COMMUNITY HEALTH COUNCILS

Health as a City of Los Angeles General Plan Policy

Exploring a City Planning Tool to Promote Healthy Communities

Gwendolyn Flynn / Lark Galloway-Gilliam / Ellesse Akré

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"Inactivity, depression and less community have not happened to us. We have legislated, subsidized and planned it this way." (Howard Frumkin; Urban Sprawl and Public Health.) Today, planning and zoning decisions in cities such as Los Angeles fail to address the impact of development and design on the health of the community. The cost to the public goes beyond the rising cost of healthcare, but impacts the economic vitality, safety and quality of life in neighborhoods across the City. This paper sets forth the rationale and road map for city officials to meet the commitment for creating "healthy communities" through the General Plan.

Introduction

A concern for the health and safety of the public led to the development of US zoning, planning systems and building codes. California's general plans address issues such as fire, pollution, noise, housing, transportation, water supply and sewage capacity. Standards for healthy food access, active living, access to health services and other health issues directly related to the built environment are often absent. However, a growing body of research points to the relationship between public health and planning, the "built environment" and population health outcomes, and the role cities can play in improving the health of communities. This is illustrated further through a closer examination of the disparities in the health and health resources of communities in the City of Los Angeles.

A Los Angeles County Department of Public Health study analyzed life expectancy at the city and community levels with populations greater than 15,000. The City of Los Angeles was divided by city council district and represented 15 of the 103 communities examined. The study indicated that average life expectancy at birth in LA County is 80.3 years; the city of La Canada Flintridge leads the county in life expectancy with 87.8 years.

Table 1
Life Expectancy by LA City Council District (2006)

Area	Life Expectancy at Birth (Years)	Ranking (n= 103)	Quartile
Los Angeles County	80.3		
Council District 5	83.6	13	1
Council District 11	83.2	19	1
Council District 4	82.6	25	1
Council District 3	81.8	31	2
Council District 13	81.8	32	2
Council District 12	81.2	38	2
Council District 1	80.9	44	2
Council District 14	80.7	56	3
Council District 6	80.3	63	3
Council District 7	79.9	70	3
Council District 2	79.7	71	3
Council District 10	79.1	81	4
Council District 15	77.9	91	4
Council District 9	77.0	96	4
Council District 8	75.2	102	4

Source: "Life Expectancy in Los Angeles County: How Long Do We Live and Why"; Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology – July 2010.

Statistically significant variations and disparities across the City of Los Angeles and in comparison to other regions of the county are apparent. None of the City Council areas fell within the top ten in life expectancy. Only three (Council Districts 4, 5, 11) were ranked among the top 25 for life expectancy. Council Districts 1, 3, 12 and 13 fell within the second quartile (26^{th} – 51^{st}) with the remaining 53% of the City Council districts falling in the 3^{rd} and 4^{th} quartile. District 8 has the lowest life expectancy (75.2 years) or 5.1 years less than the overall county average life expectancy. These data represent the cumulative effect of higher rates of obesity, heart disease, cancer, diabetes, and asthma that plague the South LA region of Los Angeles. Studies have also shown that the inequity in life expectancy reflects inequities in the built environment. Those city council districts ranking within the bottom quartile have

fewer full-service grocery stores, less acreage of parks or open space, a higher density of liquor stores and hazardous sites (see Appendix - Table 2). Specifically,

- The industrial-zoned land in South LA City planning areas is three times the area of West LA and slightly less than the overall city.
- The ratio of DTSC sites per 100,000 population in South LA (5.45) is almost twice the rate of West LA (3.23 per 100,000).
- There are 8.51 liquor retail stores per square mile in South LA, nearly four times the 1.97 per square mile in West LA and the 1.56 available in LA County overall.
- Fewer markets serve more people in South Los Angeles: 5,957 persons per store in South LA vs. 3,763 persons per store in West LA. [1]

This disparity has contributed to higher rates of childhood obesity and deaths due to heart disease and diabetes (see Appendix – Table 3). The inequity in access to health-promoting resources and over-concentration of health hazards in any given geographic area are in part attributed to the lack of public policy, design standards or the inclusion of "community health" as one of the key areas of responsibility and therefore policy for local cities. With the exception of three cities, counties in California are formally charged with public health responsibilities by the state. However, the courts have repeatedly protected the power and authority of local governments to develop policies that promote the public's "health, safety, and general welfare."

