARACTERISTICS**

Community Building Process characteristics are laid out in three categories: Community, Community Building Process and Community Building Organizers. These major areas then dive into the different factors that create a successful community building process. Let’s briefly go over the different factors in each category to get a better understanding of what they entail. When all these various factors are present, the more the likelihood to create successful community change.

An important lesson of community leadership isn’t about being the best at arguing a point but instead listening and finding the best solutions for the community.

**CONCLUSION**

This concludes our second module on Community Building Principles; we hope you have been able to gain a comprehensive understanding of the principles of community building, social capital, and how you can take on an effective leadership role to help improve your community. For homework, please take a look at the list of options listed below, and pick at least one that you can do. Be prepared to share your experiences with others. Session three we will be addressing the topic, “Social Determinants of Health”, and you will have the opportunity to identify the distinct connections between social capital, community building and Social determinants of Health in creating healthy neighborhood environments.
### Community Building Characteristics (Paul Mattessich, 1997)

| COMMUNITY | • Community awareness of an issue  
| • Motivation from within the community  
| • Small geographic area  
| • Flexibility and adaptability  
| • Preexisting social unity  
| • Ability to discuss, reach agreement, and cooperate  
| • Existing identifiable leadership  
| • Prior success with community building |
| COMMUNITY BUILDING LEADERSHIP | • Community Building Leadership  
| • Understanding the community  
| • Sincerity of commitment  
| • A relationship of trust  
| • Level of organizing experience  
| • Able to be flexible and adaptable |
| COMMUNITY BUILDING PROCESS | • Widespread participation  
| • Good system of communication  
| • Minimal competition in pursuit of goals  
| • Develop self-understanding  
| • Benefits to many residents  
| • Focus on product and process simultaneously  
| • Linkage to organizations outside the community  
| • Progress from simple to complex activities  
| • Efficient gathering of information and analysis of community issues  
| • Training to gain community building skills  
| • Early involvement and support from existing, indigenous organizations  
| • Use of technical assistance  
| • Continual emergence of leaders, as needed  
| • Community control over decision making  
| • The right mix of resources |
GLOSSARY OF TERMS

Social Capital refers to the resources such as skills, knowledge, reciprocity, and norms and values that make it easier for people to work together.

Community is defined as people who live within a geographically defined area and who have social and psychological ties with each other and with the place where they live.

Community Building is an ongoing comprehensive effort that strengthens the norms, supports, and problem-solving resources of the community.

Community Leaders are those people who assume roles managing or directing an entire initiative, components of an initiative, specific tasks, or specific functions. Leaders, in our definition, always live within the community.

Community Builders are those people that assume the role to help assure positive connections from neighbor to neighbor.

Community Organizers are the people who design, implement, and manage the community building process. They may be people from inside, or come from outside, the community.

Community Organizing refers to the process of bringing community members together and providing them with the tools to help themselves. Community organizing is a strategy for building communities and for community development.

Civic Participation is the act of becoming involved in the political process — staying informed, voting, staying in touch with elected representatives, and working to better the community.

Community Engagement is to consult the community or get them aware and involved in a particular event, activity or project.

Community Development is the process of bringing people together to achieve a common goal, usually related to changing quality of life.
**Empowerment** has a broad range of meanings in the literature. Empowerment can be legalistic, such as in granting official or legal powers, or it can refer to the concept of people participating in decisions about matters that will affect them or it can refer to enabling something to happen.

**Coordinate** is to manage activities by working together with others.

**Resources** are general items needed to achieve an objective: money, information, human skills or natural products.

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MODULE THREE
SOCIAL DETERMINANTS
OF HEALTH
Module 3: Social Determinants of Health

OBJECTIVES
1. To define social determinants of health and health inequities
2. To describe how socioeconomic factors and neighborhood characteristics shape health behaviors and health outcomes
3. To identify strategies that can address the social determinants of health and contribute to obesity prevention

INTRODUCTION
The social determinants of health are the circumstances in which people are born; grow up, live, work, and age. These circumstances are shaped by a wider set of forces – economics, social policies, and politics. One helpful way to think about social determinants of health is to think about how they are organized within the places in which people’s lives are lived. Social and economic forces take specific shape in the built environment, in social relationships, and in local neighborhoods where they become the settings for everyday life. Therefore, each person occupies a position that generates certain advantages and risks and makes some health outcomes more likely than others. In other words, while the path to health is fairly direct for some, it is long and fraught with hazards for others. Stated differently, “social determinants of health are life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education, and health care, whose distribution across populations effectively determines length and quality of life.”

Even in the most affluent countries, people who are less well off have substantially shorter life expectancies and more illnesses than the rich. Not only are these differences in health an important social injustice, they have also drawn scientific attention to some of the most powerful determinants of health standards in modern societies. They have led in particular to a growing understanding of the remarkable sensitivity of health to the social environment and to what have become known as the social determinants of health.


The World Health Organization Commission on Social Determinants of Health concluded in 2008 that the social conditions in which people are born, live, and work are the single most important determinant of one’s health status. Certainly, individual choices and genetics are important, but factors in the environment (both social and physical) are what determine access to health services and influence
lifestyle choices in the first place. This is why the County of San Diego has incorporated “supporting healthy choices” and “pursuing policy changes for a healthy environment” into the Building Better Health strategy agenda adopted in 2010.

Table 3.1 Social Determinants by Populations

<table>
<thead>
<tr>
<th>ACCESS TO CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2006, adults with less than a high school degree were 50% less likely to have visited a doctor in the past 12 months compared to those with at least a bachelor’s degree. In addition, Asian American and Hispanic adults (75% and 68%, respectively) were less likely to have visited a doctor or other health professional in the past year compared to White adults (79%).</td>
</tr>
<tr>
<td>In 2004, African Americans and American Indian or Alaska Natives were approximately 1.3 times more likely to visit the emergency room at least once in the past 12 months compared to Whites.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSURANCE COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2007, Hispanics were 3 times more likely to be uninsured than non-Hispanic Whites (31% versus 10%, respectively).</td>
</tr>
<tr>
<td>In 2007, people in families with income below the poverty level were 3 times more likely to be uninsured compared to people with family income more than twice the poverty level.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of December 2007, the unemployment rate varied substantially by racial/ethnic group (4% among Whites, 6% among Hispanics/Latinos, and 9% among African Americans) and by age and gender (4.5% among adult men, 4.9% among adult women, and 15.4% among teenagers).</td>
</tr>
<tr>
<td>In 2007, African Americans and Hispanics/Latinos were more likely to be unemployed compared to their White counterparts. Further, adults with less than a high school education were 3 times more likely to be unemployed than those with a bachelor’s degree.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>According to the National Assessment of Adult Literacy, African American, Hispanic/Latino, and American Indian/Alaska Native adults were significantly more likely to have below basic health literacy compared to their White and Asian/Pacific Islander counterparts. Hispanic/Latino adults had the lowest average health literacy score compared to adults in other racial/ethnic groups.</td>
</tr>
<tr>
<td>The high school dropout rates for Whites, African Americans, and Hispanics/Latinos have generally declined between 1972 and 2005. However, as of 2005, Hispanics/Latinos and African Americans were significantly more likely to have dropped out of high school (22% and 10%, respectively) compared to Whites (6%).</td>
</tr>
</tbody>
</table>
Health and well-being are results of complex processes that shape the opportunities, risks, and behaviors of individuals and whole groups of people. Disparities (differences) in health among income, racial, and ethnic groups in the US are significant and, by many measures, expanding. These disparities arise from many factors including access to and quality of healthcare, genetics, and individual behavior. However, the most powerful factors shaping both health and health disparities are social and economic determinants and conditions.

### From Social Determinants to Health Inequities; Social Inequalities to Health Equity

| ACCESS TO RESOURCES | · Lower income and minority communities are less likely to have access to grocery stores with a wide variety of fruits and vegetables.  |
| INCOME | · In spite of recent legislation, many teenagers who go to a store or gas station to purchase cigarettes are not asked to show proof of age. African American male students (19.8%) were significantly less likely to be asked to show proof of age than were White (36.6%) or Hispanic (53.5%) male students. |
| HOUSING | · Low socioeconomic status (SES) is associated with an increased risk for many diseases, including cardiovascular disease, arthritis, diabetes, chronic respiratory diseases, and cervical cancer as well as for frequent mental distress.  |
| TRANSPORTATION | · The real median earnings of both men and women who worked full time decreased between 2005 and 2006 (1.1% and 1.2% change, respectively), with women earning only 77% as much as men. |

- In 2005, American Indians or Alaska Natives were 1.5 times more likely and African Americans were 1.3 times more likely to die from residential fires and burns than Whites.
- Homeless people are diverse with single men comprising 51% of the homeless population, followed by families with children (30%), single women (17%), and unaccompanied youth (2%). The homeless population also varies by race and ethnicity: 42% African-Americans, 39% Whites, 13% Hispanics/Latinos, 4% American Indians or Native Americans, and 2% Asian Americans. An average of 16% of homeless people are considered mentally ill; 26% are substance abusers.
- 38.9% of Hispanic/Latinos, 55.2% of African Americans, and 29.6% of Asian Americans live in households with one vehicle or less compared to 24.5% of Whites.
- Low-income minorities spend more time traveling to work and other daily destinations than do low-income Whites because they have fewer private vehicles and use public transit and car pools more frequently.
These determinants are also referred to as the “the community conditions for health.” Figure 3.1, below, shows how individual and community health and well-being are influenced by healthy and risky behaviors, and how those behaviors are affected by broad social and psychosocial contexts and social positions (class, gender, and ethnicity, among others). Just as people are genetically unique, they are also unique in the way these factors combine and play out.

Figure 3.1: Pathways from Social Determinants to Health

Health inequities are avoidable inequalities in health between groups of people. These inequities arise from social and economic inequalities and their impact on people’s lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs. Improving treatment in low-income communities and for people of color is vital for improving health, but treatment-oriented strategies only affect individuals and only once they are ill or injured. In order to significantly alter the patterns of disparities, quality primary prevention must be employed to reduce the incidence of disease and injury in the population. To date, the majority of attention and resources have been focused on healthcare. To improve health and the distribution of health, we need to give proportionately greater attention to addressing the economic and social determinants of health through a prevention-oriented approach.
Prevention Institute’s Trajectory of Health Disparities provides a visual representation of how health disparities are produced. The trajectory depicts three elements that contribute to inequitable health outcomes.

First, individuals are born into a society that neither treats people nor distributes opportunity equally (root factors). These root factors, such as discrimination, poverty, and other forms of oppression, play out at the community level, affecting the overall community environment (environmental factors). Environmental factors influence health in two ways: directly and indirectly. Directly, environmental toxins in air, water, soil, and building materials as well as the stress associated with the root factors (living in poverty or impoverished communities, the cumulative effects of racism and discrimination, etc.) affect the body in ways that result in greater onset of disease and infection or vulnerability to it. Indirectly, people affected by health disparities more frequently live in environments with toxic contamination and greater exposure to high rates of joblessness, inadequate access to nutritious food and safe places to be active, less effective transportation systems, and targeted marketing of unhealthy products. These kinds of environmental factors in turn shape behaviors (behavioral factors), such as eating and activity patterns, tobacco and alcohol use, and violence. The combination of environmental and behavioral factors contributes to an increased number of people getting sick and injured and requiring screening, diagnosis, and treatment (medical services). Inequities in access to and quality of medical services for people of color are well-documented and contribute to even greater disparities in health outcomes (though they are not the primary shaper).
**Table 3.2: Examples of Health Disparities by Racial/Ethnic Group or by Socioeconomic Status**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFANT MORTALITY</td>
<td>Infant mortality increases as mother’s level of education decreases. In 2004, the mortality rate for infants of mothers with less than 12 years of education was 1.5 times higher than for infants of mothers with 13 or more years of education.</td>
</tr>
<tr>
<td>CANCER DEATHS</td>
<td>In 2004, the overall cancer death rate was 1.2 times higher among African Americans than among Whites.</td>
</tr>
<tr>
<td>DIABETES</td>
<td>As of 2005, Native Hawaiians or other Pacific Islanders (15.4%), American Indians/Alaska Natives (13.6%), African Americans (11.3%), Hispanics/Latinos (9.8%) were all significantly more likely to have been diagnosed with diabetes compared to their White counterparts (7%).</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>African Americans, who comprise approximately 12% of the US population, accounted for half of the HIV/AIDS cases diagnosed between 2001 and 2004. In addition, they were almost 9 times more likely to die of AIDS compared to Whites in 2004.</td>
</tr>
<tr>
<td>TOOTH DECAY</td>
<td>Between 2001 and 2004, more than twice as many children (2–5 years) from poor families experienced a greater number of untreated dental caries than children from non-poor families. Of those children living below 100% of poverty level, Mexican American children (35%) and African American children (26%) were more likely to experience untreated dental conditions than White children (20%).</td>
</tr>
<tr>
<td>INJURY</td>
<td>In 2004, American Indian or Alaska Native males between 15–24 years of age were 1.2 times more likely to die from a motor vehicle-related injury and 1.6 times more likely to die from suicide compared to White males of the same age.</td>
</tr>
</tbody>
</table>
**Strategies to Address Social Determinants, Health Inequities and How to Move Toward Health Equity**

We know that the circumstances in which a person is born, lives and works have as great an impact on health as genetic heritage, lifestyle choice and medical care. The resources a community is able to provide its residents create a ladder leading to health and opportunity. The more rungs communities add to their ladders — in the form of early learning and care, education, living-wage jobs, safe and affordable housing, access to nutritious foods and safe places in which to play and exercise — the greater their residents’ opportunities for a healthy and long life. By understanding the impact of social and environmental conditions on health, working collectively and focusing on the long term, we can make a difference. If we take health as a basic right that should be made available to all people in a society, then there is an ethical reason to work to eliminate health inequities even if we can’t eliminate all social inequalities. We are talking, then, about moving toward “health equity.”

One way to address the social determinants of health and work to reduce health inequities is to advocate for policies that reduce the disadvantages associated with social inequality. Figure 3.2, below, suggests some types of policies that can be helpful in reducing health inequities. Policies intended to reduce poverty, to promote education, or to improve the
quality of child care available to all families can have a positive effect on health, lessening the steepness of the social gradient and closing the gap between the haves and the have-nots. Other policies can influence everyday home, neighborhood, and work environments and more directly provide supports for health.

The concept of “Health in All Policies” was first developed by the World Health Organization, and a whole government approach to health is gaining increasing interest around the world. This broad view of health will help to decrease health inequities over time, and it is wise for community leaders and health advocates to consider the health implications of all government actions.

**Figure 3.2: Addressing Social Determinants of Health Through Policies**

![Figure 3.2: Addressing Social Determinants of Health Through Policies](image)

**CONCLUSION**

The role of neighborhood, home and work environments in determining health and quality of life outcomes cannot be overemphasized. While the project of addressing social inequalities is complicated by many political and economic factors, it is possible to make changes to social and physical environments at a local level and to provide a significant boost in people’s opportunities to be healthy. The following are just possible pathways for thinking about how community leaders can take action at a neighborhood level:

- building community or improving the social environment;
- improving the physical environment to increase safety, make walking and biking easier, provide more place for recreation, and provide better access to healthy foods.
“We need to intervene at the neighborhood level to address the physical and social environment – issues that are outside the control of individuals and have real health consequences.”

- Anthony B. Iton, MD, JD, MPH
  Director, Alameda County Public Health Department

GLOSSARY OF TERMS

**Health disparity** differences in health outcomes between groups of people, which may be based on genetic variations

**Health equity** when everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance

**Health inequity** avoidable differences in health outcomes that are generated by unequal access to resources and/or uneven exposure

**Life expectancy** the probable number of years a person will live as determined by statistics. This number may be individually qualified by the person’s condition, race, sex, age, and other demographic factors

**Social determinants of health** the circumstances in which people are born, grow up, live, work, and age that have an effect on their likelihood of experiencing good or bad health; life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education, and health care, whose distribution across populations effectively determines length and quality of life

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SAFE WALKABLE COMMUNITIES

including Crime Prevention through Environmental Design
Module 4: Safe, Walkable Communities; Including Crime Prevention Through Environmental Design

Objectives

1. To understand and explore the core principles of walkability and how to assess neighborhood conditions for pedestrians and cyclists.

2. To understand the core concepts of Crime Prevention through Environmental Design or CPTED and how this methodology can increase civic engagement while promoting healthy behaviors.

Introduction

Community designs that favor automobiles over pedestrians create a barrier to wellness by discouraging walking. All neighborhoods should be designed in a way that encourages walking rather than driving to neighborhood destinations. Communities should also be designed in a way that encourages healthy connections amongst the people living in a community to reduce social isolation, and ensure public safety. Community residents are also entitled to an adequate balance of resources in their neighborhoods which help to supply their basic needs, without having to travel outside of their communities.

Therefore, communities must have the infrastructure and environments to support walking, running, and biking, and other healthy lifestyles. To achieve this ultimate goal, neighborhoods also must be perceived as safe by the public, and the environments must be designed in culturally relevant ways to promote more social interaction, which will naturally yield the benefits of people living in these areas who are empowered to protect one another, and their community as a whole.

Environments that are safe and walkable create a public confidence and identity that almost immediately yields greater interactions among neighbors and deters crime and derelict behavior through community ownership and empowerment. The Resident Leadership Academy (RLA) is designed to increase civic engagement and interaction between community residents and local jurisdictions to improve quality of life in neighborhoods.

The information presented within this module will empower residents through the implementation of distinct quality of life improvement strategies to promote walkability and improve public safety. Learning more about how to utilize and implement these strategies will encourage local residents to share community-driven solutions to improve their neighborhoods and promote healthy lifestyles.
Introduction to the Core Elements of Walkability
Walking is our oldest and most basic form of transportation. Each of us does it every day as some part of every trip. At the same time, walking has generally received little or no attention in the planning, design, and development of our communities. This includes important aspects such as land-use planning (do we consider the impacts of low-density development on the length of our trips?); zoning (do we encourage mixed land-use and compact development?); subdivision and site-plan review (do we provide for good access for people traveling on foot?); and street highway design (do we make sure that there will be good, safe places for people of all ages to walk?). There are tremendous opportunities to improve conditions for walking, to make our communities more livable and vibrant.

PEDESTRIANS DEFINED
Every trip begins and ends as a pedestrian trip — whether walking to a bus stop or across a parking lot to your car. By state definition, roller skaters, in-line skaters, and skateboarders are also pedestrians. Wheelchair users are also considered pedestrians.

What does a “Walkable Community” Look Like?
• People of all ages and abilities have easy access to their community “on foot” – an automobile is not needed on every trip
• People walk more and the community and neighborhoods are safer, healthier and friendlier places
• Parents feel comfortable about their children being outside in their neighborhoods
• Children spend more time outside with other children and are more active, physically fit, and healthy
• Pedestrians are given priority in neighborhood, work, school, and shopping areas
• Motor vehicle speeds are reduced to ensure compatibility with pedestrian traffic
• The air and water quality in the community is good

WHY DO WE CARE ABOUT WALKABILITY?

