



BUILDING HEALTH INTO SAN MATEO COUNTY CITIES

Resources and Case Studies, Winter 2010



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Introduction

BUILDING HEALTH INTO SAN MATEO COUNTY CITIES

There is growing recognition across San Mateo County that our environments profoundly shape our health and quality of life. In 2004, the San Mateo County Blueprint for the Prevention of Childhood Obesity, developed with the input of over 350 community members, included “improving place” as a key strategy in its prevention framework. In 2006, the San Mateo County Board of Supervisors adopted a Healthy Communities Resolution, highlighting their commitment to healthy people through healthy places. In 2009, Behavioral Health and Recovery Services released a prevention framework highlighting place as a key prevention strategy. Many of the planning and land-use decisions that add to, or detract from, the health of residents are determined city by city, and in the next few years, cities throughout San Mateo County have a timely opportunity to improve the health of residents as they update nearly 15 general plans and engage in multi-city planning efforts.

Many health and planning resources currently available to cities are general resources, yet these planning processes and collaborative opportunities are very local. Therefore, it is important that we consider the diversity within San Mateo County, where cities range in size, density, topography, and general sense of community.

This document highlights local tools developed or adapted by the San Mateo County Health System, in collaboration with San Mateo County cities and other County agencies, and provides recommendations for how to include health from the beginning of planning processes. Finally, the document includes a short inventory of current (December, 2009) local entities engaged in health and planning assessment or policy development, who can serve as a local peer group. Many of the planning and land use decisions prioritizing health are well aligned with the green movement, with measures of sustainability and with national movements for active transportation. Regardless of the lens, the outcomes of these efforts are complementary.



San Mateo County

SAN MATEO COUNTY- SPECIFIC APPLICATION

Recently, the San Mateo County Planning and Building Department issued a Request for Proposal (RFP) to develop a station area community plan for unincorporated North Fair Oaks. The RFP asked respondents to discuss how they would include health considerations and improve health outcomes through the planning process. Every proposal included a health element.

RESOURCES

- **American Planning Association — Policy Guide on Community and Regional Food Planning**
www.planning.org/policy/guides/adopted/food.htm
- **California Center for Physical Activity — Local Public Health and Built Environment**
www.caphysicalactivity.org/lphbe.html
- **Local Government Commission**
http://lgc.org/freepub/community_design/index.html
- **Public Health Institute**
www.phi.org
- **Public Health Law and Policy — Planning for Healthy Places**
www.phlpnet.org

Local Tools and Resources

SHAPING THE RFP, INTERVIEW AND SOW PROCESS

Most city and county planning departments follow similar processes for selecting consultants, and almost all needs assessments, community engagement processes and policy plan development — including the general plan — involve consultant expertise.

This process includes:

- 1) Issuing a Request for Proposal;
- 2) Interviewing respondents; and
- 3) Writing a Scope of Work prior to signing a contract.

Here's how you can include health as a consideration throughout this process.

ISSUING A REQUEST FOR PROPOSAL (RFP)

Highlighting health in the RFP can be valuable for several reasons:

- It requires the RFP writers (usually city or county staff) to focus on the health issues important to their cities and to begin to build partnerships to address these issues.
- It sets the expectation with all RFP respondents that health is a critical consideration for their cities (or the county) — as important as the other areas typically highlighted — such as housing, transportation, infrastructure and

economic development. Therefore, health should be considered throughout all stages of the planning process: analyzing existing conditions, conducting community engagement, drafting elements and policies, etc.

- It encourages RFP respondents to include the cost of integrating health considerations into their responses to mitigate added or unanticipated costs late in the planning process.
- It allows primary RFP respondents to seek outside expertise through subcontractors if they are not familiar with how to integrate and include health considerations. This is similar to the kind of expertise primary respondents might seek for specific economic analysis, transportation infrastructure planning, or special environmental considerations — for beachfront towns, towns with significant protected animal species, toxic sites, etc.

Health planning information is so readily available that asking how community plans will specifically address health will not deter responders. In fact, the Health System has heard from consultants working on plans in San Mateo County that they are excited to be part of the growing effort to address community concerns. Including a list of resources in your RFP will point respondents in the right direction (see sidebar).

STARTING EARLY: RFP, INTERVIEW AND SCOPE OF WORK GUIDE

REQUEST FOR PROPOSAL DOCUMENT

1

Purpose of the Plan

- The purpose of the plan is to address the future needs of a growing older adult population by ensuring appropriate infrastructure for healthy aging and longevity.
- The purpose of the plan is to improve the health of our residents by making active and safe lifestyles easy.
- The purpose of the plan is to reduce the chronic disease burden of residents by making active and safe lifestyles more attainable.
- The purpose of the plan is to offer active and healthy activities for youth.

2

Existing Conditions Analysis

The draft Existing Conditions Report (ECR) addresses environmental quality, accessibility and complete neighborhoods; public transit and safe, active mobility options; access to recreation and open space; safe neighborhoods and public spaces; access to healthy foods; access to decent and affordable housing; access to economic opportunity; access to medical services and substance abuse prevention.

_____ will conduct existing conditions analysis that will include narrative, mapping, and tabular data to present an overall understanding of land use, urban design, transportation and transit, infrastructure, community facilities, housing, health and site design issues and opportunities specific to the project area.

_____ will collaborate with the Health System to determine which topics should be addressed in the health assessment, what data should be collected and what methods and metrics should be used for analysis.

_____ will complete a walkability assessment that will develop and apply pedestrian compatibility measures and environmental factors. The measures will combine factors such as motor vehicle traffic volume and speeds, lane and sidewalk width, pavement quality, and pedestrian amenities into an index of overall travel suitability.

_____ will prepare a multi-modal circulation plan for the area that will identify vehicular, pedestrian, bicycle, transit routes and intermodal facilities. The plan will also highlight needed improvements appropriate for each route's designation; which will be prioritized through a community engagement process. The plan will address streets that lack adequate pedestrian facilities and/or fail to meet accessibility requirements. Prioritizing primary pedestrian routes to include new pedestrian facilities will be an important outcome of the multi-modal circulation plan.



San Mateo Caltrain station

3

Required Elements

- The plan is intended to include, at a minimum, a health element. The plan must address the integration of health concerns into land use decisions to promote health for all residents. Examples include improving opportunities for everyday physical activity, increasing access to nutritious food choices (such as farmer's markets, full service grocery stores, mobile produce vans), limiting access to unhealthy food outlets, expanding active recreational opportunities, reducing density of alcohol and tobacco outlets, and increasing community connections/cohesion.