The dramatic increase in obesity rates across the country and growing concerns for air quality have fueled the public's demand for more effective and comprehensive transportation planning. Childhood obesity rates and lack of physical activity have brought into focus the scarcity of public parks and open space in some communities. The USDA's identification of food deserts has created increased demand for better access to healthy food. However, state law requires that all local public land-use policies be based on the principles and goals of the general plan: Zoning ordinances, subdivision and parcel map approvals must be consistent with the general plan. In the absence of policy requiring consideration of the health impact of developments and design standards, the health of a community will continue to be defined by the nature and extent of public and private investment. It is imperative that the City of Los Angeles update its General Plan to include health and provide policy guidance for the identification and maintenance of health related environmental resources through the updating of the individual Community Plans.

Current City of Los Angeles Practices

The Los Angeles City Planning Department's mission is to "honor our heritage and shape our future by partnering with all Angelenos to transform Los Angeles into a collection of distinctive, healthy and, sustainable neighborhoods."[2] However, there are few references to "healthy neighborhoods" in the general plan to support this commitment to Los Angeles residents. The City Council adopted the current general plan for the City of Los Angeles on December 11, 1996 and re-adopted it on August 8, 2001. The Citywide General Plan Framework is based primarily on a directed growth strategy that targets residential and commercial growth along boulevards and corridors, and seeks to cluster new development around high activity centers and transit opportunities. The City's general plan includes the seven state-mandated topics except Land Use, which are addressed through the policies and standards for 35 individual geographically-based community plans. As optional elements, the City has adopted Air Quality and Service Systems Elements and plans to expand the framework to include Historic

Preservation. The current elements are therefore: Air Quality, Conservation, Housing, Noise, Open Space, Service System-Park Recreation, Safety and Transportation.

The general plan framework is driven by population and economic growth considerations. A strong commitment to aesthetics, compatibility and preservation of the existing character of communities is expressed throughout the plan. While there are several references to "quality of life," there are a limited number of explicit and tangentially related goals, objectives and policies and standards pertaining to population or public health. Health is primarily expressed through a safety lens. For example, the plan speaks to standards for emergency medical services based on the City's transport function and the location of fire stations but fails to address access and capacity for hospital-based services including emergency room access. There are isolated examples of health-related goals. The Open Space element includes a goal "to ensure the preservation and conservation of sufficient open space to serve the recreational, environmental, health, and safety needs of the city"[3] and provides a standard for the acres of park based on a population ratio. The Transportation element provides the strongest reference to health through its focus and prioritization of pedestrian safety, increased walkability and designated bikeways throughout the City.[4]

The City has also begun to take additional incremental steps to address the disparity in health and health-promoting resources in specific communities. This has included a specific plan for the conditional use approval for the off-site sale of alcohol beverages (1997) and the recently adopted footnote to the general plan placing a distance restriction on stand-alone fast-food restaurants in three community plan areas. What is missing is a more comprehensive approach with concrete, measurable objectives promoting health through design and zoning at the community plan level.

Practices in Other Locations

An increasing number of jurisdictions in California are moving towards health-related General Plans. Each city created or integrated a health element that met its specific needs. The city of Anderson, California, in Shasta County created a health and safety element that includes a public health component promoting physical activity through mixed-use and infill development, and access to parks and recreational trails. Benicia in Solano County created a community health and safety element that establishes health as a community priority, setting goals for community participation, access to health services, substance abuse, crime prevention, water and air quality, hazards, emergency response, and noise. Chula Vista incorporated access to healthy food, walkability, pedestrian and bicycle safety, and job-housing balance into their land use and transportation element.[5]

Three cities—Chino, Richmond, and South Gate—have created stand-alone health elements. The city of Richmond was the first city in California to add a stand-alone health element in 2008. The City created its Community Health and Wellness element to address prevalent community health issues including nutrition, physical health and wellness.[6] Through its Community Health and Wellness Element, Richmond sought to ensure its vitality by addressing the many public health issues that burden its residents including: poverty, poor proximity to recreational facilities and greens spaces, poor food security, high incidences of crime, difficulty accessing health facilities and poor public transportation.[7] The health element addresses prevalent community health issues including nutrition, physical health and wellness.[8] In 2008, Chino updated its general plan to include a Healthy Chino element. The element includes policies and goals that were created to ensure that residents live in a healthy and safe environment addressing physical activity, nutrition, and civic engagement.[9] The city of South Gate's Healthy Community Element addresses the intersections of health and planning by incorporating

transportation and active living, access to nutritious foods, access to healthcare, mental health, and social capital and clean air. The policies adopted range from being explicit about the health benefits to simply providing health context to clarify the rational and purpose.