1. For Our Youth and Families
• Improves health
• Increases mobility without depending on cars
• Independence
• Teaches responsibility
2. For Our Seniors and Disabled
- Improves health and wellness physically and mentally
- Continued independence and mobility
- Increases sociability and decreases risk of loneliness and depression

3. For the Community
- Walking in your neighborhood builds a sense of community
- Walkers interact with their neighbors

4. To Prevent Crime & Improve Safety
   Pedestrian Injuries
- Each year, 6,000 pedestrians are killed by a car; one in five is a child
- For every pedestrian killed, at least 14 more are injured
- Less than 6% of Americans’ trips are on foot, yet 12% of all traffic-related fatalities are pedestrians (19% in California)
- Being hit and killed by a car is now the second leading cause of injury death among California children aged 5-12

COMMON CHARACTERISTICS OF PEDESTRIAN COLLISIONS
- Driver Inattention
- Struck by vehicle while crossing at an intersection (50% of all collisions)
- Struck by vehicle while crossing mid-block (33% of all collisions)
- Struck from behind while walking along the roadway in the same direction as traffic (particularly in rural areas)
- Motorist exceeding safe speed (contributes to most pedestrian deaths)
- Darting out into the street mid-block (most common type of pedestrian collision for children)
- Vehicles backing up (difficult to see children and others walking behind)
- Collisions in urban areas (80% of all collisions)

5. To Improve Economy
- Pedestrians bring business and customers to shop owners
- Walkable neighborhoods raise residential property values

6. To Improve the Environment
- The more people who walk, the fewer cars on the road
- The fewer cars on the road, the less pollution is being put in our atmosphere
Walking is good for your heart. A recent Harvard study shows that walking at a moderate pace (3 mph) for up to 3 hours a week—or 30 minutes a day—can cut the risk of heart disease in women by as much as 40%. This is the same benefit you would get from aerobics, jogging, or other vigorous exercise. The benefits to men are comparable.

Along with its benefits to the heart, walking:

- improves circulation
- helps breathing
- combats depression
- bolsters the immune system
- helps prevent osteoporosis
- helps prevent and control diabetes
- helps control weight


“I’ve been through every diet under the sun, and I can tell you that getting up, getting out, and walking is always the first goal.”

- Oprah Winfrey

“Walking is highly efficient in its use of urban space and energy, it rarely causes injury and it gives streets vitality and personal security. Many car trips are quite short, indicating that walking could be a feasible alternative and contribute to reducing the pollution from a cold-start vehicle traveling only a short distance.”

ACCESSIBILITY FOR ALL

“Age and functional disability can reduce a person’s mobility. Fortunately, good pedestrian facility design can help ensure that virtually everyone can continue to enjoy some level of mobility. As the Baby Boom generation approaches retirement age, communities across America will need to rethink how they provide transportation services and choices. Older Americans need more transportation options, not less—driving should not be the only option. Transit and paratransit services and more walkable environments help to maintain personal mobility and access through the senior years.”

5 STEPS TO A WALKABLE COMMUNITY

1. **Good Sidewalks:** Sidewalks are viewed as “pedestrian zones” where (a) sidewalks are level, unbroken and at least eight feet wide, (b) buffer zones are incorporated in the design of sidewalks and include trees, mailboxes, seating, and adequate lighting, and (c) curbs are designed to include Americans with Disability Act (ADA) compliant ramps at street crossings.

2. **Safe and Easy Street Crossings:** Crosswalks can be painted for high visibility, decorated or textured with brick or pressed concrete.

**CHARACTERISTICS OF A WALKABLE COMMUNITY**

- **Coherence:** A clear, understandable and organized sidewalk, street, and land-use system consistent with the scale and function of the surrounding areas.
- **Continuity:** A pattern of design and usage that unifies the pedestrian system.
- **Safety:** Pedestrian safety from automobiles. Designing for adequate time to cross intersections without interference.
- **Comfort:** Unobstructed passages on sidewalks and at corners.
- **Sociability:** A sense of hospitality and suitability for individual and community interactions.
- **Accessibility:** The opportunity for all individuals to utilize the pedestrian environment as fully as possible.
- **Attractiveness:** Clean, efficient and well-maintained surroundings, with adjacent storefronts and activities that provide sidewalk interest.

-Walk Boston, A Pedestrian Perspective..., 1994)
3. Slowing Cars Down! (Traffic Calming): Traffic calming involves the use of various roadway designs to reduce motor vehicle speeds and traffic volume. It is most often used in residential areas and downtown streets. High speed traffic is intimidating for pedestrians and it shortens reaction time for drivers. People drive faster on roads that are wide, lack sharp turns, and allow the driver to see a longer distance ahead. 

**COMPARE THE TWO PHOTOS**

On which road would you drive faster? Why?
4. Safety, Comfort, and Beauty: Walkable communities have lots of trees for shade, and places to sit and relax. These ideal areas are also clean and well maintained, and have good lighting. Additionally, pedestrian friendly areas also provide access to water and bathrooms.

Access to clean, well-maintained benches are viewed as a convenience for pedestrians.

Public art that is reflective of the community attracts pedestrians to walk in the neighborhood.
5. **Great Places to Walk**: Pedestrians frequent areas that are interesting and connect them with other people and cultures in the community.

A neighborhood area that is interesting for pedestrians includes shopping and an adequate number of shade trees.

Little Italy in Downtown San Diego offers residents and visitors activities to engage in as well as opportunities to interact.
Below is a list of America’s Most Walkable Neighborhoods. This is true because these cities are characterized by high density neighborhoods with essential services and attractions for families that are in walking and/or short driving distances from people’s homes. Neighborhoods that are built in such a way provide more opportunities for social interaction among residents, and are effective in fostering a strong ownership and attachment between residents and their community.

**AMERICA’S MOST WALKABLE NEIGHBORHOODS**

<table>
<thead>
<tr>
<th>RANK</th>
<th>CITY</th>
<th>WALK SCORE</th>
<th>MOST WALKABLE CITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>San Francisco</td>
<td>86</td>
<td>Chinatown, Financial District, Downtown</td>
</tr>
<tr>
<td>2</td>
<td>New York</td>
<td>83</td>
<td>Tribeca, Little Italy, Soho</td>
</tr>
<tr>
<td>3</td>
<td>Boston</td>
<td>79</td>
<td>Back Bay-Beacon Hill, South End, Fenway-Ken</td>
</tr>
<tr>
<td>4</td>
<td>Chicago</td>
<td>76</td>
<td>Loop, Near North Side, Lincoln Park</td>
</tr>
<tr>
<td>5</td>
<td>Philadelphia</td>
<td>74</td>
<td>City Center East, City Center West, Riverfront</td>
</tr>
<tr>
<td>6</td>
<td>Seattle</td>
<td>72</td>
<td>Pioneer Square, Downtown, First Hill</td>
</tr>
<tr>
<td>7</td>
<td>Washington, D.C.</td>
<td>70</td>
<td>Dupont Circle, Logan Circle, Downtown</td>
</tr>
<tr>
<td>8</td>
<td>Long Beach</td>
<td>69</td>
<td>Downtown, Belmont Shore, Belmont Heights</td>
</tr>
<tr>
<td>9</td>
<td>Los Angeles</td>
<td>67</td>
<td>Mid-City West, Downtown, Hollywood</td>
</tr>
<tr>
<td>10</td>
<td>Portland</td>
<td>66</td>
<td>Pearl District, Old Town-Chinatown, Downtown</td>
</tr>
</tbody>
</table>
These are the official names of the walkability strategies that you will be advocating for in your communities. It is imperative to take the time to commit these concepts and official terms to memory, to share in an effect manner on these issues in future discussions.

**WALKABILITY WORDS**

| **Bike Lane** | A part of the road marked off or separated for the use of bicyclists. |
| **Buffer zone, furnishings zone, or planting strip** | Area between the sidewalk and the curb that may include trees, plants, utility boxes, mailboxes etc. |
| **Chicane** | Series of curb extensions and islands creating an S-curve travel path. |
| **Crosswalks** | An area that allows for pedestrians to cross the street. It can be a marked/painted area to designate pedestrian crossing, but does not need to be painted for pedestrians to legally cross the street at street corners and intersections. |
| **Curb** | A rim or edge for a sidewalk along a street or roadway. |
| **Curb extensions, bulbout, pop-out, or neckdown** | Paved extensions to curbs that cut down the crossing distance for the pedestrian and allow the driver to more clearly see the pedestrian in the crosswalk. |
| **Disability ramp** | A sloping surface at the street corner that allows access for disabled persons. |
| **Eyes on the street** | When there are more people walking, more people are “seeing” what is happening in the neighborhood, which makes communities safer. |
| **Frontage zone** | Area between the sidewalk and the buildings, houses, etc. |
| **Gutter** | A channel at the side of a road or street used to collect water. |
| **Highway** | A main road between towns or cities. |
| **Intersection table** | Raised surface covering an entire intersection, including crosswalk areas and generally marked by special pavement or paint. |
| **Island** | Raised island that provides a place for pedestrians to stand while crossing several lanes of traffic. |
| **Lane** | A part of the road marked off for the use of vehicles (cars, buses, etc.). |
| **Lighting** | A device to make areas visible or provides illumination. |
| **Median strip** | A paved, planted, or landscaped strip in the center of a street, road, or highway that separates lanes of traffic going in opposite directions. |
| **Painted crosswalk** | A lane marked off with paint for pedestrians to use when crossing a street. |
## Pedestrian zone
Pedestrian walkway between the façade zone and the furnishings zone.

## Pedestrian
A person who walks.

## Raised crosswalk or speed table
Raised area long enough for both sets of wheels to be on top of the hump at once but not covering the entire intersection.

## Road Diet
Reducing vehicle lanes to include more pedestrian-friendly options: bike lanes, wider sidewalks, or landscaping.

## Roundabout
Raised circular island in a major intersection to slow approaching vehicles and provide crossing areas.

## Sidewalks
A paved walkway along the side of a street.

## Signage
Pictures or words used for identification, direction, or warning to drivers or pedestrians.

## Speed bump
Raised bump that extends across the roadway.

## Speed hump
A longer raised hump that is less abrupt than a bump.

## Speed limit signs
A numerical posting that states the legal and safe speed that a vehicle can travel on a street, road, or highway.

## Stop bar
A painted line on the street that signifies that a vehicle should stop a fair distance behind the crosswalk.

## Stop sign
A traffic sign requiring a motorist to stop before continuing.

## Traffic calming
Process of increasing pedestrian safety by decreasing automobile traffic speed and volume.

## Traffic circle
Raised circle in a low-volume intersection that cars drive around and which slows them and breaks up a long straight road.

## Walk audit
An evaluation of a neighborhood or area to evaluate the pedestrian environment (e.g. sidewalks, crossings, etc.) for walking safety, comfort, and appearance.

## Walkability/walkable
A way to describe areas designed for pedestrians that are based on select criteria (e.g. crossings, sidewalks, direct routes, places to walk to) that creates a safe and enjoyable pedestrian environment to walk in.

## Zebra crosswalk
A lane marked off with paint in a striping pattern for pedestrians to use when crossing a street.
Why Is Health Equity Important?

- The consequences of poor health are far-reaching and significantly impact the quality of life of ALL people in the US.
- Embedded inequities produce unequal opportunities for health and wellness.
- Residents of disinvested low income neighborhoods are less likely to have access to safe local recreational spaces for exercise. Rates of physical activity are lowest among African Americans and Hispanics. They are also less likely to have nearby supermarkets offering quality fresh produce, which impacts nutritional intake, and less likely to have adequately stocked pharmacies for health care needs.

- Race Matters, Unequal Opportunities for Health and Wellness, Annie E. Casey Foundation, www.aecf.org/upload/publicationsfiles

Crime Prevention through Environmental Design (CPTED): A Way to STOP Crime Before It Starts

Safe, walkable communities is combined with the crime prevention discussion in this module because the two issues are so uniquely intertwined and related. Violence in a community is a barrier to physical activity. Conversely, a community characterized by people walking at all times of the day is typically perceived as safe. Hence, the need to bring the two topics together because they are, in fact, interrelated.

WHAT IS THE BROKEN WINDOW THEORY?

“Consider a building with a few broken windows. If the windows are not repaired, the tendency is for vandals to break a few more windows. Eventually, they may even break into the building, and if it’s unoccupied, perhaps become squatters or light fires inside. Or consider a sidewalk. Some litter accumulates. Soon, more litter accumulates. Eventually, people even start leaving bags of trash from take-out restaurants there or breaking into cars.”

The Long Term Impact of the Environment

Why do differences in health outcomes emerge from childhood conditions? The answer lies in part in exposures to environmental hazards that sharply distinguish children living at the bottom of the ladder from their “middle rung” counterparts, who in turn face different problems than those at the top. The lower the rung on the ladder, the more children are subject to:

- Toxins and pollutants, including lead, dirty air and noise. These affect health directly and indirectly in the form of poor cognitive development, resulting in school performance problems
- Less access to playgrounds, parks, and other safe places to exercise
- Libraries are rare, and so opportunities to read are less plentiful
- Unstable housing that translates into disruptions in social support and lack of continuity in school attendance
- Greater consumption of fast food; less access to healthy food. Poor eating habits set the stage for childhood and adult obesity
- Violence in school and on the street, which exposes children to conflict and anxiety
- Inadequate and delayed health care, which increases the chance that injuries and illnesses will develop into permanent disabilities

Source: (The John D. & Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health, Reaching for a Healthier Life, 2007)

“Blight” as it pertains to a Community Redevelopment Agency can be defined to include an area with a substantial number of deteriorating buildings and other unsafe or inadequate facilities and/or conditions.

- orangecountyfl.net

Background

Crime Prevention through Environmental Design (CPTED) has been in the forefront of crime prevention strategies for twenty years. CPTED’s conceptual thrust is that the ‘built environment’ can be designed or changed in order to bring about greater social cohesion among residents and deter crime by making criminal acts harder to commit. The results of greater, informal social control and lessened opportunities for crime would then be a reduction of both the incidents and the fear of crime. CPTED concepts have been embraced by policy planners for several reasons. First, they use the natural environment as the ultimate crime prevention strategy. This deviates considerably from traditional law enforcement-driven methods, which have been criticized as unnatural and constrictive on residents. Second, crime prevention in general and CPTED concepts in particular attempt to control crime before it occurs. This also deviates considerably
from our current methods of crime control. As criminologist C. Ray Jeffery states, “It is obvious that we do not control crime if we allow it to occur before taking action.” vii

The Effectiveness Debate between CPTED and Traditional Crime-Control Methods: A Failing Criminal Justice System

Given the well-documented failings of the criminal justice system to control criminal behavior, a solution to the growing crime problem which lies in manipulation of the natural environment, CPTED, is proving to be a very attractive alternative concept and methodology. In light of this, a growing number of criminologists and policy strategists have eagerly embraced environmental design as plausible crime control methods.

Indeed many criminologists, such as Jeffery, have concluded that, “in order to change criminal behavior, we must change the environment...not simply rehabilitate the criminal.” vii

Jeffery is speaking of an environment far more complex which characterizes persistent, inequitable conditions in low socioeconomic, high-need communities across the United States with poor health and safety outcomes. Criminologists base their beliefs about the environment on behavioral and learning theories developed by Pavlov, Skinner and Bandura. These theories suggest that behavior is controlled and maintained by conditions which exist in both our natural and built environments. Therefore, controlling crime is simply a natural extension of these general crime prevention
theories. And with the thought of combining such theories with Opportunities for Crime Theory, criminologists predict that the environment can be manipulated to deter risk-taking behavior to the point where the anticipated gain of a criminal act is no longer attractive. Thus, given the theoretical foundations of CPTED and the failing of other law enforcement-driven, crime-control techniques, it seems reasonable to pursue the environmental design debate further.

Environmental approaches to crime prevention and security were made popular by Oscar Newman in his book Defensible Space. These concepts have been successfully demonstrated in schools, commercial, residential and transportation areas. They are now being widely adopted by industry because they contribute to productivity. City governments are finding out that it is a lot cheaper to design crime prevention into the way things are done than to hire extra police, or to pay for extra protection that really only makes the communities look like a fortress - instead of a nice place to live.

The question is - is this just a new fad that will go away in time? No! As a matter of fact, the current attention to CPTED is merely an attempt to bring man and environment awareness back into the forefront in community planning. For several thousand years, an awareness of how the environment shapes man’s behavior has been used by architects, city planners and residential dwellers to elicit desired behaviors. Modern day commercial establishments use sound, color and furniture design to create the illusion of fast service. McDonald’s restaurants, and even eyeglass stores, are using their physical environments to manipulate your senses and behavior – to enhance their sales. viii

Why the Public Should Engage in Neighborhood-Based Crime Prevention
Because neighborhood residents know more about what is going on in that environment, they have a strong, vested interest in assuring that their immediate environment operates properly. The “specialists” in local governments who may be a traffic engineer, city planner, and architect or security specialist should not be allowed to shoulder the responsibility alone for safety and security. They need to follow the suggestions and recommendations of the users of neighborhood public space, because they can often be swayed by misperceptions or by the conflicting demands of their professional environments.

The Opportunities for Crime Theory focuses on reducing crime opportunities rather than the characteristics of criminals or the presence of potential criminals.

-Clarke, 1995, 1997
1ST GENERATION CPTED: CONCEPTS AND STRATEGIES
There are four basic overlapping premises that form the foundation of CPTED:

1. Natural Surveillance
Criminals do not want to be seen. Placing physical features, activities, and people in ways that maximize the ability to see what is going on discourages crime. Barriers, such as bushes, sheds, or shadows, make it difficult for people engaged in legitimate use of the property to observe criminal activity. Landscaping and lighting can be planned to promote natural surveillance from inside a home or building and from the outside by neighbors or people passing by. Maximizing the natural surveillance capability of such “gatekeepers” as parking lot attendants and hotel desk clerks is also important. Example: Removal of window signs from stores to elicit surveillance from passers-by.

2. Territorial Reinforcement
This premise is simply the use of objects such as buildings, fences, signs, walls, and pavement to express ownership. Property owners and legitimate users of public space develop a sense of territorial control while potential offenders, perceiving this control, are discouraged. This concept includes features that define property lines and distinguish private spaces from public spaces using landscape plantings, gateway treatments, and signage. Example: Placing a simple 2’ decorative fence around a front yard to differentiate it from the sidewalk.
3. **Access Control**
Access control is a design concept directed primarily at decreasing crime opportunities by denying access to crime targets and creating a perception of risk for offenders. It is the physical guidance of people coming and going from a space by the judicial placement of entrances, exits, fencing, locks, speed bumps, landscaping and lighting. Design elements are used to clearly indicate public routes and discourage access to private areas. **Example:** The use of retractable crowd guidance ropes and webbing at the front gate of sporting events.

4. **Maintenance**
The more dilapidated an area, the more likely it is to attract unwanted activities. The maintenance and the "image" of an area can have a major impact on whether it will become victimized. A regular program of maintenance or street clean-ups can go a long way to making an area unattractive to offenders. **Example:** The repair of broken windows in a restaurant.
**THEORY OF 2ND-GENERATION CPTED**

What are the linkages between physical and social development?

We believe that at least five of these categories represent the beginning of a new theory of second-generation CPTED. All of these have direct links to the social aspects on how neighborhoods work, although we have some reservations on how they currently apply to CPTED design.

1. Human scale development.
2. Urban meeting places.
3. Youth clubs.
4. Residents’ participation.
5. Residents’ responsibility.

CPTED aims to expand this perspective.

-- Greg Saville, MES, MCIP, School of Criminology and Criminal Justice, Florida State University, “2ND Generation CPTED: An Antidote to the Social Y2K Virus of Urban Design

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**2ND GENERATION CPTED: SOCIAL MANAGEMENT**

Second generation CPTED is conceptually divided into four areas. Rather than dealing exclusively with opportunity reduction, these four areas interact to reduce the potential motives for crime, and seek to promote the notions of community and neighborliness in order to help prevent crime.

1. **Threshold Capacity**

Capacity suggests that it is necessary for a balance to be achieved socially, as well as in the use of land space. A social balance that allows people to develop a strong sense of community and shared standards should also have a positive impact on crime rates for an area. It should be noted however, that while social and land use diversity should be encouraged, it is important to avoid congestion of both people and resources in any area.