5

INTERVIEWING RFP RESPONDENTS

Many people think of health as health care services — doctors, hospitals, pharmacies. Few people think about the circulation of a city, opportunities for social interaction, density of fast food outlets, public transportation or violence. The process of interviewing RFP respondents is an opportunity to learn about the expansiveness of the

RFP respondents' thinking when it comes to health, not necessarily their technical abilities. The questions you ask are also an opportunity to highlight why you are integrating health as a consideration into your planning process and how you think that will benefit your city and residents.

QUESTIONS TO ASK DURING INTERVIEW	WHAT TO LOOK FOR IN A RESPONSE
When you ask residents about health considerations during the community engagement part of the planning process, you will likely receive feedback regarding service delivery, concerns around health care or insurance costs, or individual health issues. These are important concerns raised by community members, but you are not charged with addressing service delivery (though you may end up highlighting this in the plan that is developed). How will you build a broader understanding of health and introduce considerations around walkability/bikeability, mobility for older adults and youth, access to healthy and affordable foods, density and transit into the conversation?	The RFP respondent should mention how a health lens can benefit community dialogue. Often, community engagement meetings become tense or challenging when issues arise around increased density, but increased density can enable increased services, particularly public transportation. Most people who use public transportation get their recommended levels of daily physical activity, so discussing the health benefits of public transit can create common ground between diverse community members and various agency representatives.
In San Mateo County, the primary drivers in future demand for health care service delivery include dramatically increasing rates of obesity — particularly among children — and a rapidly growing aging population. In parts of San Mateo County, more than one third of our children are overweight, and by the year 2030, we can expect to see a 248 percent increase in the number of adults over the age of 85 in San Mateo County. How will this plan specifically support the health of our children and the independence of older adults?	The RFP respondent should recognize that we don't need to target specific health issues (asthma, obesity, limited mobility) to create healthy communities. Many strategies that enable healthy lifestyles for children do the same for older adults — good sidewalks, parks for sitting, interacting and playing, public transportation infrastructure, safe streets that can be crossed easily, and increased foot traffic all combine to make people feel safe in public spaces.
We know the environments around schools are very influential on our children. Describe the kind of analysis you would conduct to assess the healthfulness of these environments in _____ (insert city name). What strategies would you consider for improving these environments?	The RFP respondent should talk about safe routes to school, and the density of fast food, alcohol and tobacco outlets near schools. They may even mention mobile vending trucks and the development of joint-use agreements. The tools for analyzing these environments are familiar to planners, but the questions that need to be asked may be new. Planners should be able to speak to some of the tools that could be used from a planning perspective.

DEVELOPING A SCOPE OF WORK

SCOPE OF WORK DOCUMENT

4

Site Visit and Existing Conditions Analysis



_____ will conduct existing conditions analysis to provide an overview of assets, issues and opportunities for the project area. The analysis will include narrative, mapping, and tabular data to present an overall understanding of land use, urban design, transportation and transit, infrastructure, community facilities, housing, public health, site design issues and other factors specific to the project area.

Health

_____ will conduct an assessment of built environment conditions affecting public health in the community. Topics to be addressed will include:

- Access to parks and recreation that support active living
- Access to healthy food options, such as full-service grocery stores, farmer's markets, community and school gardens
- Reducing the concentration of liquor stores and fast food restaurants
- Access to safe and convenient public transit, walking and bicycling
- Access to quality and affordable housing
- Access to economic opportunity and availability of living wage jobs
- Neighborhood design and infrastructure to promote walking and bicycling
- Safety in neighborhoods and public spaces to address crime and violence
- Environmental quality and sustainable development

_____ will collaborate with the Health System to determine which topics should be addressed in the health assessment, what data should be collected, what methods and metrics should be used for analysis, and other key elements to be considered and used in the assessment.

5

Public Engagement

_____ will collaborate with community-based organizations identified by the County/City to include the vision of aging baby boomers and youth.

HEALTHY PLANNING CHECKLIST FOR 21 ELEMENTS

In the context of community design, housing significantly impacts the wellbeing of San Mateo County residents. A neighborhood’s walkability, bikeability, proximity to public transportation, social cohesion, and access to healthy food either facilitates or hinders physical activity and overall health. The Health System envisions active, inclusive, and responsive communities, where healthy lifestyles are encouraged by the environments we build.

The housing element update process is an opportunity to advance this vision. All cities in San Mateo County are currently updating their Housing Elements to ensure that sufficient housing is available at

every income level. The San Mateo County Housing Element Update Kit, otherwise known as “21 Elements,”¹ is a collaborative project that aims to strengthen local partnerships and encourage the production and certification of the housing elements that make our communities livable and unique. The Specific Area Plan and General Planning Checklist, which has been integrated into “21 Elements,” was drawn from emerging evidence-based resources and allows for adjustments to transit, retail, and public services proximity measures to suit the diverse development patterns throughout San Mateo County.

SPECIFIC AREA PLAN AND GENERAL PLANNING CHECKLIST FOR LAND USE POLICY DOCUMENTS ²			
Access to Food	Urban ³	Small City ³	Rural ³
For residential uses, is the project within ____ mile of a supermarket? ^(a)	½ Mile	1 Mile	5 Miles
For residential uses, is the project within ____ mile of a retail food store (not including a supermarket) AND from a produce store? ^(a, b)	½ Mile	1 Mile	5 Miles
Public Safety	Urban	Small City	Rural
The housing element includes effective health-oriented building design measures that purposefully seek to prevent illness and injuries. <i>Example includes: improve indoor air quality and reduce moisture.</i> ^(b, c)	Yes/No	Yes/No	Yes/No
Does the housing element select for environmental design elements that protect and enhance public safety? ^(b) <i>Examples include: analyzing and improving environmental quality for bicyclists and pedestrians; using traffic calming devices on interior streets; meeting or surpassing city standards for adequacy of sidewalk and street lighting; limiting the number of alcohol, tobacco and firearm outlets.</i>	Yes/No	Yes/No	Yes/No
Does the housing element select for design elements that facilitate aging in place and increase accessibility for the disabled? <i>Examples include: level grounds, elevators/single story, no stairs, and lighting.</i>	Yes/No	Yes/No	Yes/No

¹ 21 Elements is sponsored by the San Mateo County Department of Housing and the City/County Association of Governments of San Mateo County

² The Healthy Housing Checklist was developed for 21 Elements and adapted from multiple sources including the San Francisco Department of Public Health’s Healthy Development Measurement Tool, Design for Health’s Checklists for Comprehensive Plan Elements, Walkable America’s Walkability Checklist, UCLA Center for Health

Policy Research, City of Davis Interim Infill Guidelines, and USDA Economic Research Service Rural Development Strategies

³ Generally, based on Census methodology, urban is defined as a built-up area with a population of 50,000 or more. For the above checklist, small cities are defined as incorporated cities and towns with between 2,500 and 50,000 inhabitants. Rural is defined as a Census-designated place with fewer than 2,500 inhabitants.