Approach

The City of Los Angeles has an opportunity to develop a comprehensive strategy for improving the health of communities beginning with the general plan and community plans as they are updated. Cities across the country are providing leadership and adopting very specific and measureable health-related objectives in response to growing concerns for the health of communities. The process should begin with a review and development of recommendations for updating the general plan conducted by the City Planning Department in collaboration with the LA County Department of Public Health and other key agencies and community stakeholders to:

1. Determine the appropriate vehicle (stand-alone element, incorporate within existing elements or a combination of both) for advancing a policy agenda, goals and objectives to ensure development that supports community health
2. Establish goals, objectives, policies, and design standards to promote and ensure the health of communities throughout the City
3. Develop a concrete implementation plan and benchmarks to measure progress towards improving health for the individual and the collective community
4. Identify the resource needed to ensure on-going capacity within the City Planning Department for data collection and the assessment of the resource environment.

The review should include:

- A broad stakeholder process with significant community input and participation in the development of the overarching goals, objectives and policies
- A "cross-walk" and thorough assessment of relevance and responsiveness of existing policies and standards within the City's current general plan and community plans to the proposed health goals and objectives
- A comprehensive literature review of current research on land-use planning and community design and their impact on health
- Research and identification of any and all applicable state and federal regulations and performance standards
- An environmental scan of strategies, programs and best practices including multi-sectorial collaborative initiatives to improve health through the built environment
- A baseline study and mapping of key public health data (morbidity, mortality rates, behavioral risk factors, perspective on characteristics of built environment) by community plan area or appropriate level
- A baseline inventory and mapping of healthcare resources (hospitals, community clinics, school-based clinics, pharmacies, etc.), key health promoting resources (parks, schools, community gardens, grocery stores, emergency food assistance) and resources poising a potential risk to health (fast-food restaurants, DTSC sites, heavy industrial zones)
- Development of urban design policies, standards and measurements to be included in the land use element/ community plans currently under review

- A survey and assessment of the relevancy of existing programs' planning efforts and design standards of other city and county public agencies for possible inclusion.

The review must provide a baseline assessment documenting existing health conditions at the Community Plan level. This will serve as the foundation for developing goals, objectives, policies and programs specific to Los Angeles's needs. The review must examine primary causes of death and clusters of high incidence rates or mortality and morbidity in specific neighborhoods and other patterns should be documented. Rates of child, youth, and adult obesity should be reported. The overall level of physical activity and differences across neighborhoods should be determined. Socioeconomic status (SES) is an indicator of health, and SES and the job-housing balance (the ratio of jobs to housing in the community) should be included.

The inventory of health-related resources and systems must be based on a broad understanding of the relationship between the built environment and health. The proximity of parks, open space, and recreation facilities to residential and commercials areas and variations among neighborhoods should be reported in the assessment. Mixed land use and residents' ability to access retail, daily services (e.g. grocery stores, post offices) should also be reported. The review should report on the City's nutrition resources. Research questions should be designed to determine what stores are offering healthy foods, how accessible they are to different communities, and if they accept EBT cards. The total number of fast-food and convenience stores should be documented and compared to the number of grocery stores and produce vendors in a geographic region. Vulnerable populations must be identified as well as their geographic distribution and ability to access medical facilities. Variances and trends should be reported.

Transportation has implications for the health of a community. It is essential that the review assess the walkability of the City and variations that exist throughout. Additionally, the average commute of residents, the rates of driving, walking, biking, and public transit and the variations between neighborhoods need to be included in the study's research parameters. Traffic injuries and fatalities should also be studied and documented.