2. **Social Cohesion**

Strategies that fall under the banner of social cohesion seek to establish and affirm relationships that exist between residents, formal and casual users of an area. This may be achieved through individuals participating in events such as community barbecues or through involvement in locally based organizations. Through the social glue that is formed via this process, it has been noted that people are more likely to take responsibility for their community and develop the necessary social and emotional skills needed for social conflict resolution.

3. **Connectivity**

While the relationships that exist within a community itself are vital to the prevention of crime, it is also necessary to ensure that the community does not become isolated and is able to establish positive relationships with organizations and external groups. By fostering these relationships, not only are the problem-solving solutions from external sources made available, but residents are also empowered through having greater influence in planning and development of the area.
4. Community Culture

Through the use of festivals and other sporting and cultural events, a unique local culture may be fostered. This local culture may help to encourage the community to take ownership and protect their shared area.


CPTED is an important component in any security plan. A third, and emerging, crime prevention technique is “Public Art.”

Public Art is artistic pieces such as murals, sculptures and decorative facades which enhance the physical appearance of the environment and celebrate the unique characteristics and identity of a community. Public art can also reduce crime and instill a sense of pride and “ownership” with the residents of a community. It is important for neighborhoods to have a positive identity and self-image. Too often, blighted and high-crime areas focus on target hardening which can project a negative image. The best crime deterrent is a neighborhood which projects the image that the people care and will not tolerate criminal behavior. Criminals are discouraged from operating in areas which gives them the feeling that someone will challenge them and turn them in. Public Art and CPTED can help you achieve this goal.

By incorporating decorative public art features into buildings and streetscapes you can reduce blight and give residents a much needed boost in the pride they have in their neighborhood. This, in turn, will create a feeling of ownership, resulting in the residents taking a more active role in keeping their neighborhood clean and safe.

COMMONLY USED EVALUATION MEASURES OF CPTED STRATEGIES

Because CPTED focuses on deterring crime from happening in the first place, practitioners have felt it necessary to identify measures that proactively demonstrate the successful impact of this methodology. Therefore, some of the measures listed below have been used for tracking outcomes of these strategies and have demonstrated noteworthy results. In numerous communities across the U.S. Consider this information as a possible framework for demonstrating the impact of CPTED in community settings.

**Process Measures**
- Number of incidents monitored by surveillance camera operators
- Number of reported day and night incidents
- Number of citizens involved in crime prevention activities
- Number of citizen requests for crime prevention assistance
- Number of community partnerships
- Number of CPTED workshops or seminars held for residents and local professionals
- Number of officers trained in CPTED
- Number of CPTED trainings
- Number of community members receiving academy training for CPTED
- Number of CPTED changes to housing/property
- Number of reported graffiti incidents
- Number and type of security measures
- Total number of security patrol contacts by site

**Outcome Measures**
- Change in index crimes (e.g., robbery, theft, and homicide)
- Change in non-index crimes (e.g., prostitution, vandalism, and drug offenses)
- Change in property values
- Change in fear of crime
- Change in residents’ perceptions of the neighborhood
- Change in residents’ perceptions of safety
- Change in offenses reported to the police
- Change in public’s perception of electronic surveillance and its capabilities
- Change in citizen willingness to exercise guardianship actions
- Change in surveillance camera recorded violence
- Increase in crime alerts distributed
- Decrease in mean re-victimization rates
- Decrease in calls for police service
- Displacement of crimes to adjacent areas
Glossary of Terms

Walkability/Walkable is a way to describe areas designed for pedestrians that are based on select criteria (e.g. crossings, sidewalks, direct routes, places to walk to) that creates a safe and enjoyable pedestrian environment to walk in.

CPTED is the acronym for Crime Prevention through Environmental Design

Public Art is artistic pieces such as murals, sculptures and decorative facades which enhance the physical appearance of the environment and celebrate the unique characteristics and identity of a community.

*More terminology and definitions for walkability are listed on pages 4-11 & 4-12

i Mid-America Regional Council, “Creating Walkable Communities: A guide for local governments”, December 1998
ii Adapted from Campaign to Make America Walkable: A Vision of A Walkable Community (Washington, DC, 1997)
iv Based on the City of Portland, Traffic Calming Program Guide, Portland, OR, 1996
vi Walk San Diego, Glossary of Walkability Terms, 2005
ix National Institute for Crime Prevention (NICP), CPTED Overview and Strategies.
xi Office of Justice Programs, Bureau of Justice Assistance, US Department of Justice, Center for Program Evaluation and Performance Measurement – a project of the Justice Research and Statistics Association
Module 5: Healthy Food Systems

Objectives

1. To explore the components of the food system at global, regional and local scales
2. To understand the factors that lead to unhealthy eating (e.g., access and availability and marketing practices)
3. To identify strategies to increase sources of healthy, locally produced foods (e.g., community supported agriculture (CSA), farmers’ markets, community and backyard gardens)

Introduction

In the United States, obesity and diet-related chronic disease rates are escalating, while the public’s health is further threatened by rising antibiotic resistance; chemicals and pathogens contaminating our food, air, soil and water; depletion of natural resources; and climate change. These threats have enormous human, social, and economic costs that are growing, cumulative, and are unequally distributed. These issues are all related to food—what we eat and how it is produced matters.¹

People maintain their connection to food and to culture through the land and through farming. But, what we eat and how we grow our food has changed a lot in the last century and some places have changed more than others. Through the course of this module, we will be looking at the differences between our U.S. food system and others in the world. We will explore the different factors affecting our food options such as access, availability and marketing. In addition, we will identify the options that are out there for a healthier food system. There is a clear connection between our health and our food system and both are suffering. This module shows that we can engage in activities that will bring us better food locally by supporting and advocating for farmer’s markets, community based agriculture, and community gardens to name a few, and in so doing, we are achieving better health in the long run.

Introduction to Food Systems

The term “food system” is used frequently in discussions about nutrition, food, health, community economic development and agriculture. A food system includes all processes and infrastructure involved in feeding a population: growing, harvesting, processing, packaging, transporting, marketing, consumption, and disposal of food and food-related items. It also includes the inputs needed and outputs generated at each of these steps.²
A food system operates within and is influenced by social, political, economic and environmental contexts. It also requires human resources that provide labor, research and education. Food systems are either conventional or alternative according to their model of food lifespan from origin to plate.
**Figure 5.2 The Many Factors That Influence Our Food Systems**

**Conventional Food Systems**

Conventional food systems operate on economies of scale. These food systems are geared towards a production model that requires maximizing efficiency in order to lower consumer costs and increase overall production, and they utilize economic models such as vertical integration (a style of management control where companies in a supply chain are united through a common owner), economic specialization (the separation of tasks within a system), and global trade.

The globalization of food production can result in the loss of traditional food systems in less developed countries, and have negative impacts on population health, ecosystems, and cultures in those countries. The term “conventional”, when describing food systems, is in large part due to comparisons made to it by proponents of other food systems, collectively known as alternative food systems. The U.S. food system is “conventional” and provides plentiful, relatively inexpensive food but much of it is unhealthy, and the system is not sustainable. We call this the industrialization of the food system. Industrialization has had many impacts on the environment, workers, the economy and health.

Rural communities have suffered important social, economic, and human capital losses from industrial agriculture. U.S. policies that favor deregulation and promote unsustainable overproduction of grains such as corn and soy have favored global food companies, as have large-scale animal agriculture operations that use artificially inexpensive grains for feed, further concentrating their market power. Meanwhile, smaller and midsized farm owners have been less and less able to compete effectively.
Table 5.1 The Ill Effects of Conventional Food Systems

ENVIRONMENT The industrial food system is harming the planet. Vast tracks of rainforest—the lungs of our planet—have been cleared for raising beef. Harmful chemicals (pesticides and fertilizers) are polluting our water. Industrial food is also grown in “monoculture”, meaning only one crop is grown in an area. Then, the food is shipped all over the world, requiring a lot of fossil fuel. In fact, the scientists say that our food system has more impact on global warming than the automobile.

WORKERS The system of monoculture is also bad for farm workers. Not only do they work with toxic chemicals that damage their health, the average worker is paid 20% less today than they were in 1985. Due to low pay, their children often join the workforce at an early age, which can have a very negative impact on their health. Approximately 400,000 children under 14 work in the agriculture sector in the U.S. and children account for about 20% of all farm fatalities.

ECONOMY Not only are workers struggling but small farmers are as well. This is because a vast majority of the money we spend on food goes into marketing, transportation and packaging rather than production.

HEALTH The food that is marketed to us—and especially to our children—is very cheap to produce and it is also very unhealthy. In fact, kids who eat processed, cheap food and few “raw ingredients” are far more likely to develop Type 2 diabetes and heart disease in their lifetime. In fact, this generation is the first in more than 200 years to have a shorter life expectancy than their parents and 50% of children will develop a diet related disease in their lifetime. Immigrants who come to the United States arrive here healthy, because many came from places where farming and market systems were still in tact. It only takes one generation for their families to become as unhealthy as Americans.

ANIMALS Industrial animal agriculture or industrial livestock production is a modern form of intensive farming that refers to the industrialized production of livestock, including cattle, poultry (in “battery farms”) and fish. Most of the meat, dairy and eggs available in supermarkets are produced by industrialized agriculture. Confined industrial animal agriculture of livestock and poultry are commonly referred to as factory farming and are criticized by opponents for the low level of animal welfare standards and associated pollution and health issues.
in the market. Agricultural consolidation is associated with money moving out of rural communities. Rural communities often have little say when industrial food production facilities want to move in. Large agribusiness lobbies have systematically introduced and passed state laws stripping local governments of their right to pass local ordinances designed to regulate large-scale animal factories and mitigate their public health and environmental impacts. Effects of industrial food production on communities include water contamination, odors, respiratory conditions, reduced property values, and stress and health effects.

Although most U.S. food consumption occurs within this industrial system, healthier and more sustainable alternatives are finally on the rise. But we still need to bring more options to our daily lives.

**EXAMPLES OF FOOD PANTRIES ACROSS THE WORLD**

<table>
<thead>
<tr>
<th>Country</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td></td>
</tr>
<tr>
<td>Mexico</td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td></td>
</tr>
</tbody>
</table>

Several studies have shown that swine CAFO's are disproportionately situated in low-income communities and communities of color.
They contrast to industrial food systems by operating with reduced food transportation and more direct marketing, leading to fewer people between the farmer and the consumer. As a result, relationships that are developed in local food systems emerge from face-to-face interactions, potentially leading to a stronger sense of trust and social connectedness between actors.

As a result, some scholars suggest that local food systems are a good way to revitalize a community. The decreased distance of food transportation has also been promoted for its environmental benefits.

Both proponents and critics of local food systems warn that they can lead to narrow inward-looking attitudes or ‘local food patriotism’, and that price premiums and local food cultures can be elitist and exclusive. Regardless, one thing stands true and that is that it is the healthy option. That is why it is important to advocate for a just food system for all. This way we can all benefit from better health and reduce the instances of health diseases that are currently associated with unhealthy, processed fatty foods. Food justice is equitability in all parts of the food system. The grower, processor, distributor, retailer, consumer, and waste disposers receive a fair fiscal and health exchange for their respective contributions.
Organic food systems are characterized by a reduced dependence on chemical inputs and an increased concern for transparency and information. Organic produce is grown without the chemical pesticides and fertilizers of industrial food systems, and livestock is reared without the use of antibiotics or growth hormones. The reduced inputs of organic agriculture can also lead to a greater reliance on local knowledge, creating a stronger knowledge community amongst farmers. The transparency of food information is vital for organic food systems as a means through which consumers are able to identify organic food. As a result, a variety of certification bodies have emerged in organic food systems that set the standards for organic identification. Organic agriculture is promoted for the ecological benefits of reduced chemical application, the health benefits of lower chemical consumption, the economic benefits that accrue to farmers through a price premium, and the social benefits of increased transparency in the food system.

Transparency ensures that consumers have detailed information about production of a given food item. Traceability, by contrast, is the ability to trace to their origins all components in a food production and marketing chain, whether processed or unprocessed (e.g., meat, vegetables) foods. Two concerns about transparency and traceability have been heightened with food safety scares such as Bovine Spongiform Encephalopathy (BSE) and Escherichia coli (E. coli), but do not exclusively refer to food safety. Transparency is also important in identifying foods that possess extrinsic qualities that do not affect the nature of the food per se, but affect its production, such as animal welfare, social justice issues and environmental concerns. Participation in local food systems such as community supported agriculture (CSA), farmers markets, food cooperatives and farmer cooperatives also enhances transparency, and there are diverse programs promoting purchase of locally grown and marketed foods.
Unhealthy Eating Factors
Access and Availability

The food system affects everyone. Some groups, however, carry more of the burden. Access to varied, healthy, and affordable foods is important to the public’s health. Low-income food consumers are particularly affected by obesity and diet-related disease. Many low-income and minority communities experience physical and economic barriers to healthy and affordable food. These barriers are determined in part by limited mobility (e.g., limited public transportation options, little to no car ownership) and absence of supermarkets or fresh food availability (e.g., farmers markets, community and backyard gardens). Such access restrictions complicate already existing socioeconomic inequities and consequent health disparities among affected populations. In addition, what is often accessible and available to many or all low-income communities are unhealthy food and beverage options, cheap fast food and low quality “fresh” food when available.
The fact is that fast food and processed foods are often less expensive than healthier foods like fruits and vegetables because many of the ingredients come from crops subsidized by the federal government. Families face a constant unnecessary struggle at the grocery store although family members are aware that a healthier diet with more fresh foods would be best for them. Essentially, low-income families must choose foods they can afford. People with lower incomes are more likely to eat cheaper, processed foods, and are also more likely to suffer from health problems, Type 2 diabetes, and other diet-related health problems. You are probably wondering why fast food with more ingredients and traveling from further away are still less expensive than fresh food grown locally. The answer lies in subsidies. U.S. farm subsidies first began during the Great Depression as a way to help farmers survive wide fluctuations in crop prices. The idea was to give farmers a guaranteed minimum price for certain crops that could be stored from year to year. When prices were low, these so-called commodity crops could be taken off the market and stored until prices recovered.

Today, the federal government spends $35 billion each year subsidizing commodity crops in a complicated system of subsidies. Over time, these subsidies have artificially lowered the prices of certain crops, like corn and soybeans, encouraging their overproduction and making them much cheaper than other crops. Since these crops are so cheap and abundant, meat and food producers have turned them into a wide range of end uses, such as hydrogenated oils, high-fructose corn syrup, and animal feed. With farm subsidies, the price of soft drinks—which contain high-fructose corn syrup—decreased by 23 percent between 1985 and 2000, while the price of fruits and vegetables increased by almost 40 percent. Meanwhile over in the produce section, the head of broccoli costs more than a fast-food hamburger. Why is that? We do very little to encourage farmers to grow what are called specialty crops, which is actual food you can and should eat.
The lowest-cost options at the grocery store are often those made up of refined grains with added sugars and fats. The main reason these products are cheap is that they contain one or more subsidized ingredients. For example, nearly all processed foods contain high-fructose corn syrup as shown in the image on the opposite page. This proliferation of cheap—but unhealthy—food has had the greatest impact on low-income families, who spend a larger percentage of their earnings on food. Because they must live on tight budgets, the price difference between fresh fruits and vegetables and food with subsidized ingredients forces them to consume more processed foods than they otherwise would.

An unfortunate result is that income is now the most accurate predictor of obesity and Type 2 diabetes—two conditions linked to diet. Income, diet, obesity, and Type 2 diabetes are all linked. Some say that food choices fall under the realm of personal responsibility; according to this view, what we buy and eat is a choice, and individuals should be responsible for making healthier food choices. Others argue that healthy food choices should be available to everyone and not just those with means; according to this view, people shouldn’t have to choose between healthful food and medicine, for example, and the farm subsidy system should be restructured to provide healthier foods for all.

**Marketing**

A big part of fast food success is marketing strategy. Have you ever wondered why fast food chains have branches practically everywhere? The answer is easy, because this is part of their marketing strategy. High visibility and global recognition is the ultimate theme. The average person is exposed to more than 2,500 advertisements per day, and some if not the majority of these advertising messages are for products that are unhealthy. Some obvious examples are cigarettes, cigars, and chewing tobacco. Other products that are unhealthy are alcohol, over-the-counter drugs (when used in excess), fast foods, and high-fat or high-cholesterol foods.

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Diabetes is a condition in which the body fails to break down glucose derived from food, a process normally aided by insulin. People who have what is known as Type 2 diabetes produce insulin, but it is inadequate. This type of diabetes is directly linked to obesity: People who are obese are up to seven times more likely to develop Type 2 diabetes than those of normal weight. Studies also show a link between Type 2 diabetes and a diet of refined carbohydrates, which causes insulin spikes in the bloodstream.
As consumers, we should be aware that these advertised products are unhealthy. Approximately 25 percent of U.S. adults are overweight. Health professionals say this epidemic of obesity is caused by a sedentary lifestyle and over-consumption of foods that are high in cholesterol and fat, including high-fat meat, junk food snacks, and most types of restaurant fast food. Being overweight and having high cholesterol levels are indicators for risk of heart disease and other serious health problems.

But in spite of North America’s problems with obesity and overweight, consumption at fast food restaurants continues to rise, as has consumption of snack foods such as potato chips, taco chips, and pretzels. Consumers are bombarded with advertising for McDonald’s, Burger King, and other fast-food outlets. Advertisements for corn chips, potato chips, pizzas, and other snack foods surround the public. While food advertising in the United States and many other countries must be approved by regulatory agencies, there is no limit on the quantity or type of food advertising that consumers are exposed to.

Figure 5.4 - 2008 Food Dollar: Marketing Bill (Nominal)
Healthy Food Options

“Healthy food, Healthy community” campaigns symbolize that many in the U.S. are taking an ever increasing comprehensive approach to our food and overall public health. We are beginning to understand that in order to support health, our food system needs to ensure:

- The health of all those involved in it
- Promote the economic development of the community, and circulate local dollars
- That land will be available for short-term and long-term use in a way that doesn’t cause detrimental effects on our water, soil, or quality of food

Examples of local food systems that work under those same concepts include community-supported agriculture, farmers markets and farm to school programs. They have been associated with the 100 Mile Diet and Low Carbon Diet, as well as the food sovereignty movement and slow food movement. Various forms of urban agriculture locate food production in densely populated areas not traditionally associated with farming. Garden sharing, where urban and suburban homeowners offer land access to food growers in exchange for a share of the harvest, is a relatively new trend, at the extreme end of direct local food production. Consumption from processed to unprocessed food leads to more local produce and changes the landscape of what is available in our food. Changing the options, access and availability from fast food chains to healthier options will also change our overall health.

“Seasonal produce is often food that gives each region its distinct culture.”

- Revive Marketplace, International Rescue Committee
Farmers’ Market
Farmers markets consist of individual vendors, mostly farmers, who set up booths, tables or stands, outdoors or indoors, to sell produce, meat products, fruits, and in some cases, prepared foods and beverages. Farmers markets are worldwide and reflect their area’s culture and economy. Their size ranges from a few stalls to several city blocks. In some cultures, live animals, imported delicacies unavailable locally, and personal goods and crafts are sold. Such markets were commonplace before the Industrial Age but most were replaced in modernized cities with grocery stores and supermarkets that sell food that is usually produced, packaged, and shipped from remote places.

Farmers markets often feature produce grown naturally or organically, meats that are raised humanely on pasture, handmade farmstead cheeses, eggs and meat from free-range fowl, as well as heirloom produce and heritage breeds of meat and fowl. Produce found at Farmers Markets is renowned for being locally grown and very fresh. People argue that farmers markets allow farmers to pick produce at the peak of flavor, preserve the nutritional content of fresh produce, and since locally grown produce does not travel as far to get to your table, the difference in mileage saves fossil fuels.