SPECIFIC AREA PLAN AND GENERAL PLANNING CHECKLIST FOR LAND USE POLICY DOCUMENTS ² (continued)

Housing Density	Urban³	Small City³	Rural³
Does the plan vary housing densities to maximize the use of land as appropriate for the local context and does it combine housing at varying levels of affordability in a single geographic area? ^(b, c, g)	Yes/No	Yes/No	Yes/No
Are all residential areas planned for an average of ____ units per acre? ^(d, g)	50	6	N/A
Housing Placement	Urban	Small City	Rural
Are new residential developments required to be within ____ mile of an area that has no less than 6 out of the 11 following common public services: childcares/daycares, community gardens, hospitals and public health clinics, libraries, open spaces, neighborhood or regional parks of 1/2 acre or more, performance/cultural spaces, post offices, public art and recreational facilities, and public schools? ^(b, g)	½ Mile	1 Mile	2 Miles
Does the housing element allow senior housing and assisted-care facilities to be developed amid complementary uses? <i>Examples include: pharmacies, public health clinics, parks, schools, retail.</i>	Yes/No	Yes/No	Yes/No
Does the housing element require projects that be within a ____ minute response time of a fire station? ^(b, e, f)	5 minutes	7 minutes	10 minutes
Transportation/Transit	Urban	Small City	Rural
Is regular transit service planned for all residential and employment areas (preferably within ____ mile of all residential areas)? ^(g)	½ Mile	1 Mile	2 Miles
Does the housing element incorporate neighborhood commercial and/or mixed-use development to encourage active transit? ^(g, h)	Yes/No	Yes/No	Yes/No
Is there a multimodal transportation plan that connects all residential areas to services? <i>Examples include: off-street trail systems, bike paths, sidewalks.</i> ^(g)	Yes/No	Yes/No	Yes/No
Is the area served by community shuttles, private and/or paratransit services that are fully accessible to elderly and disabled residents? <i>Example includes: Redi-Wheels.</i>	Yes/No	Yes/No	Yes/No
Environment	Urban	Small City	Rural
Are all residential areas, schools, day care facilities, playgrounds and sports fields required to be more than 500 ft from a major road (Annual Average Daily Traffic > 40,000)? ^(b, g)	Yes/No	Yes/No	N/A
Are planned residential uses located in areas with existing water and sewer infrastructure or where it is planned to occur with development? ^(g)	Yes/No	Yes/No	Yes/No

Notes: (a) UCLA Center for Health Policy Research, based on food retail density, transportation expectancies, and conventional trade area size for food retailers; (b) San Francisco Department of Public Health, Healthy Development Measure Tool; (c) City of Davis Interim Infill Guidelines; (d) spans the allowable residential densities in the City of

San Mateo (R1–R5), Redwood City's are similar; (e) USDA Economic Research Service Rural Development Strategies; (f) San Mateo County Service Area Targets; (g) Design for Health Comprehensive Plan Checklists; (h) Walkable America Walkability Checklist

GENERAL PLAN LANGUAGE

General plans are long-lasting policies that shape the development of our communities. Partnerships between planners and health professionals increasingly support community design promoting physical activity and access to fresh fruits and vegetables, easy walkability, public transportation and neighborhood cohesion.

The following is a collection of model health language, adapted from Public Health Law and Policy (www.phlp.org), that other cities in San Mateo County have included in their general plans. *This language serves as a guide, but it is key to tailor language to each city.*

GENERAL PLAN LANGUAGE: GOALS AND OBJECTIVES

Goal 1: Foster all residents' health and well being.

Objective 1.1: Build relationships and implement procedures that make community health a priority for the community.

Goal 2: Work collaboratively with the community to develop and achieve the general plan's vision for a healthy community.

Objective 2.1: Provide opportunities for participation in the city's planning process.

Goal 3: Create convenient and safe opportunities for physical activity for residents of all ages and income levels.

Objective 3.1: Ensure that residents will be able to walk to meet their daily needs.

Objective 3.2: Build neighborhoods with safe and attractive places for recreational exercise.

Objective 3.3: Create a balanced transportation system that provides for the safety and mobility of pedestrians, bicyclists, those with strollers, and those in wheelchairs at least equal to that of auto drivers.

Goal 4: Provide safe, convenient access to healthy foods for all residents.

Objective 4.1: Provide safe, convenient opportunities to purchase fresh fruits and vegetables by ensuring that sources of healthy foods are accessible in all neighborhoods.

Objective 4.2: Encourage healthy eating habits and healthy eating messages.

Objective 4.3: Avoid a high concentration of unhealthy food providers within neighborhoods.

Objective 4.4: Provide ample opportunities for community gardens and urban farms.

Objective 4.5: Preserve regional agriculture and farmland as a source of local fruits, vegetables, and other healthy foods.

GENERAL PLAN LANGUAGE: GOALS AND OBJECTIVES *(continued)*

Goal 5: Pursue a comprehensive strategy to ensure that residents breathe clean air and drink clean water.

Objective 5.1: Reduce residents' reliance on cars.

Objective 5.2: Protect homes, schools, workplaces, and stores from major sources of outdoor air pollution.

Objective 5.3: Prioritize "greening" efforts to keep air and water clean.

Objective 5.4: Promote healthy indoor air quality.

Goal 6: Encourage neighborhoods that sustain mental health and promote social capital.

Objective 6.1: Prioritize affordable housing and the ability to live near work.

Objective 6.2: Support cohesive neighborhoods and life cycle housing to promote health and safety.

Objective 6.3: Build diverse public spaces that provide pleasant places for neighbors to meet and congregate.

Objective 6.4: Pursue an integrated strategy to reduce street crime and violence.

Goal 7: Encourage the increased availability and integration of housing and transportation that supports flexibility, mobility, independent living, and services for all age groups and those with special needs.

Objective 7.1: Encourage links between housing and adjacent uses, such as senior centers, preschools, youth centers, and other community facilities to provide opportunities for inter-generational connections.