The review should explore rates of asthma and other respiratory ailments and identify areas of concentration among communities. It should also document which neighborhoods are located within close proximity to major roadways, heavy industrial use areas, and warehouse/distribution areas. Air quality and exposure to toxic contaminants for households and offices should be ascertained and reported.

Lastly issues of mental health and social capital should be investigated in this review of the general plan. Rates of depression and mental illness and variations among neighborhoods and SES should be reported. Crime rates and areas of concentration should be identified in order to address issues of community safety. Embedded in the review should be an efficiency examination and comparisons between case-by-case health impact planning decisions, and decisions made with health as a featured element. Additionally, isolating geographic regions of poverty and community participation in voting and the city planning process are essential to a comprehensive review of health as policy in the Los Angeles General Plan.

In developing standards and measurements, the City should make every effort to go beyond traditional planning topics and standards to include innovation that will ensure relevancy over time. Within the traditional topics, consideration should be given to the growing body of research and design concepts (e.g. "complete streets"). Innovative topics should include healthcare and prevention, healthy

food access and the environment. The review should also provide for the development and/or use of quantifiable objectives, standards and measurements that clarify the intent for future development. Examples include policies and design standards that:

- Increase the percentage of residents who walk or bike
- Reduce the community's per capita vehicle miles traveled
- Lower the retail food environments index in a given neighborhood (number of fast-food outlets and convenience stores divided by the number of supermarkets, produce stores and farmers markets)
- Reduce the land-use dissimilarity index (a ratio of land uses in a given neighborhood compared with those of the whole community)
- Decrease the food balance score for a given neighborhood (the distance to the closest grocer divided by the distance to the closest fast-food restaurant)
- Pursue a quarter-mile or five-minute walk maximum between residential and commercial sites and transit stops.

The review should engage planners, developers, other city agencies, the County Public Health Department, regional environmental agencies, environmental groups, public health advocates, academic researchers and community-based organizations through the formation of an advisory council and workgroups to guide and support various aspects of the study. The advisory council would also be responsible for ensuring that the health policies are consistent with existing elements, as well as analyzing the implications it will have on regional plans.

This review of the general plan would require a collaborative effort of public health agencies, the Planning Commission and community members. State law (Government code section 65351)[10] specifies that the planning agency must provide opportunities for citizens, public agencies, and other community groups to be involved in the preparation or amendment of the general plan through public hearing and any other means the City or County finds appropriate.

Conclusion

There is increasing public focus, research and policy development linking the health of communities and overall public health to the built environment. City zoning, design and land use policy represent significant tools for improving the health of communities. It is in the best interests of the City of Los Angeles to be forward thinking in its approach to planning to maintain its status as a thriving, economically-vibrant California city and the second largest city in the country. Los Angeles must create a physical environment that meets the health needs of its residents while addressing practical land use decisions. Conducting a collaborative, comprehensive review leading to concrete recommendations to incorporate health in the general plan is a first step towards effective and efficient city planning to improve the City's vitality and quality of life. These recommendations should lead to the updating of the general plan and incorporation of the policies and standards within individual community plans as they are updated.

There is a great deal of public funding to support such an undertaking. The City of Los Angeles should partner with the LA County Department of Public Health and community stakeholders to leverage and pursue federal funding through the federal stimulus fund ("Communities Putting Prevention to Work"), upcoming programs such as the Community Transformation Grants to be released in accordance with the passage of the federal Affordable Care Act and other public and private investments for building healthy communities.

APPENDIX

Table 2: Built Environment

Indicator	LA County	South Los Angeles	West Los Angeles
Liquor retail stores per sq. mi.[11]	1.56	8.51	1.97
Supermarkets (44,000+ sq. ft.) per sq. mi.	.005	.10	.14
Acres of green space/recreation areas per 1,000 population[12]	97.2	1.2	70.1
Hospital bed supply per 1,000 population (averaged)	1.23	.68	1.83
Number of toxic waste (DTSC) sites per 100,000 population[13]	5.82	5.45	3.23

Table 3: Health Outcomes – South Los Angeles

Condition	2003	2009
Obesity/Overweight Children	25.6%	28.9%
Adult Obesity	35.0%	38.0%
Adult Diabetes	9.2%	12.3%

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