The City Heights Farmers’ Market (CHFM) is an excellent example of public and private partnership coming together to ensure the health of all families and children in San Diego County. Through support from both County Supervisor Ron Roberts and a number of private institutions like Price Charities, the CHFM was able to open its doors and provide thousands of nearby families and children with access to healthful, affordable foods. In these times when an increasing number of our families are struggling, efforts like the CHFM help support local farmers, boost the economy, and put the best of San Diego County’s agricultural bounty in the hands of residents with limited resources.
Community Gardens
A community garden is a single piece of land gardened collectively by a group of people. Community gardens provide fresh produce and plants as well as satisfying labor, neighborhood improvement, sense of community and connection to the environment. They are publicly functioning in terms of ownership, access, and management, as well as typically owned in trust by local governments or not for profit organizations. A city’s community gardens can be as diverse as its gardeners. Some grow only flowers, others are nurtured communally and their bounty shared, some have individual plots for personal use, while others have raised beds for disabled gardeners. Community gardens encourage an urban community’s food security, allowing citizens to grow their own food or for others to donate what they have grown. Advocates say locally grown food decreases a community’s reliance on fossil fuels for transport of food from large agricultural areas and reduces a society’s overall use of fossil fuels to drive in agricultural machines which in the long term helps our environment.xv

Community gardens improve users’ health through increased fresh vegetable consumption and providing a venue for exercise. The gardens also combat two forms of alienation that plague modern urban life, by bringing urban gardeners closer in touch with the source of their food, and by breaking down isolation by creating a social community. Community gardens provide other social benefits, such as the sharing of food production knowledge with the wider community and safer living spaces. Active communities experience less crime and vandalism.
The New Roots Community Farm in City Heights (San Diego) original goal behind cultivating the 2.3-acre triangular garden on 54th Street and Chollas Parkway was to provide opportunities for refugee and immigrant farmers to grow fresh, affordable food in their own neighborhood. Now, this urban farm is on a mission to get more communities to do the same. Michelle Obama visited San Diego and toured the local community farm and spoke to farmers, volunteers and media as part of her campaign to end childhood obesity. Obama addressed a crowd of about 250 people at New Roots Community Farm to discuss her campaign’s involvement in The California Endowment’s Building Healthy Communities initiative.
Community Supported Agriculture
Community-supported agriculture (CSA), a form of an alternative food network, is a socio-economic model of agriculture and food distribution. A CSA consists of a community of individuals who pledge support to a farming operation where the growers and consumers share the risks and benefits of food production. CSA’s usually consist of a system of weekly delivery or pick-up of vegetables and fruit, in a vegetable box scheme, and sometimes includes dairy products and meat.

CSA’s generally focus on the production of high quality foods for a local community, often using organic or biodynamic farming methods, and a shared risk membership—marketing structure. This kind of farming operates with a much greater degree of involvement from consumers and other stakeholders than usual — resulting in a stronger consumer-producer relationship. The core design includes developing a cohesive consumer group that is willing to fund a whole season’s budget in order to get quality foods. The system has many variations on how the farm budget is supported by the consumers and how the producers then deliver the foods.xvi

Individuals, families, and/or groups do not directly pay for x pounds or kilograms of produce but rather support the budget of the whole farm and receive weekly what is seasonally ripe. This approach eliminates the marketing risks, reduces costs for the producer and an enormous amount of time and labor, and allows producers to focus on quality care of the soils, crops, animals and co-workers as well as on serving the customers. There is financial stability in this system which allows for thorough planning on the part of the farmer. Vegetables and fruit are the most common CSA crops. Many CSAs practice ecological, organic or biodynamic agriculture by avoiding pesticides and inorganic fertilizers. The cost of a share is usually competitively priced when compared to the same amount of vegetables conventionally grown – partly because the cost of distribution is lowered.

Figure 5.5 What is Community Supported Agriculture?

In its most formal and structured European and North American forms, CSAs focus on having:
- a transparent, whole season budget for producing a specified wide array of products for a set number of weeks a year;
- a common-pricing system where producers and consumers discuss and democratically agree to pricing based on the acceptance of the budget; and
- a ‘shared risk and reward’ agreement, i.e. that the consumers receive what the farmers grow even with the vagaries of seasonal growing.
Community Supported Agriculture theory supports that the more a farm embraces whole-farm, whole-budget support, the more it can focus on quality and reduce the risk of food waste or financial loss. A distinctive feature of CSAs is the method of distribution. In the U.S., shares are usually provided weekly with pick-ups or deliveries occurring on a designated day and time. CSA subscribers often live in towns and cities – local drop-off locations, convenient to a number of members, are organized, often at the homes of members. Shares are also usually available on-farm. CSAs box packaging often include recipes and farm news in each box in which tours of the farm and work days are announced. Over a period of time, consumers get to know who is producing their food and what production methods are used.

**CONCLUSION**

This concludes our module on Healthy Food Systems; through the course of this module we have explored what food systems are, how they work and learned about what factors such as marketing play a role into limited access and availability to healthier foods and overabundance of unhealthy food options, especially in low-income communities. In addition, this module covered information about alternative food systems, what they are, and why they are beneficial for your local community. As a community, we can increase our engagement in food system issues and educate policymakers; media; the food industry; and public health, nutrition, and environmental professionals about public health issues and solutions associated with the food system, including issues related to sustainability, nutrition, and justice.

Looking towards the future, we envision a more sustainable food system that promotes:

- Better health and well-being,
- Economic growth and job opportunities
- Stewardship of environmental resources.
**Glossary of Terms**

**Food Systems** include all processes and infrastructure involved in feeding a population: growing, harvesting, processing, packaging, transporting, marketing, consumption, and disposal of food and food-related items. It also includes the inputs needed and outputs generated at each of these steps.

**Local Food Systems** represent a network of food production and consumption that aim to be geographically and economically accessible and direct. They contrast to industrial food systems by operating with reduced food transportation and more direct marketing, leading to fewer people between the farmer and the consumer.

**Conventional Food Systems** operate on the economies of scale. These food systems are geared towards a production model that requires maximizing efficiency in order to lower consumer costs and increase overall production, and they utilize economic models such as vertical integration, economic specialization, and global trade.

**Industrial Agriculture** of crops is a modern form of intensive farming that refers to the industrialized production of crops. Industrial agriculture’s methods are technoscientific, economic, and political. They include innovation in agricultural machinery, farming methods, genetic technology, techniques for achieving economies of scale in production, the creation of new markets for consumption, patent protection of genetic information, and global trade.

**Community Gardens** is a single piece of land gardened collectively by a group of people.

**Farmers Markets** consist of individual vendors, mostly farmers, who set up booths, tables or stands, outdoors or indoors, to sell produce, meat products, fruits and sometimes prepared foods and beverages that are Farmers markets often feature produce grown naturally or organically, meats that are raised humanely on pasture, handmade farmstead cheeses, eggs and poultry from free-range fowl, as well as heirloom produce and heritage breeds of meat and fowl.

**Community Supported Agriculture** is a form of an alternative food network, a socio-economic model of agriculture and food distribution. A CSA consists of a community of individuals who pledge support to a farming operation where the growers and consumers share the risks and benefits of food production the people who design, implement, and manage the community building process. They may be people from inside, or come from outside, the community.

**Organic Food Systems** are characterized by a reduced dependence on chemical inputs and an increased concern for transparency and information. Organic produce is grown without the chemical pesticides and fertilizers of industrial food systems, and livestock is reared without the use of antibiotics or growth hormones.
**Transparency** within food systems refers to full disclosure of information about rules, procedures and practices at all levels within a food production and supply chain. Transparency ensures that consumers have detailed information about production of a given food item.

**Traceability** is the ability to trace to their origins all components in a food production and marketing chain, whether processed or unprocessed (e.g., meat, vegetables) foods.

**Urban Agriculture** is the practice of cultivating, processing and distributing food in, or around, a village, town or city. Urban agriculture in addition can also involve animal husbandry, aquaculture, agro-forestry and horticulture.

**Marketing** is the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large. It generates the strategy that underlies sales techniques, business communication, and business developments.

**Food Sovereignty** is a term coined by members of Via Campesina in 1996 to refer to a policy framework advocated by a number of farmers, peasants, pastoralists, fisher folk, indigenous peoples, women, rural youth and environmental organizations, namely the claimed “right” of peoples to define their own food, agriculture, livestock and fisheries systems, in contrast to having food largely subject to international market forces.

**GMO** A genetically modified organism (GMO) or genetically engineered organism (GEO) is an organism whose genetic material has been altered using genetic engineering techniques. These techniques, generally known as recombinant DNA technology, use DNA molecules from different sources, which are combined into one molecule to create a new set of genes. This DNA is then transferred into an organism, giving it modified or novel genes. Transgenic organisms, a subset of GMOs, are organisms which have inserted DNA that originated in a different species.

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iii APHA [http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1361]
iv International Rescue Committee (IRC) Revive the Marketplace.pdf
v APHA [http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1361]
vi Community Health Improvement Partners, Californians for Justice Presentation, 2010
viii Center for Ecoliteracy-Food, Inc. a Robert Kenner Film -Discussion Guide (p47)
xiii Community Health Improvement Partners, Californians for Justice Presentation, 2010
Module 6: LAND USE AND COMMUNITY PLANNING

OBJECTIVES

1. To understand how community design can better support healthy behaviors and improve health outcomes (e.g., promoting active transportation, limiting exposure to pollutants, improving access to healthy food).

2. To identify the mechanisms through which community design goals are established and become policies (e.g., zoning ordinances and general plan updates).

3. To be able to locate and identify the key planning documents for your community and strategies for influencing/improving the built environment in your community.

Introduction

Land use and community planning is a critical component to creating active, healthy environments in our communities, and through the course of this module, we will look at the association between the built environment and physical activity, what planning strategies exist that support active living and learn about municipal infrastructures that guide community planning. Growing evidence shows that the environments in which we live play a strong role in determining access to healthy foods, physical activity opportunities, transportation options, and other factors that affect public health. Multiple factors have been associated with the recent obesity epidemic, but the marked increase in the prevalence of obesity appears to be in large part attributable to environmental conditions and land use decisions that discourage physical activity and make it more difficult to access healthy foods.

Land Use and Community Planning

Today, typical suburban homes sit in cul-de-sac (subdivisions) that flow directly onto high-volume roads. Recent zoning laws encourage the separation of residential areas from schools and shopping malls by long and often dangerous travel distances.
Elementary school bicycle racks stand empty as parents fear for their children’s safety on the way to school on narrow or high-traffic roads. Pedestrians take risks daily as they cross massive intersections in communities where walking time is not considered and safe crosswalks are nonexistent. But, just as there are characteristics of the physical environment known to create unsafe conditions or foster disease, certain aspects of the environment may be utilized to promote health and well-being.1

With growing recognition of the importance of the built environment and land use policy in promoting good health, some cities and counties have increasingly taken steps to implement walking and biking plans and to encourage patterns of development that discourage automobile dependency. With emerging research emphasizing the profound implications built environment decisions can have on health choices and outcomes, the design and physical layout of a community can act as either a support or barrier for healthy living, affecting our physical and mental health.

Therefore, healthy places are those designed and built to improve quality of life for all people who live, work, and play within their borders—where every person is free to make choices relative to a variety of healthy, available, accessible, and affordable options.

HEALTHY COMMUNITY DESIGN MAKES IT EASIER FOR PEOPLE TO LIVE HEALTHY LIVES BY OFFERING IMPORTANT BENEFITS:

• Decreases automobile dependence by locating homes, businesses, schools, churches and parks closer to each other so that people can more easily walk or bike between them, thereby increasing levels of physical activity.

• Provides opportunities for people to be physically active and socially engaged as part of their daily routine, which improves citizens’ physical and mental health.

• Allow persons, if they choose, to remain in a neighborhood for their full lives in a community that reflects their changing lifestyles and physical capabilities.
Community Design
We will explore the what, why, who and how of land use planning as it relates to physical activity and the obesity epidemic. In the first half of this module, we will explore what the link between our built environment and health is and why we should be concerned. In the second half, we will explore the functions of municipalities relative to land use decisions and how local residents can shape and influence their community’s design to support more active, healthier living.

How Community Design Affects Health and Which Design Strategies Can Better Support Health
Starting with the link between community design, physical activity and health, research indicates a distinct relationship between how our cities and towns are physically laid out and health outcomes. Our transportation choices affect our health because many of us spend more than an hour a day in our automobiles going to and from work, running errands, and doing our other daily activities. Making even a small number of those trips by walking, cycling, or transit will increase our daily exercise enough to significantly reduce our risk for chronic diseases.

In the last few years, a new understanding of the built environment’s impact on health has brought the public health community and planners together to develop and implement innovative health-related land use design strategies. These strategies, depicted in Table 6.1 emphasize health and create active communities encompassing four main areas: land use, transportation, physical activity and environmental quality.
**Table 6.1: Community Design Strategies that Promote Active Living**

<table>
<thead>
<tr>
<th>Land Use for Active Living</th>
<th>Active Transportation</th>
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<tbody>
<tr>
<td>Complete Neighborhoods: Mixed use, Universal Design, and “The Village” Safe, attractive mixed-use neighborhoods support health not only by allowing residents to be physically active through daily activity, such as walking to school, work, and shopping, but also by increasing access to “health infrastructure” everything from medical facilities to fresh food. Additionally, complete neighborhoods offer accessible, safe, and affordable housing, access to social services and transportation, and housing models that help to allow older adults to age in the neighborhood of their choice. Universal design environments are designed to be appropriate for all people, including those with physical, cognitive, or sensory impairments. Further, The Village concept offers an option for meeting the needs of the growing older population by making it possible for people to stay in their communities and “age in place.” Neighborhood residents create villages to help coordinate and deliver services and supports within their communities.</td>
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<tr>
<td>Urban Infill Development Sprawl limits people’s transportation choices and presents challenges to living a healthy, active lifestyle. Infill policies direct new development to vacant or underutilized urban areas, often near transit and other necessary services, instead of developing sprawling areas on the urban edge. Urban infill also offers opportunities to invest in communities that may be underserved in terms of access to healthy food, affordable housing, or jobs.</td>
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<tr>
<td>Transit Access Increasing transit access is a key strategy to creating healthy communities. It promotes physical activity through daily exercise, reduces air pollution by encouraging alternatives to automobile use, and connects residents to needed services such as jobs, housing, education, healthy food, recreational opportunities, and medical facilities.</td>
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<tr>
<td>Transit-Oriented Development Transit-oriented development policies addresses not just the availability of transit services, but also a land use scheme to direct new development to areas that already have or plan to have public transit access. Further, safe, affordable, and accessible transit-oriented development choices are critical for older adults who wish to remain independent.</td>
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<tr>
<td>Traffic Safety and Reduction Traffic reduction has health implications by reducing the potential for injuries and fatalities resulting from crashes, as well as improving air quality through reduced vehicle emissions. Traffic-reduction strategies include both traffic-calming measures and measures to reduce vehicle miles traveled. A community can encourage active transportation and reduce the number of collisions by providing safe conditions for pedestrians and cyclists.</td>
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</table>
Bicycle and Pedestrian Facilities
Policies that require bicycle and pedestrian facilities and promote active transportation support health by encouraging physical activity. In addition to integrating these kinds of policies in the general plan, some plans require an additional bicycle or pedestrian master plan. Land use arrangements and mixes that provide access to daily needs, conveniences, and employment in a safe, inviting, and walkable environment create the underpinnings for increased physical activity. Easy and convenient access to transit and other non-auto modes of travel, especially between residential and employment centers, reduces auto usage, congestion, and negative impacts to air quality.

Parks and Recreation
Because communities must address open space in their general plans through a required open space element, most communities target parks and recreation. The strategies connect health with physical activity and promote equitable access to parks and open space.

Joint Use
In many communities, safe places to exercise and play are few and far between. One way communities can maximize their existing infrastructure is to support joint use agreements, which can open schoolyards and gymnasiums to community use, allow schools to share recreation space in community parks, or ensure community residents have access to recreation and play facilities constructed as part of a private development.

Pollution
While it is not uncommon for general plans to address air, water, and soil pollution in some form, the general plan policies have the ability to address the impact of pollution on health, and the inequities in health associated with pollution.

Brownfield Cleanup
Cleaning contaminated properties (called brownfields) may improve the health of nearby residents and encourages economic development in urban infill areas that may be most in need of economic opportunities and new services.

“The new Romoland school features a joint-use library, performing arts center and theater, and several sports facilities.”

Community Planning Basics
Until a few years ago, public health and land use professionals moved on opposite sides of the spectrum, with little to no coordination, despite their shared ancestry of the respective professions. In the last half century, there has been little interaction between the two fields.

Historically, Euclidian zoning (named for the type of zoning code adopted in the town of Euclid, Ohio, “Euclidean zoning” codes are characterized by the segregation of land uses into specified geographic districts and dimensional standards stipulating limitations on the magnitude of development activity that is allowed to take place on lots within each type of district.) was the first governmental strategy to regulate the relationship between the built environment and public health, separating different land uses (such as residential and commercial) to protect people living in residential areas from infectious diseases caused by commercial pollution. vi

However, the traditional separation of land uses and associated decrease of population density have now contributed to negative health outcomes, stemming at least partly from less walking for transportation and more auto dependency. Newer land use design strategies incorporate active, healthy community design strategies which supports the integration of mixed land use, transit-oriented development and access to parks and green space.

GRAPHIC OF HIGH DENSITY VS. LOW-DENSITY DEVELOPMENT
The formal regulation of land use is primarily the responsibility of local governments, such as cities or municipalities. vii viii

MIXED-USE (HIGH-DENSITY)
SEPARATION OF LAND USES (LOW-DENSITY DEVELOPMENT)
**Land Use Planning Documents Guiding the Development of Cities**

**What is a General Plan?**
The local general plan can be described as the city’s or county’s “blueprint” for future development. Made of up of goals and policies, state law requires that each city and each county adopt a general plan containing (at least) the following seven components or “elements”: land use, circulation, housing, conservation, open-space, noise, and safety. The process of adopting or amending a general plan requires public participation.

**Why do we need a General plan?**
General Plans define and communicate a city’s vision and provides the rationale for policy. In terms of healthy community design, the general plan can be the place to anchor a vision for healthy community.

**What are Area and Community Plans?**
Area and community plans are optional components of the local general plan focusing on the issues pertinent to a particular area or neighborhood within the city or county. It supplements the policies of the general plan.

**Why do we need Area and Community Plans?**
“Area plans” and “Community plans” are often used by cities and counties to resolve conflicts at the neighborhood level. Examples of area and community plans include: transportation, pedestrian and bicycle plans.

**What are Specific Plans?**
Unlike area and community plans, specific plans are adopted separately from the general plan and focus heavily on implementation for a specific area. State law requires specific plans to include a land use plan, an infrastructure development and financing plan, and development standard. In some jurisdictions, specific plans take the place of zoning.

**Why do we need Specific Plans?**
Specific plans allow local governments to take a proactive approach to planning and implementation, and therefore, can be a useful tool for creating active, livable communities. Utilizing neighborhood-level planning tools (such as specific plans) provides an important opportunity to engage residents in a more detail-oriented planning and public input process.

**What are Master Plans?**
Master Plans are a simpler, less expensive alternative to the specific plan.

**Why do we need Master Plans?**
Neighborhood-level planning tools provide an important opportunity to engage residents and assign active, livable design approaches for the community.
**What are Planned Unit Developments?**

Planned Unit Developments (PUDs) are changes in land use zoning which allow for the adoption of a unique set of development standards for a single development. Unlike specific plans, PUDs are usually initiated by developers rather than local governments.