Objective 7.2: Integrate elderly and assisted-care facilities into neighborhoods and create connections between residential developments to promote opportunities for inter-generational connections and continuum of care for the elderly.

Objective 7.3: Seek opportunities to locate housing for those citizens with special needs, such as the elderly and disabled, near transportation services that will make their mobility easier.

Objective 7.4: Support housing that includes services and facilities to meet health care, mobility, child or elder care, youth services, recreation, or social service needs of households.

Objective 7.5: Provide transit vehicles that are fully accessible and responsible to the needs of the elderly and disabled population.

SAMPLE COMMUNITY HEALTH PROFILE

Daly City

Our health and quality of life are shaped by our social and physical environments. We see the results of these environments through a variety of health outcomes, including obesity, asthma, and injuries. In this profile, you will find health indicators that highlight areas for improving physical and social environments to promote health by looking at underlying community assets, such as access to fresh fruits, vegetables, parks, and open spaces.

SOCIAL DEMOGRAPHICS

Education, employment, income and home ownership all impact the health of individuals. Individuals with fewer resources are disproportionately affected by disease, disability and death. The table to the right highlights some social differences existing within San Mateo County.

Daly City is home to less than 15 percent of San Mateo County's population, but in 2006, 20 percent of injuries resulting from automobile-pedestrian collisions occurred in Daly City. This figure highlights the need for improvements for walkability in Daly City.

AVERAGE AGE AT DEATH

Life span is a key indicator of overall community health. As in much of the United States, San Mateo County residents living in higher poverty environments tend to die at a younger age than those who live in more affluent areas. In Daly City, residents, on average, live 74.5 years, 1.5 years less than the average San Mateo County resident.

Examining the leading causes of death in a community highlights specific health burdens. Heart disease, lung cancer, stroke and chronic lower respiratory disease are the leading causes of death in Daly City, and in San Mateo County as a whole.² Social and environmental factors increase risk for these illnesses. Daly City residents are 66 percent more likely to be hospitalized for cardiovascular disease-related conditions than the average San Mateo County resident (859.4 v. 569.3).

SELECTED DEMOGRAPHIC CHARACTERISTICS, 2007

<i>Population</i>	Daly City	San Mateo County
Total population	104,752	706,984
<i>Race</i>		
White	29%	60.5%
African-American	4%	3.2%
Asian/Pacific Islander	48%	24.9%
Hispanic	23.3%	22.8%
Other	19%	12.8%
<i>Educational Attainment (25 yrs+)</i>		
Less than high school graduate	14.3%	11.2%
High school graduate (GED)	23.5%	19.6%
Some college or associates degree	29.9%	25.7%
Bachelor's or graduate degree	35.3%	53.5%
<i>Language</i>		
Other than English spoken at home (5 yrs +)	69.2%	43.7%
<i>Unemployment and Income</i>		
Unemployment rate (2009) ¹	11.4%	9.2%
Median Household Income	\$74,987	\$83,109
<i>Death and Hospitalization²</i>		
Daly City	San Mateo County	
Heart disease	Heart disease	
Lung cancer	Lung/respiratory cancer	
Stroke	Stroke	
Chronic lower respiratory disease	Chronic lower respiratory disease	
Colon cancer	Alzheimer's disease	

Source: ¹ California Employment Development Department, 2009

² Causes of death are based on ICD-10 definitions, San Mateo County Vital Statistics

PLACE MATTERS: ACCESS TO FRESH FOODS AND ACTIVE SPACES

The places where individuals live, work and play profoundly impact their health. The behavior individuals and communities exhibit are in large part determined by the choices made available to them in their environments.

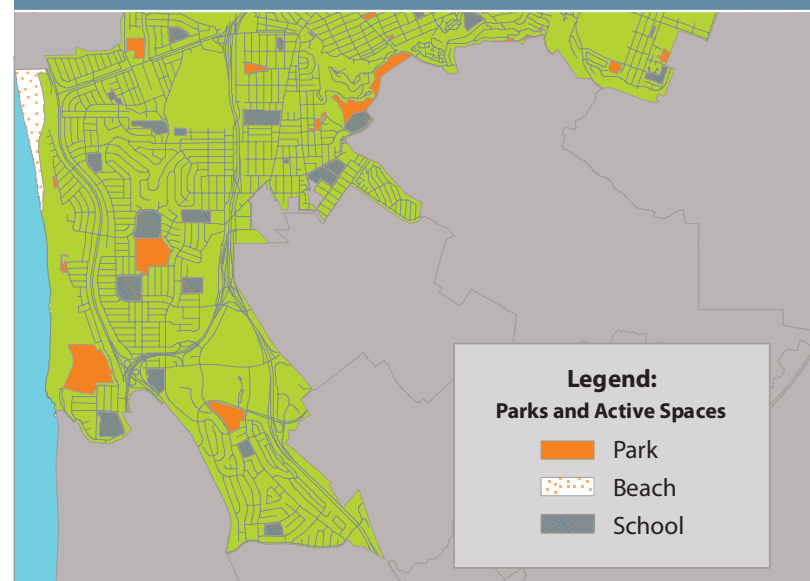
Contributing factors to obesity and subsequent heart disease within the built environment include access to fresh fruits and vegetables, as well as outlets for physical activity, such as open spaces, parks and plazas. According to the California Center for Public Health Advocacy, 25.2 percent of San Mateo County children are overweight. Children in Daly City are even more likely to be overweight, at 30.5 percent.

The two analyses featured here examine access to nutritious food and parks as opportunities for physical activity and healthy living. Access to parks and other green spaces impacts opportunities for physical activity. The top map shows open public spaces available to Daly City residents. Schools were included because they demonstrate an opportunity to increase open space by potentially signing joint-use agreements, allowing people to access the grounds for increased physical activity opportunities.

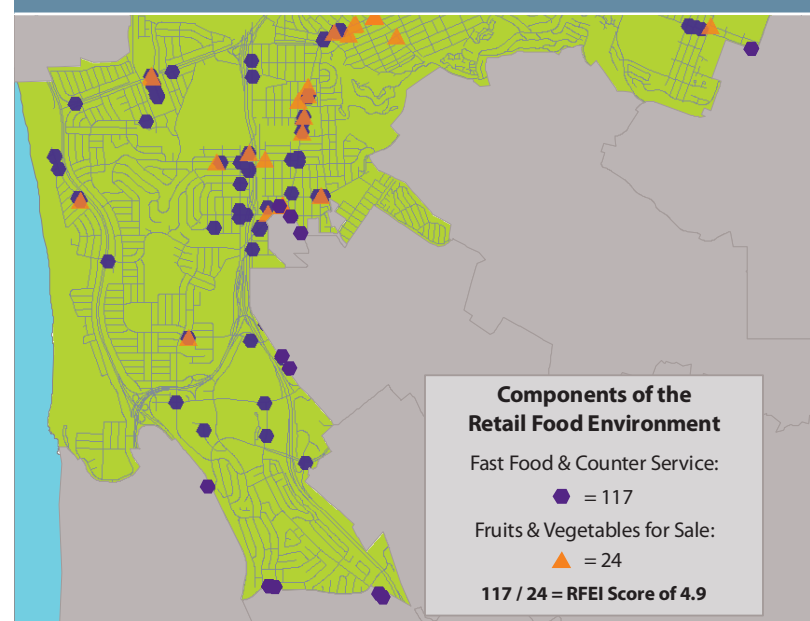
The map to the right highlights an analysis named the Retail Food Environment Index (RFEI). The RFEI is a ratio of retail food outlets that offer no fruits and vegetables to outlets where fruits and vegetables are readily available. As illustrated in the map, in Daly City, the RFEI shows that fast food locations and outlets that offer no fruits and vegetables outnumber fruit and vegetable outlets nearly 5 to 1.

In other words, this is the number of times you have to say “no” to unhealthy food before you can say “yes” to healthy food. Please note from the map that the different types of outlets that sell food are not distributed equally, meaning that people living on the western or southern parts of the city (toward the left and lower parts of the map) are less likely to encounter outlets offering fresh fruits and vegetables than those who live in the northern or central part of the city.

Parks and Other Green Spaces in Daly City, CA



Retail Food Environment in Daly City, CA



SAN MATEO COUNTY AGING MODEL BETTER PLANNING FOR TOMORROW

AVAILABLE DATA TO INFORM PLANNING FOR THE AGING BABY BOOMER POPULATION

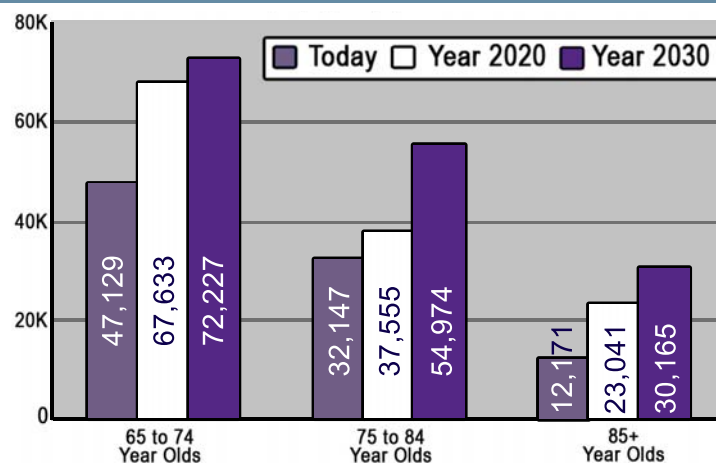
The San Mateo County Health System, in collaboration with the Department of Housing, SamTrans, and the San Mateo County Commission on Aging, developed an adjustable computer-based model that projects the socio-demographic composition of San Mateo County's older adult population for the years 2020 and 2030.

Prior to the development of this model, the only available projection data, generated by the California Department of Finance, offered a limited perspective on the complexity of San Mateo County and its migration patterns. Similarly, Department of Finance data does not include behavioral indicators — such as what environment people want to live in when they age or what type of transportation they expect to rely on — that are necessary to inform local planning and policy decisions that support a healthy, safe, and active aging population.

The San Mateo County Aging Model is based on a combination of national, statewide and local data sources. In addition, a local survey of baby boomers and those slightly older was conducted, as well as key informant interviews with acute health care providers and real estate professionals. Combined, these methodologies inform a highly localized, detailed picture of the County's future older adult population. ***This resulting data provides planners and decision makers with new insights for long-range planning purposes.***

OLDER ADULTS IN SAN MATEO COUNTY

(by age groups, over time)



The population over the age of 85 years will grow by 148% by the year 2030. Survey finds differences between the preferences of current and future older adults.

DATA OUTPUT VARIABLES OF THE SAN MATEO COUNTY AGING MODEL

- Income (in Federal Poverty Level)
- Gender
- Home Ownership
- Region in the County
- Disability
- Country of Birth
- Race / Ethnicity
- Marital Status

RACIAL/ETHNIC MAKE-UP OF OLDER ADULTS IN SAN MATEO COUNTY

(over the age of 65)

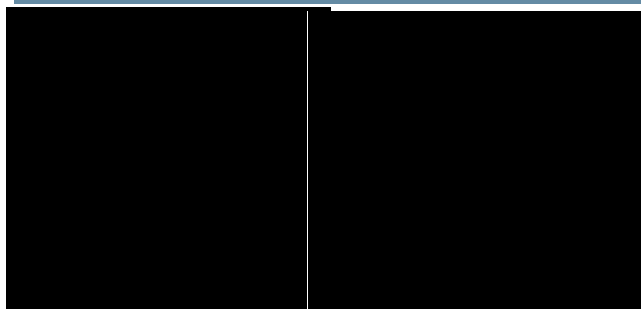


Today

Year 2030

There will be diversification among the older adult population. Survey findings show differences in housing preferences by race/ethnicity.

REGIONAL DISTRIBUTION OF OLDER ADULTS IN SAN MATEO COUNTY



Today

Year 2030

Respondents from the northern region of the County were most likely to age in place. However, the aging Coastsides population decreased.

POLICY BRIEFS

The County has published three policy briefs about the aging population, available online at www.smhealth.org/hpp under "Reports and Documents." Two additional briefs are currently underway.

- Brief 1: Model Overview
- Brief 2: Socio-Demographic Projections
- Brief 3: Housing
- Briefs 4-5: Health and Mobility (in progress)



Daly City



HALF MOON BAY SENIOR CAMPUS PLAN

San Mateo County Aging Model data can provide valuable guidance for various planning efforts, such as the Half Moon Bay Senior Campus Plan. As planned, the Senior Campus is an excellent example of infill development designed to support walking and healthy, active aging.