**Why do we need Planned Unit Developments?**

Like specific and master plans, PUDs are another neighborhood-scale planning tool that can address specific active living design strategies. Further, because PUDs are usually developer initiated, stakeholders have the opportunity to engage in a community benefit agreement with the developer.

**What is a Community Benefits Agreement (“CBA”)?**

A contract signed by community groups and a real estate developer that requires the developer to provide specific amenities and/or mitigations to the local community or neighborhood. In exchange, the community groups agree to publicly support the project, or at least not oppose it. Often, negotiating a CBA relies heavily upon the formation of a multi-issue, broad based community coalition including community, environmental, faith-based and labor organizations.

**What are zoning ordinances?**

A zoning ordinance is the local law that spells out the immediate, allowable uses for each piece of property within the community. Zoning regulates current development through specific standards such as lot size, building setback, and a list of allowable uses. Table 6.2 describes the major parts of a zoning ordinance.

**Why do we need zoning ordinances?**

The purpose of zoning is to implement the policies of the general plan.

**Table 6.2: Zoning Ordinance Regulations**

| Uses | Under the concept of zoning, various kinds of land uses are grouped into general categories or “zones” such as single-family residential, multi-family residential, neighborhood commercial, light industrial, agricultural, etc. Each piece of property in the community is assigned a zone, listing the kinds of uses that will be allowed on that land and setting standards such as minimum lot size, maximum building height, and minimum front yard depth. The distribution of residential, commercial, industrial, and other zones are based on the pattern of land uses established in the community’s general plan. |
| Rezoning Variances | If a landowner proposes a use that is not allowed in the zone, the city or county could approve a change in zone to allow that development. The local planning commission and the city council or county board of supervisors must hold public hearings before property may be rezoned. |
| Overlay Zones | In addition to the zoning applied to each parcel of land, many cities and counties use “overlay zones” to further regulate development in areas of special concern. |
(CUP) allows a city or county to consider special uses which may be essential or desirable to a particular community, but which are not allowed as a matter of right within a zoning district, through a public hearing process. A conditional use permit can provide flexibility within a zoning ordinance. Another traditional purpose of the conditional use permit is to enable a municipality to control certain uses which could have detrimental effects on the community. (Neighborhood Action Group v. County of Calaveras (1984) 156 Cal.App.3d 1176 AUG ’97)

Density refers to the intensity of a use in a particular area. Lower density creates more automobile dependent communities, while higher density creates more walkable communities.

What are Form-Based Zoning Codes?
Form-based zoning codes clearly establish what is desired in new neighborhoods by specifying the massing, height and location of buildings, as well as their relationship to the street. They pay special attention to the location of parking, the width of streets and the design of public spaces. Unlike conventional zoning codes that can be lengthy and difficult for the average person to read, form-based codes are based on graphics and are more user-friendly. Form-based codes are highly specific and can be set up to allow developers to build “by right.”

Why do we need Form-Based Zoning Codes?
Form-based zoning codes have emerged in the last few years as a tool to help local governments implement their plans and ensure that the physical form of new development is consistent with the community’s vision.

What is Redevelopment?
Redevelopment is a tool created by state law to assist local governments in removing blight from a designated area, as well as to achieve the goals of development, reconstruction, and rehabilitation of residential, commercial, industrial, and retail districts. Blight is the result of physical and economic conditions within an area that cause a reduction or lack of proper utilization of that area.

Why do we have Redevelopment? Why is it important?
Redevelopment law was enacted to address deterioration and decay throughout California. Deteriorating areas become centers of poverty, overcrowding, crime, and disease for those who are trapped there, resulting in social and economic drains on the entire community. Redevelopment is one of the most effective ways to breathe new life into blighted areas plagued by a variety of social, physical, environmental, and economic conditions that act as barriers to new investment by private enterprise.
What can Redevelopment do?
Redevelopment activities may include the rehabilitation/reconstruction of existing structures, the redesign/re-planning of areas with inefficient site layout, the demolition and clearance of existing structures, the construction/rehabilitation of affordable housing, and the construction of public facilities including, but not limited to, public buildings, streets, sidewalks, sewers, storm drains, water systems, and street lights. All of this contributes to general economic revitalization of an area, making it more attractive for additional investors.

What are the Redevelopment Agency’s powers and jurisdiction?
California Community Redevelopment Law (CRL) prescribes the powers of a redevelopment agency. An agency may prepare and carry out plans for the improvement, rehabilitation, and redevelopment of blighted areas. Once the plan adoption process has begun, an agency may exercise certain additional powers, such as acquiring property. Once the redevelopment plan for a certain project area has been adopted, an agency may exercise full authority granted by CRL within the project area. It is important to note that redevelopment agencies do not have the authority to levy taxes within a project area or citywide.

Transportation and Regional Planning
San Diego Association of Governments (SANDAG) is the San Diego region’s primary public planning, transportation, and research agency. SANDAG provides the public forum for regional policy decisions about regional growth, transportation planning, land use, environmental management, housing, open space, energy, public safety, and bi-national topics. SANDAG is the primary agency responsible for transit planning, funding allocation, project development, and construction in the San Diego region. SANDAG is governed by a Board of Directors composed of mayors, council members, and county supervisors from each of the region’s 19 local governments. Supplementing these voting members are advisory representatives from Imperial County, the U.S. Department of Defense, Caltrans, San Diego Unified Port District, Metropolitan Transit System, North County Transit District, San Diego County Water Authority, Southern California Tribal Chairmen’s Association, and Mexico. Policy Advisory Committees assist the Board of Directors in carrying out the agency’s work program. The Board of Directors is assisted by a professional staff of planners, engineers, and research specialists.
Local Decision-Makers and Stakeholders That Make Key Land Use Decisions

In most communities, the city council or board of supervisors has appointed one or more hearing bodies to assist them with planning matters. These bodies usually have the power to approve proposals, subject to appeal to the council or board of supervisors. State law requires that local governments hold public hearings prior to most planning actions. Depending upon each jurisdiction’s local ordinance, public hearings are not always required for minor land subdivisions, architectural or design reviews or ordinance interpretations.

The public health community has an important role to play in the planning process, including implementing the general plan policies. Institutionalizing the role of public health in ongoing planning processes ensures that health considerations will continue to be addressed as development decisions are made. Policies that require public health departments’ participation or create the infrastructure for acquiring their input help establish thriving community environments.

Taking Action in Your Community

Understanding and Influencing Land Use Policy in Your Community

Lastly, let’s look at some ideas and strategies for how citizens can identify and influence their built environments:

1. Do the Research
   - What community planning initiatives are underway? What active, healthy community design issues are involved?
   - Identify key decision-makers, committees and planning boards that drive land use decisions
2. Connect with other interested residents
   - Engage with community design charrettes and workshops can build consensus
   - Proactively define what residents want and retroactively address what they don’t want

3. Create an action plan
   - Explore strategies that work with policy and land use decisions in communities of a similar demographic

4. Develop your arguments and key messages

5. Build support with the traditional and non-traditional partners
   - City and county planners, leaders, decision makers, community groups, chronic disease public health officials (physical activity, nutrition and school health)

6. Meet with planners and city council members

7. Be persistent and patient

The Active Living by Design (ALBD) model emphasizes a socio-ecological approach to change, as well as community partnerships that work across disciplines. The community action model follows a local active living movement from its establishment and strategies to short-, middle- and long-term changes. ALBD shows the 5 “P” strategies: preparation, promotion, programs, policy and physical projects. These strategies represent a comprehensive approach to increasing physical activity in a community. Each strategy comprises specific tactics, which characterize the type of work necessary to create a more active community.

Conclusion
This article begins to scratch the surface of the topic of land use and community planning. As you can imagine, planning cities and communities is not an easy task and it is very extensive. In order to really make a difference in your community, knowing who plans and how is very important. There are constant opportunities for people to learn about how their city is managing land use and community planning. To get a better understand, you can follow-up with the Healthy Design Checklist for your neighborhood (http://www.heartandstroke.com/atf/cf/(99452D8B-E7F1-4BD6-A57D-B136CE6C95BF)/BETK_HSF_ToolKit-ENG-CheckList.pdf) or you can also attend a local planning commission meeting (in person or via television/web stream). Make sure to visit your city’s website for more local information specific to your city and community.
Glossary of Terms

**Built Environment** are all aspects of our surroundings that are constructed by people: buildings, roads, parks, and so on the way that we develop available land.

**Active Transportation** is bicycling or walking rather than driving from place to place.

**Active Living** is a lifestyle that incorporates physical activity into the routines of daily life.

**Healthy Community Design** is planning and designing communities that make it easier for people to live healthy lives. American Planning Association’s (APA) six defining qualities include: a unique sense or community and place; preservation and enhancement of valuable, natural and cultural resources; equitable distribution of the costs and benefits of development; expansive range of transportation, employment, and housing choices in a fiscally responsible manner; long-range, region wide sustainability; and promotion of public health and healthy communities.

**Charrette** is an intensive planning session where citizens, designers, and others collaborate on a vision for development.

**Density** is the amount of development per acre permitted on a parcel of land under the applicable zoning.

**Sprawl** is the process in which the spread of development across the landscape far outpaces population growth.

**Land Use Planning** is the process of determining how land will be used.

**Smart Growth** is a broad concept that describes a series of principles that encourage development that better serves the economic, environmental and social needs of communities.

**Urban Sprawl** is haphazard growth or outward extension of a city resulting from uncontrolled or poorly managed land use development.

**Zoning** is the division of a city or county by legislative regulations into areas, or zones, which specify allowable uses for real property and size restrictions for buildings within these areas; a program that implements policies of the general plan.
Community Benefits Agreement ("CBA") is a contract signed by community groups and a real estate developer that requires the developer to provide specific amenities and/or mitigations to the local community or neighborhood. In exchange, the community groups agree to publicly support the project, or at least not oppose it. Often, negotiating a CBA relies heavily upon the formation of a multi-issue, broad based community coalition including community, environmental, faith-based and labor organizations.

NOTES

i http://www.cdc.gov/healthyplaces/
viii RWJF. Neighborhood-Scale Planning Tools to Create Active, Livable Communities.
ix SANDAG Factsheet, September 2010.
RESIDENT LEADERSHIP ACADEMY

MODULE SEVEN
LEADERSHIP ADVOCACY & POLICY DEVELOPMENT
Introduction

Making improvements in your community has several layers. Once an issue has been identified and decided to be worked on, there is a toolbox of strategies that can be used in order to achieve your ultimate goals. This module discusses local policy and ordinances (highlights the difference between the two) as tactical options that can be used to make changes in your community. These tactics require a sound leadership base to be the most effective and successful. This module will help create a basic understanding of what local policy and ordinances are as well as the role of leadership in community work and how you can use it to make significant improvements in your community.

Local policy work deserves more attention, not only for its local impact but because it is now the primary form in which social policy is developed. Policy development, previously the domain of experts and lobbyists, is increasingly being used as a tool for community change by advocates in neighborhoods. Grassroots groups are taking their own agendas to city hall and the state house and proactively transforming them into progressive, meaningful policies and discussions that provide insights relative to real community needs.

Policy is more than law. It is any agreement (formal or informal) on how an institution, governing body or the community-at-large will address shared problems or attain shared goals. It spells out the terms and the consequences of these agreements and is the categorization of the body’s values—as represented by those persons present in the policymaking process.
This makes advocacy a key component for underserved communities, especially since advocacy is about influencing people, policies, structures and systems in order to bring about needed change. Anyone can undertake advocacy work – it does not need to be left to professionals or experts. Advocacy work includes many different activities such as lobbying, mobilization, education, research, and networking. It can be undertaken alone, with a group of people or as part of a network. It can be spontaneous or carefully planned; a one-off intervention or an ongoing process. The aim of advocacy is often the same as for other development work: to alleviate poverty and suffering, challenge injustice or support long-term sustainable development. However, development work is often not enough because it does not tackle the root or deeper causes of the problem. Advocacy is, therefore, needed as it tackles root causes of poverty and inequity and brings long-term change. Advocacy empowers people as agents of change in their own neighborhoods, and can help to generate more resources for other development work.¹

If advocacy is done in a respectful way, serving others in humility and carefully thinking through all activities, most challenges can be overcome. Using this method, the benefits will far outweigh any potential negative impacts. However, it is still good to be aware of these challenges at the beginning and to be able to make a realistic assessment of what advocacy actions groups might want to take on. Leadership has been described as the “process of social influence in which one person can enlist the aid and support of others in the accomplishment of a common task”, and having a good leadership base can help overcome many challenges including those associated with advocacy mentioned above.

**Public Policy and Ordinances**
Shaping public policy is a complex and multifaceted process that involves the interplay of numerous individuals and interest groups competing and collaborating to influence policymakers. These individuals and groups use a variety of strategies and tools to advance their aims, including advocating their positions publicly, attempting to
educate supporters and opponents, and mobilizing allies on a particular issue. In this context, advocacy can be defined as attempting to influence public policy through education, lobbying, or political pressure. Advocacy groups often attempt to educate the general public as well as public policy makers about the nature of problems, what legislation is needed to address problems, and the funding required for providing services or conducting research. Although advocacy is viewed as unsuitable and even prohibited in certain situations by some in the professional and research community, it is clear that public policy priorities are influenced by advocacy. Sound research data, presented by advocates, can be used to educate the public as well as policy makers, thereby improving the public policy process.ii

Taking policies and advocacy work to the point of having to employ enforcement tactics leads to the development of local ordinances. Ordinances are laws adopted by the city council and mayors that usually amend, repeal, or supplement the city code, administrative code, compensation ordinance, or zoning ordinance; provide zoning specifications; or appropriate money for specific purposes. Both public policies and ordinances have a role in improving communities and both can be used to make significant changes.

So What’s the Difference?
The major difference between the two (policy vs. ordinance) is that public policies can be regulatory, distributive, or redistributive. They can provide collective good or private good, and can be liberal or conservative. Public policies are not limited to public life. Ordinances, by contrast, are a set of rules or norms of conduct which mandate, prohibit or permit specified relationships among people and organizations intended to provide methods for ensuring the impartial treatment of such people, and provide punishments of/for those who do not follow the established rules of conduct. iii

Public Policy - Process, Implementation and Enforcement
Public policy as government action is generally the principled guide to action taken by the administrative or executive branches of the state with regard to a class of issues in a manner that is consistent with law and institutional customs. Others define it as a system of “courses of action, regulatory measures, laws, and funding priorities concerning a given topic disseminated by a governmental entity or its representatives.” Public policy is commonly incorporated “in constitutions, legislative acts, and judicial decisions.” In the United States, this concept refers not only to the end result of policies, but more broadly to the decision-making and analysis of governmental decisions. To pass successful public policies there are a few steps to
Define the Problem

Clearly defining the problem requires gathering as many reports, surveys, personal observations and other resources that accurately describe the issue you wish to address. It is difficult to effectively address problems in the environment with simple intuition alone, e.g. “we see a number of youth without much to do”. It is more effective to know other things like the number of arrests, injuries or about other incidents in the focus community. Additionally, it is beneficial to know what options (if any) communities’ have; what young people actually think about the situation; what local funding resources exist; and the impact of corporate institutions. Another reason to have detailed information is to substantiate your policy recommendation. All legislation must be based on a finding or set of facts that provide the rationale for enacting the law. If you are interested in seeing your policy recommendations codified, then you must be prepared with the facts. Above all, be able to describe the problem clearly in ways that help your community grasp the seriousness of it – and hold the right players accountable.

Assess Community Resources

Building broad, cohesive coalitions is critical to these efforts. One way to think about coalition building is by developing a list of groups and individuals who share the different parts of the problem you’d like to address. Also, list what each party would gain from supporting each other’s efforts. Of course, these issues are not black and white. It is useful to assess each parties depth of support, what they - and you - risk by coming together, what they bring to the effort and how much effort it will take to reach them and maintain their presence in the coalition.

Table 7.1: Policy Process Life Cycle

1. DISCUSSION & DEBATE
2. POLITICAL ACTION
3. LEGISLATIVE PROPOSAL
4. LAW AND REGULATION
5. COMPLIANCE
Ordinance

Local ordinance is a law made by a municipality or other local authority. In order to advocate for an ordinance in your city, there are steps that need to be considered first. To be valid, an ordinance must, at a minimum, serve a public purpose within the scope of the local governing body’s authority; it must be consistent with applicable local, state and federal charters, laws, constitutions and public policies; and it must be precise and reasonable. A direct conflict exists if an ordinance permits what a state statute prohibits or prohibits what a state statute permits. State statutes also provide local governments with authority to adopt ordinances. These statutes are specific to the type of local government involved and set forth procedures for adoption and other matters such as permissible penalties for ordinance violations. An ordinance that grants special privileges to a single person or entity exceeds the scope of the governing body’s powers. An ordinance must relate to local matters, not to matters of statewide concern. In addition, an ordinance must serve a lawful purpose, either as expressly provided for by law or as necessary for the general health, safety and welfare of the community.

Clear and Precise Language

If an ordinance is vague, ambiguous or undefined so that it is impossible to determine what the ordinance requires or to determine the legislative intent, the courts will hold the ordinance void.

The meaning of an ordinance must be clear enough so that persons who are subject to its provisions can determine what acts will violate it. Reasonable in nature, an ordinance must be reasonable both at first sight and as applied to a particular situation or it will be held invalid. In general, whether or not an ordinance is reasonable will depend on the particular language of the ordinance or the particular circumstances to which the ordinance is applied. The inquiry will typically focus on whether the ordinance is intended to advance a legitimate police power objective, whether the ordinance constitutes a rational means to accomplish that objective, and the impacts of the ordinance on rights or privileges which have been granted or guaranteed by applicable laws and constitutions. However, a presumption of reasonableness applies to local ordinances, and an ordinance will not be invalidated unless it is clearly illogical, discriminatory or otherwise unreasonable.
**Difference Between Resolution and Ordinance**

If a statute or local charter does not specify whether an action must be taken by ordinance or resolution, the nature of the proposed action must be examined to determine whether an ordinance or resolution is required. Generally, resolutions implement ministerial functions of government for short-term purposes, while ordinances are intended to have a permanent and more general effect. Labeling a resolution an ordinance does not make it so.

**Ordinance Effective Date**

Ordinances usually do not take immediate effect unless stated in the ordinance, particularly if they provide for penalties. Always check applicable charter provisions.

**Reading Requirements**

Reading requirements govern the number of times that an ordinance must be read aloud or considered by the local governing body, either in full or by title, and on how many different occasions. Applicable state and local laws, including local charters, should be consulted to determine the reading requirements in a particular jurisdiction.

**Ordinance Amendments**

The specific procedures and requirements that govern amendments as provided by state statute, charter provisions and other applicable laws should always be examined and followed:

- Amendments change, add, or delete material in an ordinance.
- It is not necessary to repeal an ordinance section or provision in order to change it.
- The particular section or provision only needs to be amended to read as desired.
- If an ordinance section or provision has already been amended, it is not necessary to repeal the prior amending ordinance. It is only necessary to amend the provision as it currently exists.

In adding new material, such as a new subsection, the entire section being amended generally should be set forth in full, including the new material, to show how the amended section will read in full.
Key Players
It is quite an extensive list ranging from the City Council Members, Mayor, Commission voting Members, city staff, to the city planners. These are the key players in local ordinances and supporters or opponents of public policy. For state-wide policy, the players in addition also include, state and senate representatives, governors and their staffers/aids, etc. Specifically in ordinances there are a set of voting requirements. Unless otherwise provided by statute, an ordinance must be adopted by a majority vote of the elected members of the governing body. Voting requirements and procedures can become complicated, however, particularly in situations involving abstentions, absences, conflicts of interest, and the use of alternates, protest petitions and ordinances dealing with special topics. It is important to be familiar with the exceptions to majority vote requirements. Check applicable statutes and local charters. In the case of public policy, it is more about assuring that you have the right supporters and players on your side to assure that your policy is passed, and that there are implementation resources to go with the written policy so that it makes the biggest impact in the community.

Advocacy
Advocacy by an individual, group or advocacy organization normally aims to influence public policy and resource allocation decisions within political, economic, and social systems and institutions; it may be motivated from moral, ethical or faith principles or simply to protect an asset of interest. Advocacy can include many activities that a person or organization undertakes including media campaigns, public speaking, commissioning and publishing research or data. Lobbying (often by lobby groups) is a form of advocacy where a direct approach is made to influence legislators on an issue which plays a significant role in modern politics.

There are several forms of advocacy, and each represent a different approach in the way change is brought into society. One of the most popular forms is social justice advocacy. Some others are laid out in Table 7.2 on page 7-8.

When advocating, keep in mind to:

• Analyze the way policy is administered
• Participate in the agenda setting as it may raise significant issues
• Focus on political systems that are not responding to people’s needs
• Be inclusive and engaging
• Propose policy solutions
• Open up space for public argumentation.
Table 7.2: Other Forms of Advocacy

<table>
<thead>
<tr>
<th>Form of Advocacy</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Advocacy</td>
<td>Budget advocacy is another aspect of advocacy that ensures proactive engagement of civic organizations with the government budget to make the government more accountable to the people, and promote transparency. Budget advocacy also enables citizens and social action groups to compel the government to be more alert to the needs and aspirations of people in general and to help them better identify the needs of underserved areas of the community.</td>
</tr>
<tr>
<td>Bureaucratic Advocacy</td>
<td>People considered “experts” have more of a chance to succeed at presenting their issues to decision-makers. They use bureaucratic advocacy to influence the agenda, however, at a slower pace.</td>
</tr>
<tr>
<td>Health Advocacy</td>
<td>Health advocacy supports and promotes patient’s health care rights as well as serves to advance community health and policy initiatives that focus on the availability of services, access to key resources, public safety and quality of care.</td>
</tr>
<tr>
<td>Ideological Advocacy</td>
<td>In this approach, groups fight, sometimes in the form of protests, to advance their ideas in the decision-making circles.</td>
</tr>
<tr>
<td>Interest-Group Advocacy</td>
<td>“Lobbying” is the main tool used by interests groups leading mass advocacy campaigns. It is a form of action that does not always succeed at influencing political decision-makers as it requires resources and organizations to be effective.</td>
</tr>
<tr>
<td>Legislative Advocacy</td>
<td>Legislative advocacy is the “reliance on the state or federal legislative process” as part of a strategy to create change.</td>
</tr>
<tr>
<td>Mass Advocacy</td>
<td>Is any type of action taken by large groups (petitions, demonstrations, etc.)</td>
</tr>
<tr>
<td>Media Advocacy</td>
<td>Is “the strategic use of the mass media as a resource to advance a social or public policy initiative.”</td>
</tr>
</tbody>
</table>
Advocates are “any organization or group that seeks to influence government policy, but not to govern.”

This definition includes social movements, sometimes a network of organizations which are also focused on encouraging social change. Social movements try to either influence governments or, like the environmental movement, to influence people’s ideas or actions. Today, advocacy groups contribute to democracy in many ways.

They have five key functions:

• Assist in the development of better public policy
• Ensure governments’ accountability to citizens
• Give a voice to (misrepresented) citizen interests
• Mobilize citizens to participate in the democratic process
• Support the development of a culture of democracy

In comparison to other countries in the last thirty years, an increasing number (40 percent) of the Canadian population is a member of an organization which has had an advocacy role and has tried to achieve political change. Such a level of participation is a positive indicator of the health of the democracy in Canada.

Power in Community Voices

Identifying Policies that Work for Your Community

Efforts that engage community residents and give them an understanding of their own influence can make a real difference in a community’s ability to solve problems as well as strengthen individual community members “sense of community”. This type of organizing offers greater representation and more opportunities for participation.
Anyone can get involved from new residents to those who have deep roots in their community; it takes people who are willing to advocate making their community safer for themselves and their families.

Many organizations and community members have concerns about becoming involved in advocacy. If there is a potential risk, advocates and those affected by a situation should be aware of the risk before any action is taken. It is recommended to undertake advocacy as part of a coalition. Also, cultivate strong relationships with some people in authority who can act as bridges to others or help you if you get into difficulty. Some advocacy work can involve a risk to those involved in terms of being blackballed from the community, losing friends and, in extreme cases, losing a job. Be aware of these risks but don’t let them hold you back from making real changes in your community.

One can minimize the risk of advocacy through respecting those with authority and influence, and giving them clear explanations about what is being done. Contact other organizations and networks to see which are already involved in advocacy work on the issue. You may find that collectively you have all the information and contacts needed.

‘We will be ostracized if we speak out’
‘We do not know enough about the situation’
‘We are too small and can make no difference’
‘Advocacy is confrontational’
THIS IS NOT NECESSARILY THE CASE

Governments and authorities are often aware that there is a problem and will welcome suggestions as to how it can be solved. What happens, however, if those in authority are not governing in accordance with justice and equity as a primary part of their considerations? Citizens have a civic responsibility to hold the governments accountable, so that they fulfill the role that they were appointed to do. Use the information, contacts and networks you already have and form alliances. Talk to as many other organizations as possible to find out whether they are acting on the issue or know of others that are.
The community issues should be voiced by the community, and they should be presented as a clear message along with substantiated research so that the problem and potential solutions can be clearly identified and directed at those who have the influence to bring about change or those that can influence them. These activities are done by those working to bring about the change (includes the advocate group, the allies and those affected by a situation) and will be communicated through a variety of methods and activities. This will all come together to form an advocacy strategy. Capacity building will be key so that the affected will become agents of change themselves, and will network in order to pool resources together.

It is recommended to assess who has the authority to enact policy, implement, and enforce ordinances. Any discussion on doing advocacy would be incomplete without taking a look at who you may have to focus on to achieve your goal. Once you’ve decided what institutions or individuals have authority or influence to enact your policy, then you must (through research) determine all the ways you can access and influence the process (personal contacts, media, as voters or taxpayers, freedom of information requests, etc.). This will be the best way to assure that your voices as a community are heard, acknowledged and taken seriously.

**Develop an Action Plan**

Once you’ve assessed your organizational and community capacity, your allies and opponents as well as the gatekeepers who have the authority to enact your policy and/or ordinance, you are ready to develop an action plan for your campaign. The actions you take should be flexible and engage your community. Make sure that who you need to focus on is clear and that the policy and/or ordinance recommendation(s) are: achievable; realistic; and can be articulated in a way that is easily understood. Set time limits for certain tactics and develop an alternate plan if your original tactics are not yielding results. Also, make sure you include a plan for monitoring the relevant institutions and the policies once they are implemented. Above all, be tenacious and remember that changing policy means changing minds - and that takes time.

**Media Action Planning**

Effective use of media is also a critical tool. Having your stories shared in your campaign illustrate the issues being tackled. Media enables public health advocates to capture public attention on behalf of a particular issue or policy change. Media has often turned the tide by informing the public (and policy makers in particular) of a particular problem and providing ideas and opportunities for public action. The media can also work against you so it is important to create an action plan to work with the media. To use your community voices most effectively you can follow a good framing strategy
to make sure you get your point across and acquire some results from sharing your community’s story. A good framing strategy should:

- **Translate individual problems to social issues.** The first step in framing is to make sure that what you say is consistent with your approach. It’s hard to justify an approach to an issue if all media interviews frame it from an individual perspective. Further, a social issue is news, an individual problem is not. Translating an issue helps others to see why it is important and newsworthy.

- **Assign primary responsibility.** Again, consistency is key. If the issue is tobacco sales to kids, it’s hard to justify a new ordinance if spokespeople assign primary responsibility for the problem to parents. Framing for content means framing your message in ways that support your initiative goal and shows that you are focusing on the right entity to address the issue.

- **Present solutions.** The message should clearly articulate what the initiative can address. To use youth access to tobacco as an example, the solution offered in this case is to make it harder for merchants to profit from youth smoking.

- **Make practical appeals.** The initiative should be communicated as practical, fair, legal, affordable and the right thing to do. Develop pictures and images. If a picture is worth a thousand words and the average media bite is seven seconds, developing compelling visuals that illustrate your perspective is critical.

- **Tailor to audience.** Remember who you are communicating with in each case. Communities are fragmented with lots of different interests and concerns. Tailor your message to your audience.

**Role of the Experts**

Community voices are very important, and they make a big difference in swaying policies and advocacy work. And in cases where you need to substantiate your understanding of the problem being faced, there is also a specific role for experts. They help by bringing forth their expertise in specific areas and are able to show an unbiased perspective of the problem, action and or solutions. Historically, an expert was referred to as a “sage” (Sophos). The individual was usually a profound thinker distinguished for wisdom and sound judgment. Today an expert is someone widely recognized as a reliable source with authority in a specific, well-distinguished area. More generally, an expert is a person with extensive knowledge or ability based on research, experience, or occupation, and in a particular area of study.

Experts are called in for advice on their respective subject area, but they do not always
agree on the particulars of a field of learning. An expert can be, by virtue of credential, training, education, profession, publication or experience, believed to have special knowledge of a subject beyond that of the average person, such that others may officially (and legally) rely upon the individual’s opinion.

Experts have a long or intense experience through practice and education in a particular arena. In specific fields, the definition of expert is well established by consensus, and therefore, it is not necessary for an individual to have a professional or academic qualification for them to be accepted as an expert. In this respect, a shepherd with 50 years of experience tending flocks would be widely recognized as having complete expertise in the use and training of sheep dogs and the care of sheep. Ultimately, it will be important to identify and then follow-up with the right experts to help move forward your advocacy work.

*Interacting with Decision-Makers*

Decision making can be regarded as the mental processes (intellectual process) resulting in the selection of a course of action among several alternative scenarios. Every decision making process produces a final choice. The output can be an action or an opinion of choice. When approaching elected officials, it is important to be clear about what you want. This does not need to be as detailed as a drafted piece of legislation. A simple, straightforward sense of what’s wrong and what you would like to see changed will do for a start. Try to become familiar with budget and revenue mechanisms, so you will have a sense of how your proposal might be funded. At the meeting, be sure to have at least three people with you—preferably at least one living in the policymakers jurisdiction. Be familiar with his/her record and issues of concern, so that you can link your proposal to their agenda whenever possible.

Thank the representative (and/or staffer) for their time and any related work they have done on the issue. If they haven’t done any work on the issue, then highlight the importance of helping to champion the cause. Then proceed to a brief description of the issue and the action you’d like the official to take. Plan roles and what meeting participants will say in advance so the information flows. Stress impact on the policymaker’s district whenever possible, and any support you have for the initiative. When leaving, thank the official for their time even if they did not agree and leave them with a short summary of the issue and proposal (one page is great but a little more is OK, too). Larger documents, like reports or studies are best left with the staff member charged with policy work on the issue.
**Power Analysis**

Power determines who makes decisions and what decisions are made. Power has three faces – open, closed and invisible, which roughly correspond to the three types of advocacy (for, with and by those affected by a situation).

To be able to assess any of the dimensions of power, it is necessary to identify who has authority regarding the issue(s), both formally (who officially has the authority) and informally (who actually has the authority). A lot of time may be wasted if you focus on someone with official authority if someone else is making all the decisions behind the scenes. One method of mapping power relations in your local area or country is to ask participants to select the main groups.

A long time community organizing tool, power analysis, charts a community’s power structures and identifies places of influence and power. Start with identifying government, business and nonprofit organizations and their leadership. More informal channels of power will emerge in personal interviews. Identify self-interests, constituencies, and connections between institutions as much as possible. By mapping the power “sources” in a wide range of communities, you also map potential venues for collaboration.

**Assessing Potential Allies**

1. List who/what institution has the authority to advance and implement your goal(s)?
2. When possible, list specific names. Identify which are the most important people or institutions for achieving your policy goal.
3. Are any of the individuals appointed? Elected officials?
4. How do you have influence with them (as voters, consumers, taxpayers, etc.)?
5. What is the self-interest of each?
6. Who would have jurisdiction if you redefined the issue (e.g. turned a tobacco advertising issue into a fair business practices issue)? Does this help you?
Assessing Your Opposition

1. List people and institutions who may oppose you. When possible, list specific names.

2. Identify which are likely to do the most “damage”

3. Which are appointed? Elected officials?

4. How do you have influence with them (as voters, consumers, taxpayers, etc.)?

Taking the extra time to do your power analysis upfront will be very helpful in the long run. Some advocacy efforts are short and others are very long. On average, to make something with significance occur will take some time. Therefore, having an assessment of where the power lies will lead to more strategic advocacy efforts.

Leadership

Principles of Leadership

Alan Keith of Genentech states that, “Leadership is ultimately about creating a way for people to contribute to making something extraordinary happen.”xvii This is especially true for leadership in community improvement. The democratic leadership style favors decision-making by a group. They can win the cooperation of their group and can motivate them effectively and positively. The decisions of the democratic leader are not one-sided as with the dictator because they arise from consultation with the group members and participation by them.

“The world is changing and anyone who thinks they can get anything meaningful done without the input of all a community’s leadership is simply not paying attention. Inclusion is more than a buzzword. It’s a necessity.”

-- Dr. Jewelle Taylor Gibbs, internationally recognized sociologist and author

Collaborative interaction is challenging, it takes special skills for professionals to facilitate a group through the process of inclusion and balanced leadership in the developmental continuum. Collaborative leadership is apparent in those who inspire commitment and action, lead as a peer problem solver, build broad based involvement, and sustain hope and participation. Based on research with noted leadership experts and the public health practice community, the Turning Point Leadership Development National Excellence Collaborative identified a number of core collaborative leadership capacities in 2001. This National Excellence Collaborative, funded by The Robert Wood Johnson Foundation and made up of
Collaborative Leadership Practices
Clearly, there are a number of critical skills and capacities collaborative leaders should possess. Many of the skills are not necessarily unique to a collaborative form of leadership, and have already been described in the literature and developed into training curricula. The work of the Turning Point Leadership Development National Excellence Collaborative, however, has illustrated six key practices that are unique to the practice of leading a collaborative process. They are:

• **Developing Clarity - Visioning & Mobilizing:** Defining shared values and ‘engaging people in positive action’.

• **Developing Trust & Creating Safety:** Creating safe places for developing shared purpose and action.

• **Sharing Power and Influence:** Developing the synergy of people, organizations, and communities to accomplish goals.

• **Assessing the Environment for Collaboration:** Understanding the context for change before you act.

• **Self Reflection – Personal CQI (Continuous Quality Improvement):** Being aware of and understanding your values, attitudes, and behaviors as they relate to your own leadership style and its impact on others.

• **Developing People – Mentoring and Coaching:** Committing to bringing out the best in others and realizing people are your key asset.

Each of these elements is key to the collaborative process. They are not mutually exclusive but support each other and provide a comprehensive picture of the essential skills of a collaborative leader. Having clarity of values is a quality that characterizes collaborative leaders. Commitment to a cause which exceeds the self, the recognition of a spiritual reality or imperative, ethical, and moral standards that provide guidance- -whatever the source of the inner gyroscope, collaborative leaders seem to exhibit clarity of purpose, often about creating and sustaining a process. “Visioning and mobilizing,” in relation to clarity of values, has to do with a commitment to a process or a way of doing things. Often “mobilizing” refers specifically to helping people develop the confidence to take action and sustain their energies through difficult times. Clarity leads to focus which leads to increased group energy (power). Often, too little time is spent in the process of “informal exploring” to understand the problem, in other words, developing clarity. A shared vision can be inspiring.
The capacity to promote and sustain trust is often overlooked in the collaborative process. Leaders sometimes believe that once individuals or groups are gathered together, then a plan can naturally be made and commitment obtained. If a collaborative leader fails to gain trust among participants, however, their involvement will gradually decline and the best ideas and innovative approaches will not be shared. In this context, the collaboration will have lost its capacity to draw the best ideas from those involved.

**Chart 3.1: What is Leadership Really About?**

Source: Ten3 global internet polls, 1000ventures.com, 1000advices.

**Roles and Areas of Responsibility**

A likely supporter has strong self-interest and deep concern about the issue your group is trying to address. They will also have low risk in joining you. Remember, it is often “leaders” who have little self-interest and high risk (i.e., more to lose) in joining advocacy initiatives. Try to identify grassroots and other organizations with strong ties to the issue. Allies need not be formal organizations. For example, a group focused on passing a clean indoor air ordinance might identify an ally in parents of children with asthma. After the policy is enacted and clear of court hurdles, the work begins to get the new law enforced. For initiatives with powerful opposition, negotiation continues around issues like the timeline for implementing the policy, interpretation of particular clauses, and fitting the new policy in with other staffing priorities. It is important to maintain grassroots involvement throughout this process.
Conclusion

Through the course of this module, we have explored what Leadership, Advocacy and Policy Development entail and how to strategically advance key policy solutions identified by the community. Community members and their allies are considered viable protectors of the community’s interests and should interject their influence by introducing new ideas, encourage transparency and ongoing dialogue between government and local residents. Policy development and community improvement strategies should be derived from two-way communication amongst local residents and elected bodies. It is important to note that to engage in civics and policy advocacy does not require individuals to be expert in all aspects of the process of policy development.

It is vital to the process of advocating effectively for groups to accumulate coalition support that is truly representative of the communities’ interests, and assure that all supporters have strong ties to the goal or vision of the policy issues, as well as collective expertise to advance a policy issue to fruition.
Glossary of Terms

**Advocacy** is public support for, or a recommendation of, a particular cause or policy

**Policy** is a proposed or adopted course or principle of action

**Leadership** is the action of leading a group of people or an organization.

**Local Ordinance** is a law usually found in a municipal code

**Municipal Code** is a law of local application, whose violation is an offense against the city enacting it

**Collaborative** is to work together, especially in a joint intellectual effort

**Coalition** is an alliance for combined action, especially a temporary alliance of political parties forming a government or of states

**Compromise** is an agreement or a settlement of a dispute that is reached by each side making concessions

**Lobby** is seek to influence (a politician or public official) on an issue

**Mandate** is a command or an authorization given by a political electorate to its representative

**Petition** is a formal written document requesting a right or benefit from a person or group in authority

**Solidarity** is a unity or agreement of feeling or action, especially among individuals with a common interest; mutual support within a group

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i THE PRAXIS PROJECT LEARNING CIRCLE SERIES, Effective Policy Advocacy JULY 20-22, 2003 ~ RESIDENTIAL TRAINING Harpers Ferry, WV


iii http://en.wikipedia.org/wiki/Ordinance


v Published by the Michigan Municipal League, July 2004-How to Pass a Local Ordinance in 10 (Relatively) Easy Steps

vi http://www.bornfreeusa.org/b2a2_ordinance.php

vii http://en.wikipedia.org/wiki/Advocacy

viii THE PRAXIS PROJECT LEARNING CIRCLE SERIES, Effective Policy Advocacy JULY 20-22, 2003 ~ RESIDENTIAL TRAINING Harpers Ferry, WV

ix http://en.wikipedia.org/wiki/Advocacy

x http://en.wikipedia.org/wiki/Advocacy

xi http://www.notable-quotes.com/l/leadership_quotes.html

xii Collaborative Leadership Fundamental Concepts Participant’s Guide (Turning Point)
RESIDENT LEADERSHIP ACADEMY

trash in streets
better sidewalks
not enough healthy restaurants

SAFETY

MODULE EIGHT
COMMUNITY IMPROVEMENT PROJECT NEEDS & OPPORTUNITY ASSESSMENT

2009 Traffic Indicator Hot Spots

safer parks
more streetlights
Module 8: Community Improvement Project, Needs and Opportunity Assessment

Objectives
1. To be able to utilize assessment tools to collect data and better define the issue that is the focus of the Community Improvement Project.
2. To be able to organize and analyze data to build a case for action.
3. To identify actions to create forums for presenting information that has been collected to gather support.