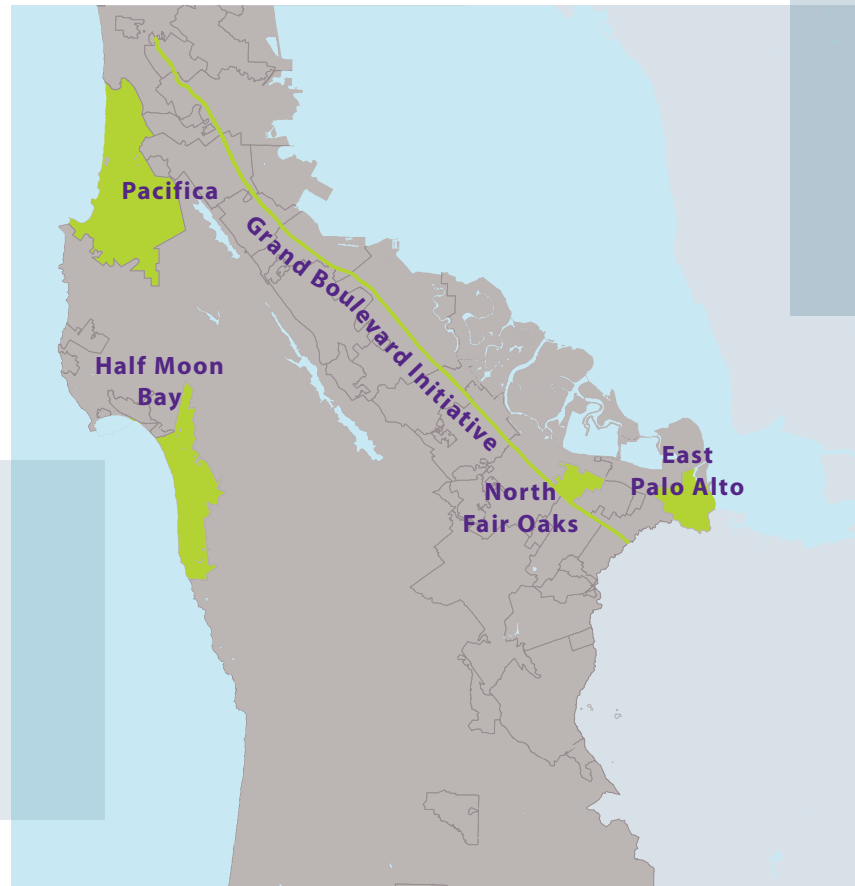
Drawing on this local data, planners hope to enable aging Coastsides residents, of all incomes and levels of ability, to maintain a high quality of life in their communities by providing access to:

- Protected pedestrian walkways
- Ample open space in close proximity to downtown
- A community garden
- An Adult Day Health Center

Case Studies

CONNECTING THE DOTS COUNTYWIDE: WHO IS BUILDING HEALTH INTO PLANNING POLICIES?

Many cities in San Mateo County, as well as the County's unincorporated areas, are integrating health into planning and land use policies. San Mateo County cities are ahead of the curve, and often create smart practice and models for other counties to follow. The following are a sample of local case studies.



CASE STUDY

PACIFICA GENERAL PLAN UPDATE

The City of Pacifica, population 39,000, is known for its environmental treasures, particularly its open space preserves and beaches. It is also known as a quiet community with a small town feel, where many youth feel that there are not many activities tailored to them. Community members were hit with tragedy when, in 2005, youth who had been drinking were killed in a car accident. Since that catalytic event, community groups and local government organizations have undertaken several initiatives in hopes of reducing underage drinking and substance abuse. Local government has awarded responsible retailers, and community groups have coordinated activities, such as midnight basketball games, to better engage youth. In the final months of 2008, the City of Pacifica initiated an update of its general plan, which has been in effect since 1980. This update provides an opportunity to expand community prevention efforts by ensuring that spaces and resources promoting community health are prioritized in long-range land use policies.

The community momentum following the tragic accident created the opportunity for community organizations and local government groups to collaborate on the city's general plan update process and expand the effort to include local officials, planning staff, Jefferson Union High School District's Partnership for a Safe and Healthy Pacifica (PSHP) and the Health System.¹ With a shared understanding of the importance of

including health considerations and youth input in the development of Pacifica's general plan, the project partners formalized a supplementary 12-month timeline of activities and deliverables. These included a youth-focused community engagement process and the development of a health element as part of the general plan. The timeline for developing a health element, which is contingent upon funding, runs parallel to that of the general plan.

The community's momentum and willingness to partner have been key to the collaboration, along with using a customized community health profile as a tool to pursue financial support for the partnership's efforts. Pacifica's community health profile examines health outcome data, including drug and alcohol treatment rates, high school suspension rates, youth BMI scores, stress levels, community connectedness, weekly physical activity, income and home ownership rates.² This data will ultimately inform the City Council and Planning Commission's inclusion of community health goals and policies in the larger general plan update. In addition, having community health profile data and model general plan language on hand simplified the process of integrating health language into the existing conditions report.

¹ PSHP is coalition with a diverse membership that mobilizes the community to effect change and reduce substance abuse

² Data sources include: 2008 San Mateo Health and Quality of Life survey (HQOL), California Physical Fitness Test (CPFT), California Healthy Kids Survey (CHKS), HSA's Drug and Alcohol Information System (DAISY), Office of Statewide Health Planning and Development (OSHPD)



"The City of Pacifica supports healthy living... by including health as a part of our General Plan policies, we hope to increase access to active and passive recreational opportunities that support the wellbeing of all Pacificans."

— Steve Rhodes, City Manager, City of Pacifica

It will be several years before the long-term outcomes of this partnership can be evaluated. Following the adoption of a new general plan and a subsequent five-year implementation period, we anticipate a five percent reduction in rates of childhood overweight, and a 10 percent reduction in youth and adult drug and alcohol treatment rates over the baseline.

Organizational readiness, existing relationships, and funding opportunities made this collaboration possible. All partners had recently demonstrated a shared commitment to addressing the needs and fostering the healthy development of San Mateo County children and youth by endorsing the Peninsula Partnership Leadership Council's Bill of Rights for Children and Youth.^{3,4} The common connection through the Bill of Rights enabled a rapid mobilization. The effort to add a health element to the general plan was initiated after the City had already selected consultants and formed a community advisory committee, but existing partnerships expedited the process by adding health to the existing conditions report and agendas of previously-scheduled community workshops. In addition, a local community foundation's request for proposals relating to land use and transportation planning offered an opportunity to secure the resources for engaging the community and developing the health element.