Introduction

Addressing Neighborhood Needs and Opportunities through the Use of Public Policies and Ordinances

Shaping public policy is a complex and multifaceted process that involves the interplay of numerous individuals and interest groups competing and collaborating to influence policymakers to act in a particular way. These individuals and groups use a variety of strategies and tools to advance their aims, including advocating their positions publicly, attempting to educate supporters and opponents, and mobilizing allies on a particular issue. In this context, advocacy can be defined as attempting to influence public policy through education, lobbying, or political pressure. When taking public policy, ordinance development and advocacy work to new levels of enforcement and you assure that quality of life improvement strategies are included in it leads to the development of laws, which are adopted by city council and mayors. Both public policies and ordinances have a role in improving communities and both can be used to make significant changes to improve a persistent community problem.

How Do Policies and Ordinances Work Together?

Together, local policy and laws (ordinances) can help bring improvement, safety and resources to a community in high-need. One works as a guide and the other acts as an enforcement handle to ensure that directions are being followed. The major difference between the two is that public policies can be regulatory, distributive, or redistributive. They can provide collective good or private good and can be liberal or conservative. Public policies are not limited to public life, and can be intrusive in some cases. Ordinances, by contrast, are a set of rules or norms of conduct which mandate, prohibit or permit specified relationships among people and organizations, intended to provide methods for ensuring the impartial treatment of such people, and provide punishments of/for those who do not follow the established rules of conduct.
The Socio-Ecological Model of Public Health:  
A Comprehensive Way to Improve Health in All Communities

Prevention strategies should include a continuum of activities that address multiple levels of the model. These activities should be developmentally appropriate and conducted across the lifespan of any campaign. This approach is more likely to sustain prevention efforts over time than any single intervention.

**Individual**
The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse.

**Relationship (or Family)**
The second level includes factors that increase risk because of relationships with peers, intimate partners, and family members. A person’s closest social circle-peers, partners and family members influence their behavior and contribute to their range of experience.

**Community**
The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.

**Societal**
The fourth level looks at the broad societal factors that help create a climate in which health risks are encouraged or prevented. These factors include social and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

It is important to note that public policy is implemented to effect some change in the behavior of a target population and it can normally be assumed that this change will ameliorate some public problem. Therefore, it stands to reason that unless the stipulations of a given policy are actually carried out, the problem will persist.
Community-Based Approaches to Public Policy Development

Policy strategies are initiated for a variety of reasons, and ultimately, are driven by the various perspectives of those that live in and serve target neighborhoods. The policy strategies chosen by specific communities depend almost entirely on the main thrusts of these communities, its fiscal position and political will, which all combine to determine what approaches will be taken to implement effective policies that will improve quality of life, and achieve the goals and outcomes the community desires. What we do know by now is that high-need communities endure daily pressures and challenges which, by and large, are direct offshoots of social and economic conditions in which people live. Again, “place matters!” and although the statistics documenting the rates of disease and the difficulties in obtaining care in American society today are alarming, a lack of access to healthcare accounts for only 10% of total mortality in the United States. Environmental conditions, along with social and economic factors, play a much larger role in predicting the health outcomes of populations. It is becoming increasingly clear that where you live affects your health, and that the health of individuals depends on the neighborhood in which people live. Race, gender, ethnicity, economics and the zip code of residence tell us much more about the key factors that shape negative or positive health behaviors, status and outcomes than does their physiology.

Effective public policy strategies are intended to have a broad-based impact that addresses multi-layered, persistent community problems that stimulate widespread negative impacts and hardships on communities.
**Social Determinants of Health**

Differences in socioeconomic status translate into social *risk factors*, either increasing or decreasing the risk for a disease or premature death, for example for *cardiovascular disease* and *type II diabetes*. These risk factors are transmitted to vulnerable populations through the environments in which they live. Persistently unhealthy conditions are inadequately resolved by current policies and their enforcement in those environments. Some examples of factors that impact daily life for vulnerable populations include:

- Toxins and pollutants, including lead, dirty air and noise. These affect health directly and indirectly in the form of poor cognitive development, resulting in school performance problems.
- Less access to playgrounds, parks, and other safe places to exercise.
- Libraries are scarcer, and so opportunities to read are less plentiful.
- Unstable housing that translates into disruptions in social support and lack of continuity in school attendance.
- Greater consumption of fast food; less access to healthy food. Poor eating habits set the stage for childhood and adult obesity.
- Violence in school and on the street, which exposes children to conflict and anxiety.
- Inadequate and delayed health care, which increases the chance that injuries and illnesses will develop into permanent disabilities.

The strength with which low socioeconomic status translates to poor health outcomes can be impacted by health promotion and disease prevention strategies. Health focused organizations and community leaders/associations can also reduce the negative consequences of low socioeconomic status by targeting the most vulnerable populations, and by addressing environmental conditions in low income neighborhoods. The following pages describe various approaches ("angles") by which health advocates and community leaders may want to address challenges related to the *built environment*, *youth violence*, and *public health* overall, with an ultimate focus on creating healthier community conditions.
Public Health-Focused Policies that Blunt Adverse Consequences

Policies that can ameliorate health risks associated with position on the ladder include ones that govern housing, occupational safety and health, exposure to toxic hazards, the availability of nutritious food and places to exercise and other neighborhood resources. Examples of such policies include:

Environment

• Provide affordable housing
• Tighten zoning to restrict noise and pollution
• Enforce lead abatement ordinances
• Increase traffic safety
• Reduce violence and crime

Cigarettes and Alcohol

• Ban smoking in public areas, subsidize treatment programs for smoking effects and drug and alcohol abuse
• Increase excise taxes (a tax that is measured by the amount of business done) on cigarettes, alcohol and junk food and use proceeds to support public health programs
• Control advertising of tobacco and alcohol products
• Limit the concentration and operating hours of stores selling alcohol

Recreation

• Increase access to recreational facilities through construction support and policies to open up schools and other institutions evenings or weekends

Nutrition

• Ban sale of soft drinks and junk foods in schools
• Modify school lunch programs to improve nutrition
• Provide incentives (e.g., tax breaks or low cost business loans) for green markets and grocery stores that sell fresh produce
Strengthening Public Policy Initiative by Using Qualitative and Quantitative Data

Quantitative and qualitative data sources are fundamental to the execution of successful advocacy campaigns. Without data and information, policy makers are unable to make informed decisions about the implementation of various policy strategies. Policy development almost always involves a logical sequence of events leading up to its execution, full implementation and enforcement — and qualitative and quantitative data are key levers that work to persuade policy makers to move in a certain direction. Below, you will find a brief list of qualitative and quantitative data sources for consideration, as you work to prioritize your policy campaign(s) and develop an effective advocacy platform to improve public health:

Quantitative Data Sources

1. Police Department — Crime Analysis Units identify and analyze crime patterns and trends to develop tactical and strategic information for investigators and patrol officers in order to reduce crime. The crime analysis unit focuses on identifying emerging patterns, which involves the study of long-time trends and chronic problems. This type of analysis is oriented toward helping the agency identify root causes of crime problems and to develop creative problem-solving strategies to reduce crime. The crime analysis unit also provides the police department with crime mapping, data query and statistical reporting capabilities. It will be important to follow-up with your local police department to identify the right contact people in order to gain access to the information you will need.

2. The San Diego Association of Governments (SANDAG)

SANDAG creates and maintains a tremendous quantity of demographic, economic, land use, transportation and criminal justice information about the San Diego region, which includes local and county operated jurisdictions. To get the most out of this source you must expect to take a significant amount of time navigating the website in order to better access the information you want and need amongst so much.
3. Transportation Injury Mapping System (TIMS)

tims.berkeley.edu

TIMS has been established by researchers at the Safe Transportation Research and Education Center (SafeTREC) at the University of California, Berkeley to provide data and mapping analysis tools and information for traffic safety related research, policy and planning.

**UNDERSTANDING COLLISION DATA AND MAPS FROM TIMS**

The tools on TIMS provide a means to access, view and map collision data. It is intended that this site will be used for initial explorations into types of collisions or locations that are of interest to a user. The mapping tools are not meant to provide a complete picture of why collisions occur in a particular location. There are numerous factors that can contribute to a collision and simply viewing collisions on a map cannot give the full story. The following factors should be considered when interpreting your results:

**Exposure**

In traffic safety terms, exposure is usually referring to the volume of traffic at any given location. A higher level of exposure means there is a higher number of motor vehicles, pedestrians or bicyclists on the roadway. The greater exposure typically equates to more collisions in most cases.

For example, an intersection that has 10,000 vehicles crossing through each day compared to an intersection with only 1,000 vehicle crossings will likely have a greater number of collisions over time. Locations near freeway ramps, major corridors, or surrounded by parking lots or retail stores will experience a much higher volume of traffic.

**Site Characteristics**

The physical characteristics of the site and the surrounding area can contribute to collisions. Besides the traffic exposure differences between various locations, there may be visibility concerns. An intersection that has blocked visibility in some way, such as on-street parking up to the curb or poorly trimmed bushes may have more collisions. Hills, curves, traffic speeds, and other roadway characteristics may also be associated with reported collisions.

**Driver/Party Factors**

The actions of the driver or other parties involved in a collision also have a significant impact in most cases. Driving under the influence of alcohol or other drugs, speeding, cell phones and other distractions inside of a vehicle are all frequent causes of collisions. No matter how perfect the physical environment may be, human error often plays a major role.

Road conditions, weather, and numerous other factors could also contribute to collisions. Every collision is a unique incident that must be viewed within the context of these and other types of factors. However, a thorough investigation can identify the important factors and can improve safety. This is the ultimate goal of the site: to empower researchers, law enforcement, transportation and public health professionals, and safety advocates to help reduce traffic collisions, prevent injuries and save lives.
4. San Diego County/Community Health Statistics Unit
www.sdcounty.ca.gov/hhsa/programs/phs/community_health_statistics/

Community Health Statistics Unit provides health statistics that describe health behaviors, diseases and injuries for specific populations, health trends and comparisons to national targets. Community Health Statistics Unit also provides or refers persons to available local, state and national statistics. The purpose of the Community Health Statistics Unit is to meet the data needs of local health professionals, community-based organizations, the general public and County of San Diego staff for community health statistics. Accessing this type of data helps to fortify the case of health impacts to help you state your concerns.

5. Automated Regional Justice Information System (ARJIS)
mapping.arjis.org/CrimeMAPS/

ARJIS was created as a joint powers agency (JPA) to share information among justice agencies throughout San Diego and Imperial Counties, California. ARJIS has evolved into a complex criminal justice enterprise network used by 71 local, state, and federal agencies in the two California counties that border Mexico. The secure ARJISnet intranet integrates more than 6,000 workstations throughout the 4,265 square miles of San Diego County. There are more than 11,000 authorized users generating more than 35,000 transactions daily.

ARJIS is used for tactical analysis, investigations, statistical information, and crime analysis. The ARJIS governance structure promotes data sharing and cooperation at all levels for member agencies, from chiefs to officers to technical staff. ARJIS is now a division of SANDAG (San Diego Association of Governments), which has enhanced opportunities at the federal and state level by providing advocacy services and enhancing funding opportunities. ARJIS is responsible for major public safety initiatives, including wireless access to photos, warrants, and other critical data in the field, crime and sex offender mapping, crime analysis tools evaluation, and an enterprise system of applications that help users solve crimes and identify offenders. All relevant information you access will further drive home your points and give you a better idea of your needs and opportunities.
Qualitative Data Sources

1. **Background on the Use of Photo Voice, Photo Voice Methodology and Participatory Photography**

Since its invention, photography has been used as a tool for social activism. In the 1920 - 30s, photojournalists working within a humanitarian and liberal tradition used their cameras to document the dilemma of marginalized and persecuted groups around the world and publicized their stories to international audiences. More recently, practitioners have sought alternatives to traditional documentary photography. This has led many photographers to work with participatory and collaborative methods where they develop a more involved relationship with their subject; sometimes working with them to create images, sometimes handing over the camera and supporting participants to create their own images. Some of these photographers work independently while others have established organizations to create sustainable structures for the projects they have initiated.  

2. **Observation**

Observation is the activity of a living being (such as a human) receiving knowledge of the outside world through the senses, or the recording of data using scientific instruments. The term may also refer to any data collected during an activity where photographs are taken or the combination thereof to advance a policy goal.

The defining characteristic of observation is that it involves drawing conclusions, as well as building personal views about how to handle similar situations in the future, rather than simply registering that something has happened. However, observation according to Jiddu Krishnamurti does not necessarily imply drawing conclusions and building personal views. Instead, observation is thought of as a continuous process of learning, a timeless process that happens always in real-time. Therefore, observe overtime and document so you can later pull out important themes.

To conclude this section, it is important to note that a combination of qualitative and quantitative resources is critical to employ as community leaders construct and justify their policy goals for increasing health, safety and quality of life in target neighborhoods. These data are viable tools which have worked to empower disenfranchised populations and give them voice in light of achieving key goals and more equitable conditions, despite a growing and ever-changing list of priorities and community issues.
3. Surveys, Interviews and Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Additional strategies for assessing your needs and opportunities is through tools like surveys, interviews and analyses like SWOT.

**SWOT analysis** (alternately SLOT analysis) is a strategic planning method used to evaluate the strengths, weaknesses/limitations, opportunities, and threats involved in a project or in a business venture. It involves specifying the objective of the business venture or project and identifying the internal and external factors that are favorable and unfavorable to achieve that objective. The technique is credited to Albert Humphrey, who led a convention at Stanford University in the 1960s and 1970s using data from Fortune 500 companies.\(^{ix}\)

- **Strengths**: Characteristics of the business, or project team that give it an advantage over others
- **Weaknesses (or Limitations)**: Characteristics that place the team at a disadvantage relative to others
- **Opportunities**: External chances to improve performance (e.g. make greater profits) in the environment
- **Threats**: External elements in the environment that could cause trouble for the business or project

Identification of SWOTs is essential because subsequent steps in the process of planning for achievement of the selected objective may be derived from the SWOTs.

**Surveys** are another valuable tool that also help access important neighborhood information to help you assess the conditions of your neighborhood and parks. Not only do they help document what you observe as you take the assessment but it also gives the opportunity and space to have your recommendations for what you would like to see instead included. When these types of surveys and assessments are compiled from a number of community members it creates a better picture of the needs and opportunities of the community and ultimately becomes a powerful tool for advocating for improvements in your local area.

**Interviews** also have a very important role to gathering key information in the neighborhood. Long-term, short-term and those residents in between have a certain understanding of their neighborhood and historical knowledge that you can’t always acquire from your own research, therefore, it is important for those acquiring information to take the time to do interviews of community members that could have useful information needed for planning and strategizing future improvements.
CONCLUSION

The key elements highlighted in this module (policy tools, data sources, methods of data gathering and prioritization, frameworks for addressing health inequities and disparities, etc.) have been outlined for the purpose of providing the reader with a comprehensive and thorough perspective on the different aspects to consider when developing successful advocacy campaigns. It is important to justify all community change campaigns with the support of authentic community input, evidence-based strategies (with proven outcomes), and the use of reliable data sources (e.g. grassroots, qualitative sources), and careful consideration to political will/social support, to move issues forward for inclusion in the development of solid action plans. Our hope is that these insights draw community leaders closer toward their goals of defining and articulating comprehensive plans to achieve equity in underserved communities, and showcase the power of community voices.
Glossary of Terms

Data are facts and statistics collected together for reference, things known or assumed as facts, making the basis of reasoning or calculation.

Qualitative deals with descriptions, data can be observed but not measured.

Quantitative deals with numbers, data which can be measured.

Observation is either an activity of a living being (such as a human), consisting of receiving knowledge of the outside world through the senses, or the recording of data using scientific instruments.

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vi 1 www.photovoice.org; Examples include Wendy Ewald, Jim Goldberg, Julian Germain

2 Examples include Nancy McGirr (Foto Kids), Zanna Briski (Kids with Cameras), Jim Hubbard (Shooting Back / Venice Arts)


viii http://en.wikipedia.org/wiki/Observation
RESIDENT LEADERSHIP ACADEMY

Outreach

Elected

Collect

organize

Identify

MODULE NINE

COMMUNITY IMPROVEMENT
PROJECT PLANNING & IMPLEMENTATION
Module 9: **Community Improvement Project Planning and Implementation**

**OBJECTIVES**

1. To encourage groups to prioritize their issues for action and select a focus for the Community Improvement Project (CIP)

2. To be able to identify and evaluate potential mechanisms to address the issue and establish a strategic plan appropriate for the selected issue (e.g., citizen patrol, identify a policy)

3. To identify actions to mobilize community stakeholders and decision makers to support the CIP

**INTRODUCTION**

This session is intended to prepare participants to solidify their group infrastructure by focusing special attention on assigning group roles and responsibilities. This initial step is critical to the development and implementation of any effective action plan process. Leading up to this point, we have had numerous discussions about “potential” community goals and activities for improving quality of life in target neighborhoods. It is important to note, however, that a major part of the process outlined in this module is intended to steer and focus our discussions of the past and present toward narrowing our focus to 3 to 5 options which have the highest probability of being achieved.

And while communicating with participants about the necessity of precise planning and the development of a quality, comprehensive action plan are paramount to the success of this process, it also important for participants to re-route our discussions to include a review of the principles and core strategies related to walkability and crime prevention through environmental design (CPTED), to ensure that the proper strategies are employed which advance our collective goals to increase healthy food access, physical activity opportunities and public safety in underserved neighborhoods.

Now, a lot of activities in prevention and public health usually entail a specific focus on achieving infrastructure-related goals and systems improvements which are abstract in nature like implementing public policies, forming high-functioning public-private partnerships and unique collaborations among traditional and non-traditional partners, to improve health. And while these changes are critical overall in facilitating public health and a good quality of life for all populations, we would like to distinguish our efforts from that process – and explicitly state that the goals included in the community improvement project (CIP) action planning (specifically) will focus on achieving visible, tangible, and concrete changes in target communities, as a result of the development of these community-level campaigns.
Establishing Group Roles and Responsibilities

Community Leadership Roles

We learned in Module 2 that community building is fundamental to the action plan development process, and even more so, it is about being prepared with knowledge and information, and having a strong sense of connection and trust among people in your community group, and among those who live in an area. It is a known fact that everybody benefits from a strong sense of community, but if you want to get something done, change something, you will have to focus the energy of the community and that is where the community leadership roles come into play.

The following group roles and responsibilities are listed below for your neighborhood group’s consideration, because solidifying this infrastructure milestone is critical to the process of implementing and executing your community improvement plan:

1. **Group Leader**: A person that represents the interests of the group as a whole

2. **Spokesperson**: A member of the group that communicates with media, elected officials and their staff

3. **Organizer**: A member of the group that shares information in different community circles, and is willing to mobilize neighbors around community issues

4. **Documentation**: A group member that tracks community issues by taking photos, observing community life in neighborhoods, and reporting what they see

5. **Data Collection**: A group member that will find sources of data to substantiate community issues

6. **Community Builder**: A member of the group that will support all activities, events and the completion of tasks related to community issues

“Strong community leadership is built on cohesive groups that point the skills and capacities of their membership toward their strengths. The impact of a group with this fundamental level of sophistication is unstoppable if, in fact, all members understand and can envision what the end results of their work are supposed to be. Transformation is paramount.”