For smooth integration, whether a project aims to create a specific or station area plan or update an entire general plan, the pre-planning phase is an ideal time to prioritize health and quality of life.⁵ Once a local government has determined that they will develop goals and policies for improving health, doing so will consist of:

- Using the Health System to access data on local health issues
- Educating the community about how general plan policies impact long-term health outcomes
- Engaging the community, especially vulnerable populations, to develop a common vision that health policies will support

- Drafting internally consistent health policies or an entire health element
- Providing sample language of promising practices

³ Endorsing entities are the San Mateo County Board of Supervisors, Jefferson Union High School District, and the City of Pacifica

⁴ Please visit the Peninsula Partnership Leadership Council website to determine whether your city or school district has endorsed the Bill of Rights for Youth and Children (www.siliconvalleycc.org/initiatives_ppcyf_leadershipCouncil.html)

⁵ See shaping the RFP, Interview and SOW Process Language (Pages 5-7)



PACIFICA GENERAL PLAN HEALTH ELEMENT: ACTIVITIES AND DELIVERABLES

<i>Activity</i>	<i>Partners Involved</i>	<i>Timetable</i>	
Objective: Education process: to build interest in the General Plan and shape understanding of the nexus between the built environment and health	• Partnership for a Safe and Healthy Pacifica • Health System	August–November 2009	Planning Phase
Action: Conduct analysis of built environment features of Pacifica/compile the rationale	• Health System • City of Pacifica	August–November 2009	
Action: Hold 2-3 community meetings on Smart Growth/ the relationship between health and the physical environment	• Partnership for a Safe and Healthy Pacifica • Jefferson Union High School District • Health System	August–November 2009	
Action: Convene youth around environments that promote health and create a vision of their future community	• Partnership for a Safe and Healthy Pacifica • Jefferson Union High School District • Youth Leadership Institute	August–November 2009	
Objective: Visioning process: bring together data on the current health status of Pacifica and issues of community concern (gathered by the Partnership), in coordination with the Pacifica General Plan Outreach Committee with a focus on youth engagement	• City of Pacifica • Partnership for a Safe and Healthy Pacifica • Health System	August–November 2009	Visioning Phase
Action: Discussion at Partnership meetings to update and expand vision to include physical health	• Partnership for a Safe and Healthy Pacifica • Jefferson Union High School District	December 2009–March 2010	
Action: Community involvement process to articulate a vision for growth that promotes healthy development (i.e., parks, active transportation, safe routes to school)	• Partnership for a Safe and Healthy Pacifica • Jefferson Union High School District • Health System	December 2009–March 2010	
Objective: Draft specific policies that further the community vision for health	• Health System • City of Pacifica • Consultant Expertise	December 2009–May 2010	Drafting Phase
Action: Review smart practices in health and built environment policies and identification of appropriateness for Pacifica	• Health System • City of Pacifica • Consultant Expertise • Partnership for a Safe and Healthy Pacifica	December 2009–May 2010	
Action: Write health element	• Health System • Consultant Expertise	May 2010	
Objective: Review the City Council policies and integrate into the broader general plan development process conducted by the City Planning department	• City of Pacifica • All residents	May–June 2012	
Objective: Write lessons learned and smart practices document for Countywide dissemination	• Health System • Consultant Expertise	July 2010	

WHAT IS HEALTH IMPACT ASSESSMENT?

Health Impact Assessment (HIA) is a combination of methods and analysis that examines the health impacts of proposed plans or policies and the distribution of those impacts across a community.

Depending on the focus of an HIA, different forms of analysis are employed, but the entire process consists of five phases: screening, scoping, assessment, reporting, and monitoring.

Find additional resources at:

- **Bay Area HIA Collaborative**
www.hiacollaborative.org
- **CDC Healthy Places Initiative**
www.cdc.gov/healthyplaces

CASE STUDY

EAST PALO ALTO REDEVELOPMENT AND RAVENSWOOD BUSINESS DISTRICT COALITION

East Palo Alto is a diverse community of 33,000 residents. It is the youngest city in San Mateo County, but its incorporation in 1983 was preceded by a long history of boom and bust development and annexations of residential areas by neighboring cities, which shaped its tax base, industrial land use pattern, and compact boundary.

A significant portion of East Palo Alto's remaining industrial land, referred to as the Ravenswood Business District (RBD), was adopted as a redevelopment project in 1990, yet little redevelopment occurred while industrial uses continued. Following several accidents, spills, and sustained community efforts, the California Department of Toxic Substance Control closed the remaining industrial plant, operated by Romic Environmental Technologies, and began environmental clean-up efforts in 2007. The closure and clean-up of the plant accelerated redevelopment activity. Although industrial contaminants may not be as prominent of a concern today, community conditions in and around the RBD continue to have the potential to impact human health. As a result, community groups involved in the closure effort built on their success by initiating efforts to promote community health through the city's redevelopment policies.

With grant support from The California Endowment, Youth United for Community Action (YUCA) initiated an 18-month process in which they collaborated with the RBD Coalition to lead a community visioning process. Simultaneously, a report on existing community health conditions will guide redevelopment in the RBD, and will include the first three phases of a health impact assessment (HIA), mirroring a traditional HIA process (see sidebar). YUCA contracted Human Impact Partners, a non-profit consultant team, to facilitate the HIA process and initiated the RBD Coalition to coordinate the efforts of several community groups, including the Community Development Institute, Environmental Justice Group, EPA Community and Neighborhood Development Organization, and Nuestra Casa. As an initial step, the partners created a separate timeline for completion of the report on existing community health conditions, which include jobs, access to goods and services, transportation, social cohesion, housing, and environmental quality. This effort was complemented by collecting data through interviews, surveys, and public data sets. HIP and the RBD Coalition are currently developing the final report. In anticipation of the eventual need to develop, disseminate and implement the recommendations of the report findings, the project partners have been conducting workshops to further bolster civic engagement in local redevelopment plans.

Throughout the scoping and assessment stages, the San Mateo County Health System, based on requests from the RBD Coalition, supported

the process by sharing multiple tools, including its Community Health Profile, to communicate general trends in access to services, mental health, drug and alcohol use, physical activity, and birth and health outcome data. The Health System also provided spatial analysis using the County's Geographical Information System (GIS), another tool that is increasingly valued in health and planning collaborations, to analyze patterns in demographic data and locate community features in East Palo Alto.