— Community Activist
The Importance of Having a Vision and Focus on Achieving Tangible Results in Underserved Communities

Advocacy and resident leadership are only as effective as the vision that is shared by community members to decision makers, allies and community groups as part of this work. In order to be effective in advancing a community advocacy campaign, it is imperative that the ideas presented are clear, substantiated by data and information (qualitative and/or quantitative), and that the solutions which are offered by the community to improve persistent challenges are clear, concrete and understandable to those who have decision making power. Policy is a long-term focus of our work together with long-term implications, and having these goals in mind moving forward are essential. However, as we plan together it is also effective to have many short-term areas of focus, to achieve critical milestones in your community improvement project action plan.

Walkable Communities and Crime Prevention Through Environmental Design (CPTED)

As you recall from Module 4, the principles of walkable communities and crime prevention through environmental design (CPTED) offer community groups a range of intermediate strategies and focused results that represent short term improvements which can be made to achieve Community Improvement Project milestones and improve neighborhoods conditions in target neighborhoods.
The core elements of a walkable community are very clear and easy to understand. Therefore, it is important to refer to these guideposts (principles) listed below as a reference when group members have an opportunity to suggest changes to ameliorate public problems:

1. **Good Sidewalk Design in Residential and Commercial Areas:**
   - In residential areas, sidewalks should be at least 5’ wide, include a buffer zone of plants and trees, a façade zone between the sidewalks and buildings, and a curb zone that is accessible to persons with disabilities
   - In commercial areas, sidewalks should be at least 8’ wide, include a buffer zone of outdoor seating, lighting or trees and a curb zone that is accessible to elderly populations and persons with disabilities

2. **Creating Safe and Easy Street Crossings**
   - Crosswalks can be painted, decorated and/or textured with brick or concrete for high visibility
   - Crosswalk can also be “raised” to shift a focus to pedestrians among those driving cars
   - Medians can be constructed to shorten the crossing distance for pedestrians and are also useful in slowing traffic
   - Curb extensions or bulb-outs are used to make pedestrians more visible to drivers and shorten crossing distances for pedestrians. Curb extensions also slow cars down at intersections

3. **Use Traffic Calming Methods to Slow Down Cars:**
   - “Road diets” or reducing the number of traffic lanes on a street is an effect means to slowing cars down
   - Construct traffic circles or roundabouts
   - Build islands or curves (chicanes) to narrow roads and slow traffic
   - Construct diagonal parking to create environments for pedestrians to wander, and naturally slow down car traffic speeds

*Note:* Stop signs and speed bumps do **NOT** work. Research has stated that using traffic calming methods for slowing down cars are much more effective when attempting to create pedestrian-friendly environments
4. Good Sidewalk Design in Residential and Commercial Areas:
   • Use public art and sculptures to create interactive and walkable community environments
   • Plant more shade trees along sidewalks
   • Build more seating for pedestrians in communities, so community members can sit and rest at times while walking
   • Keep areas clean and maintained
   • Areas should be well lit at all times
   • Design pedestrian-friendly environments to have key access to water fountains and bathrooms
   • Create community destinations that residents will want to walk to (e.g. community centers, art galleries, recreation centers)

To this end, the framework used for Crime Prevention through Environmental Design or CPTED is also a useful tool for communities to use if they wish to address walkability, safety and quality of life challenges in their community. The core elements of CPTED (1st and 2nd generation) are critical reference points for community leaders who wish to offer solutions to decision makers to alleviate neighborhood problems related to community violence, blight, neighborhood deterioration, social isolation, alcohol use and illicit drug use, to name a few. The following key areas offer clear points of reference for suggesting changes in community design to improve safety:

1st Generation CPTED

1. **Access Control:** Construct clear visible pathways into and out of public areas

2. **Natural Surveillance:** Design public areas so that everyone can look into and survey what happens in public spaces. Trim trees and bushes on occasion to promote visibility and to discourage entrapment areas (e.g. create gathering places, courtyards, build front porches on homes, use lighting effectively)

3. **Territoriality:** Design public spaces with the intent to attract those who you want to frequent target public spaces in communities. These strategies include playgrounds, soccer fields, gazebos, community gardens, and incorporating fitness equipment in parks

4. **Image and Maintenance:** Keep public areas tidy and well maintained, and offer volunteer opportunities for clean-ups and graffiti paint-outs
2nd Generation CPTED

1. **Capacity:** Ensure that community revitalization efforts overall offer a balance of resources in neighborhoods. Too much of any one thing (especially liquor stores and fast food outlets) can yield problems for communities.

2. **Cohesion:** Create opportunities for community dialogue and collective action to discourage isolation and ensure opportunities for social interaction, relationship building among neighborhoods, and solidarity (e.g. neighborhood association meetings, school watch, etc.)

3. **Connectivity:** Ensure ample opportunities for local residents to interface with service organizations, local government, law enforcement and schools officials to stay in constant dialogue about community challenges and opportunities. Community challenges are best addressed together rather than separately.

4. **Culture:** Use public art and cultural activities to create interactive, neighborly and vibrant community environments.

These efforts build strong community identities and solidarity, which are manifested by community festivals and community/public art displays and sculptures. We recognize that you have read about these strategies before, but believe that reviewing these tactics prior to crafting your action plans is proper reinforcement for creating the best, most effective, tangible and comprehensive plans for your community’s benefit.

**Action Plan Elements**

The basic elements to make sure that your action plan covers should begin with a group vision, 3-5 achievable goals/objectives. Then for each goal/objective identify what activities need or should be to be taken, what the timeline will be, who will be responsible for what, how or what funding is available, what the benchmarks and outcomes will be, and what communications and/or media opportunities can be used to help achieve success (refer to glossary for definitions). Action plans can vary from group to group, and ultimately, should be tailored to fit the needs of the community and the leadership group. However, starting with these elements can help assure the odds are in your favor to start off your community improvement project on the right path. (Example Chart 9.1)
Conclusion

In developing your action plan and taking your community’s work to the next level, having clarity in the objectives/goals and vision of the group is very important before going any further. Once these have been established and agreed upon by the group it is ideal to revisit the potential strategy options previously reviewed in past modules as we have done here in revisiting public health strategies that address environmental and social conditions, walkability strategy options and Crime Prevention through Environmental Design (CPTED) concepts and solidifying the roles and responsibilities of the leadership group. Having a clear plan of action and understanding of who should do what will definitely come in handy as you move forward with your community improvement project and achieve a community victory.

The final piece we will look at in the next module will be evaluation and celebration, two pieces that are critical parts of the entire process and sometimes get overlooked in the middle of so much work that needs to get done. However, if taken into account throughout the entire process and keeping it in mind from the beginning, it can be very helpful to learn how to improve where needed and in highlighting what worked well. Celebrating and acknowledging important achievements is also empowering and encourages the work to continue moving forward. Therefore, these are helpful pieces to keep in mind that we will continue to explore.
**GLOSSARY OF TERMS**

**Vision** is a mental image produced by the imagination

**Goal/Objective** is an objective that a person or a system plans or intends to achieve

**Activities** are a major task that must take place in order to fulfill a goal

**Timeline** is a graphical representation of a chronological sequence of events

**Responsibility** is something for which one is responsible; a duty or obligation

**Funding** is financial resources provided to make some project possible

**Benchmarks** are a point of reference for a measurement

**Outcomes** are end results

**Communications/Media** is an activity of conveying meaningful information to media outlets and other targets

**Group Leader** is a person that represents the interests of the group as a whole

**Spokesperson** is a member of the group that communicates with media, elected officials and their staff

**Organizer** is a member of the group that shares information in different community circles, and is willing to mobilize neighbors around community issues

**Documentation** is a group member that tracks community issues by taking photos, observing community life in neighborhoods, and reporting what they see

**Data Collection** is a group member that will find sources of data to substantiate community issues

**Community Builder** is a member of the group that will support all activities, events and the completion of tasks related to community issues

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ii http://www.wholepicturethinking.com/recent-projects


iv National Institute for Crime Prevention (NICP), CPTED Overview and Strategies

v Neighborhood Revitalization Strategy Area Eastside Oceanside Appendices 06-10, p.11
RESIDENT LEADERSHIP ACADEMY

MODULE TEN
COMMUNITY IMPROVEMENT PROJECT EVALUATION & CELEBRATION
Module 10: Community Improvement Project, Evaluation and Celebration

OBJECTIVES

1. To understand how to assess, document and implement the effect of your Community Improvement Project (e.g., pre/post survey, before-after photos, identify meaningful measures of change created)

2. To understand the value of community celebration as a way to recognize achievements and stimulate future community action

3. To describe the issues, the implementation steps, evaluation strategies, and to build celebrations associated with a successful CIP

INTRODUCTION

At this juncture, your community group should be further along in completing and refining its action plan for implementation of its CIP, which has been designed to benefit your respective neighborhood(s). A critical step in completing the action plan development process is for community groups to have an evaluation plan. In this session, we will describe what evaluation is and the models of evaluation that will be applied to this project as a means of determining the overall impact and effect of the Resident Leadership Academy project in the target communities.

When it comes to evaluation, community groups should be aware that it is more or less a business methodology that is utilized to determine whether or not a project is designed well enough to try it again in the future. Evaluation, relative to Resident Leadership Academy curriculum and the CIP, will be the process of determining whether or not this project has value and whether it did what it was intended to do, and had the proper design necessary to impact and address community health needs at the neighborhood level. Clearly, understanding the basis of the existence of evaluation can be intimidating. It is a fact that the studies and reports about this process will ultimately determine its fate, and where resources will be allocated in the future.

The bottom line is that it is ultimately up to community groups, its members, and its supporters to determine its own worth and the impact of this investment to the public, if it desires for efforts to continue to go on. Hence, if community groups are not able to do this successfully and demonstrate impact, then its efforts run the risk
of becoming obsolete, and this is just a reality that exists in all facets of our daily lives, correct? So why should we assume that these theories are not applicable in the case of the Resident Leadership Academy project?

Again, stated plainly, community group members must be able to identify for themselves throughout the process of implementing the CIP what the key milestones, short term and immediate changes and long-range impacts of the project are. And in doing so, participants will be able to demonstrate capacity and impact to the general public, and how its efforts ultimately have yielded long-term benefits to the community-at-large.

In this session, community groups will learn the necessary skills, tools, and tactics to demonstrate the value of their projects, so the general public knows, appreciates and understands its contributions toward enhancing the quality of life in target neighborhoods. Ultimately, this session will close with some discussion about creative ways to celebrate and share about impacts and successes of the project with key community stakeholders, informal leaders, the media and your neighbors, friends and family to increase general awareness and to build support systems and alliances to achieve the goals of your project – we call these “smart (strategic) celebrations.”

“If you want to move people, it has to be toward a vision that is positive for them that taps important values, that gets them something they desire, and it has to be presented in a compelling way that they feel inspired to follow.”

– Martin Luther King Jr.

**WHAT IS EVALUATION?**

*Definition*

Evaluation is the analysis and comparison of actual progress vs. prior plans, oriented toward improving plans for future implementation. It is part of a continuing management process consisting of planning, implementation, and evaluation; ideally with each following the other in a continuous cycle until successful completion of the activity. Evaluation is the process of determining the worth or value of something.
Function
Here are some functions of evaluation:

- Answers the question “How well did we do?” (Qualitative evaluation)
- Answers the question “How much did we do?” (Quantitative evaluation)
- Answers the question “Did we do what we said we would do?” (Qualitative evaluation)
- Answers the question “How big was the impact?” (Qualitative evaluation)

So What is the Difference Between a Formative Evaluation (Learner Assessment) and Summative Evaluation?

Although both might look at the same data, a Learner Assessment generally looks at how an individual learner performed on a learning task. It assesses a student’s learning -- hence the name Learner Assessment. For example, you might assess an entire class of students, but you are to assess them individually to see how each did.

A Summative Evaluation, on the other hand, looks at more than one learner’s performance to see how well a group did on a learning task that utilized specific learning materials and methods. By looking at the group, the instructional designer can evaluate the learning materials and learning process -- hence the name Summative Evaluation. For example, here you may find that, as a group, all of the students did well on Section A of some instructional materials, but didn’t do so well on Section B. That would indicate that the designer should go back and look at the design or delivery of Section B.
Why Should We Evaluate the Impact of Community Projects?

There are many good reasons for a community group to evaluate its efforts. When done properly, evaluation can improve efforts to promote health and development at any level -- from a small local nonprofit group to a statewide or even national effort. Evaluation offers the following advantages for groups of almost any size:

- Collecting information about how things are done and the results help us understand how community initiatives develop and offering lessons other groups can profit from.

- Providing ongoing feedback can improve community work by encouraging continuous adjustments of programs, policies, and other interventions.

- By involving community members, people who haven’t had a voice may gain the opportunity to better understand and improve local efforts.

- Finally, evaluation can help hold groups accountable to the community and to the grant makers who provide funding. Conversely, it can also help hold grant makers to be more accountable to the communities that they serve.

Logic Model for Community Evaluation

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Chart 10.1: The Community Initiative as a Catalyst for Change
SAMPLE EVALUATION PLAN FOR A CIP  
(DEVELOPED BY SAN DIEGO STATE UNIVERSITY FOUNDATION)

Resident Leadership Academy

The Resident Leadership Academy (RLA) is designed to train and educate participants on leadership practices and skills with an emphasis on community planning principles and environmental prevention strategies in order to create safe, healthy and livable communities within San Diego County. RLAs will include Latino immigrants, youths, seniors, refugees, and faith-based groups.

CIP Objectives: Develop and submit the RLA curriculum; develop and submit two RLA Training Manuals: a Trainer Manual and a Trainee Manual; and develop and submit sustainability plan to continue and/or expand the RLA.

Evaluation Plan Overview

1. Participant knowledge (RLA Survey)
2. RLA training effectiveness and satisfaction (Focus Groups)
3. Community Improvement Project (CIP) effectiveness (CIP plans and Photo Essays)

Evaluation Questions

1. Has RLA participation increased the knowledge and self-efficacy of residents’ leadership skills and practices?
2. Were the RLAs able to create viable Community Improvement Projects?
3. Were the RLAs able to achieve the CIPs? (CIPs Documents and Photo Project)?

Target Population

1. RLA participants
Data Collection Methods

1. RLA SURVEY
   - **Process**
     Residents will be invited to attend a follow-up session after completing ten sessions of the RLA. During the follow-up session, residents will be given a retrospective post survey assessing their knowledge of leadership, community planning principles, and environmental prevention strategies.
   - **Analysis Plan**
     Quantitative data will be analyzed with basic frequencies and percentages.

2. FOCUS GROUP
   - **Process**
     During the follow-up session described above, participants will also be asked to participate in a focus group to discuss training effectiveness, level of satisfaction with the training, and ways to improve the training.
   - **Analysis Plan**
     Focus groups will consist of qualitative data, which will be transcribed and undergo content analysis.
   - **Analysis Plan**
     A content analysis of photos will be conducted throughout the RLA process. During the photo debrief, the facilitator will present the preliminary analysis to the participants. Through the photo debriefing process, participants will work with the facilitator to finalize the analysis and choose photos for the photo essay.

3. PARTICIPANT CHECK-IN
   - **Process**
     At the beginning of each RLA session, facilitators will ask participants to review what they have learned in the previous session, what they liked, and what they want more information on. Facilitators will record the check-ins and forward the recording to the SDSU/IPH. Check-ins will be transcribed.
   - **Analysis Plan**
     Check-ins will consist of qualitative data and will undergo a qualitative analysis.
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Motivation for Community Groups to Define Their Own Success

Proving the impact and results of prevention-focused community activities is a very tall order and extremely challenging, but not impossible. First and foremost, community groups must act upon strategies that are evidence-based and proven through sound research. Previous modules in this curriculum have highlighted several evidenced-based strategies such as the socio-ecological model of public health (environmental prevention), walkable communities and crime prevention through environmental design, respectively, and we encourage community groups to stick to what works.

Beyond this, however, we encourage community groups to rely less on the scientific aspects of measuring its success (e.g. spatial impacts of prevention work and tracking or counting the numbers of policies passed to improve health in communities), which is the duty of evaluators. But rather, we would like to encourage community groups to appeal to their practical side when evaluating the results or impacts of their work by simply capturing proof of changes through photographs (before and after) and utilizing video documentation (e.g. testimonials, volunteer service activities) to demonstrate improved leadership capacity among resident leaders and a stronger sense of community and neighborliness, etc., to demonstrate the transformative results of community change and primary prevention-focused projects.

Hence, it is important for the reader to note that cameras and video equipment of all types are the practical evaluation tools of the future that will promote and display the evidence of change that those of us in the field of prevention has always desired. Furthermore, it is the use of these same practical tools (cameras and video equipment) which can also be used to stimulate new conversations about effectively addressing persistent community challenges which have had detrimental impacts in underserved neighborhoods. Successful community efforts in prevention are also characterized by the elements listed in the slide below.

Key Elements of Effective Community Health Initiatives

- Multi-level interventions including environmental and policy change
- A geographic, place-based focus
- Multi-sectorial collaboration
- Community engagement
- Leveraging the assets and strengths of communities and our own organization
- Long-term partnerships (7-10 years)
- A focus on addressing health inequities and disparities
- Evaluation and evidence-informed public health
Consequently, a combination of all of these factors or elements working in unison and in concert toward the same ultimate goal of improving community quality of life guides us in achieving desired results.

**Celebrating Success: Why Should We? And How Do Community Groups Go About Doing So?**

In developing your action plan and taking your community’s work to the next level, now that groups are empowered and edified with new knowledgeable and “armed” with an action plan to change their communities for the better, we encourage these groups to sustain their efforts and build momentum for these causes and move forward by planning a series of community launch events for the public to attend, which will also work to advance the policy goals outlined in their respective CIPs.

This writing team would like to refer to these launch events as “smart celebrations” because “going public” in any way with authentic community leadership at the forefront serves as a key mechanism and political platform for advancing any social cause. These “smart celebrations” should be characterized by attracting the participation of a distinctive mix of stakeholder groups to learn about the groups’ action planning process and its plans to improve their neighborhood. Successful community launch events will attract the participation of media, local youth and families, government representatives, elected officials, community-based organizations, and philanthropic organizations – no stone should be left unturned. “Smart celebrations” are also characterized by demonstrative community leadership with supporting community-based organizations taking a participatory role in the celebration itself. Furthermore, the messages that are conveyed to the public are simple, clear and highly specific and community leaders should be empowered to share about the communities’ issues and offer potential solutions with relative ease among the stakeholder representatives that attend the celebration. Community leaders through the RLA are people just like everyone else who should feel empowered to speak their mind, and share what is important to them, because their commitment through this process represents their genuine desire to achieve positive changes in their neighborhoods.
CONCLUSION

Evaluation and celebration are two pieces of the overall community work that are critical parts of the entire process which sometimes gets overlooked. However, if taken into account throughout the entire process and keeping it in mind from the beginning, it can be very helpful to learn how to improve where needed and in highlighting what worked well. Celebrating and acknowledging important achievements is also empowering and encourages the work to continue moving forward.
GLOSSARY OF TERMS

Vision is a mental image produced by the imagination

Evaluation is to examine and judge carefully; appraise

Celebration is to observe (a day or event) with ceremonies of respect, festivity, or rejoicing

Formative Evaluation is done with a small group of people (learners) to “test run” various aspects of instructional materials

Summative Evaluation is a summative evaluation is a method of judging the worth of a program at the end of the program activities. Summative evaluation is typically quantitative, using numeric scores/letter grades to assess learner achievement


http://ctb.ku.edu/en/tablecontents/sub_section_main_1007.aspx

iv Developed by Amy Pan of San Diego State University Foundation for the Communities Putting Prevention to Work, HealthyWorksSM project, 2011.