The expected outcomes of the YUCA / RBD Coalition HIA and community organizing efforts include:

- An increase in East Palo Alto's capacity to organize around health and environmental issues
- Policies and planning processes that take health and justice principles into account
- Policies that protect community health and the environment from being subject to future hazardous waste facility sites

Specific targets are still being established, but long-term outcomes of prioritizing community health in future redevelopment in East Palo Alto will likely include:

- Improved access to safe public transportation
- Expanded neighborhood resources, including access to fresh produce

- Increased opportunities for physical activity and active transportation
- Decreased pedestrian and bicyclist injuries
- Increased access to safe, high quality public spaces
- Increased social networks — potentially established through developing a downtown

Prior successes in community organization efforts, an uncommon redevelopment opportunity, and foundation funding made this collaboration possible. As demonstrated by their respective missions, all partners have a shared belief that health impact should be considered in decision-making processes. This common understanding allowed the partners to select issue areas that target the underlying causes and determinants of community health outcomes — issues that can be impacted by redevelopment policies.

“Now is the time to create and support policies around land use and development that are based on environmental justice and health principles that truly benefit our community's most vulnerable populations.”

— Youth United for Community Action



“There is such activism in East Palo Alto, and such hope for creating new development that will be good for the community's health in addition to being good for the city's economic health. We have seen this from community members as well as from city staff and planners. We hope that the consideration of data and information about existing health conditions in and around the RBD can help clarify the recommendations that have risen up from the community and encourage a RBD plan that will improve the health of all EPA residents.”

— Kim Gilhuly,
Human Impact Partners

GRAND BLVD. INITIATIVE GUIDING PRINCIPLES:

1. Target housing and job growth in strategic areas along the corridor
2. Encourage compact mixed-use development and high quality urban design and construction
3. Create a pedestrian-oriented environment and improve streetscapes, ensuring full access to and between public areas and private developments
4. Develop a balanced multimodal corridor to maintain and improve mobility of people and vehicles along the corridor
5. Manage parking assets
6. Provide vibrant public spaces and gathering places
7. Preserve and accentuate unique and desirable community character and the existing quality of life in adjacent neighborhoods
8. Improve safety and public health
9. Strengthen pedestrian and bicycle connections with the corridor
10. Pursue environmentally sustainable and economically viable development patterns

For more information, see
www.grandboulevard.net

CASE STUDY

GRAND BOULEVARD HEALTH MEASURES

The Grand Boulevard Initiative (GBI) is a collaborative effort to bring about regional development in the many communities comprising San Mateo County and neighboring Santa Clara County. The collaborative established a clear framework for redeveloping the 43-mile span of El Camino Real into a multi-city, multimodal boulevard defined by interconnected nodes of vibrant Transit-Oriented Development (TOD) that will improve the quality of life for current and future residents.

The Health System and the San Mateo County Transit District (SamTrans) partnered to integrate health considerations into several aspects of the GBI, specifically, by including the creation of pedestrian-oriented environments, public health and safety improvements, and improved pedestrian and cycling connections.



Success Along the Way

The GBI is a long-range vision, but several short-term successes serve as examples for communities that hope to make walkable, transit-oriented communities a reality. The San Mateo City/County Association of Governments (C/CAG) successfully applied to the Association of Bay Area Governments (ABAG) to designate a quarter-mile buffer around El Camino Real as a FOCUS Priority Development Area (PDA). In addition to the County-level designation, seven individual cities achieved their own PDAs, including Daly City, San Bruno, Millbrae, San Mateo, San Carlos, Redwood City, and Menlo Park. To be eligible to become a PDA and receive the associated incentives and financial assistance, an area must be within an existing community, near existing or planned fixed-transit, or served by comparable bus service and planned for more housing. The communities along El Camino Real welcome more residents and are committed to creating additional housing choices in locations easily accessible to transit, jobs, shopping and services.

Another multi-jurisdictional example that supports health-oriented principles of the GBI is the 2007 San Mateo County Congestion Relief Plan, which aims to reduce congestion while supporting the local economic development efforts that make San Mateo County prosperous. As part of the Congestion Relief Plan, C/CAG is budgeting \$500,000 per year for four years to fund the

El Camino Real Incentive Program. The program offers planning grants to cities in San Mateo County to fund planning efforts focused on improving pedestrian safety and streetscape improvement and studying land use options, including higher-density and affordable housing, to support multimodal opportunities along El Camino Real. This is especially important because there are no designated bicycle lanes on El Camino Real, and the heavy vehicle traffic does not provide a safe environment for bicyclists.

To maximize the potential of pedestrian and bike transit for the greatest number of residents, several cities along El Camino Real participated in the TOD Opportunity Study, which identified opportunities and obstacles for advancing TOD adjacent to the South San Francisco, San Bruno, Belmont and Redwood City Caltrain stations, as well as the Millbrae Intermodal station. Specific plans to initiate TOD at these five selected station areas were developed, and include strategies such as streamlining the entitlement process, easing parking requirements, assisting with land assembly, improving access for all modes of transportation, and enhancing communication between community members, cities, and developers. The results of the TOD Opportunities study are currently being utilized as a foundation for multiple planning studies, including the Multimodal Transportation Corridor Plan for El Camino Real.



⁶ Excerpts are drawn from the *Grand Blvd. Initiative: Transforming the Corridor Progress Report*, 2008

Local Healthy Planning Activities

CASE STUDY SUMMARIES: *Local Healthy Planning Activities Matrix*⁷

	<i>The Challenge</i>	<i>Outcome of Interest</i>	<i>Partnership Description</i>	<i>Role of Health System</i>
<i>Pacifica</i>	• Immediate and visible health concern (Alcohol and other drug use) • Incorporate goals for youth activity and mobility needs in the update of an outdated general plan	• Local rates of childhood overweight (BMI 25-30)⁸ • Local rates of youth and adult drug and alcohol treatment	• Health System, City of Pacifica (City Manager, Planning Director, Consultants), Partnership for a Safe and Healthy Pacifica	• Build on existing relationships to develop a plan • Draft proposals and provide technical assistance
<i>East Palo Alto</i>	• Account for the health impacts of redevelopment, and their distribution among the community using Health Impact Assessment (HIA) • Ensure that the needs of current residents are communicated to decision makers / addressed through redevelopment	• Completion of an HIA report addressing: — Jobs — Access to services — Transit/Traffic — Social cohesion — Housing — Environmental quality • Redevelopment that aligns with the HIA recommendations	• Health System, Youth United for Community Action, Community Development Institute, Human Impact Partners, City of East Palo Alto (Redevelopment)	• Review proposal • Provide technical assistance, referrals, data • Serve as a bridge between diverse interests
<i>Grand Blvd. Initiative</i>	• Integrate health as a measure of progress in this long-range multi-jurisdictional planning initiative that seeks to revitalize a key corridor	• Improve public health and safety as evidenced by greater pedestrian and bicycle safety and increases in the availability of fresh fruits and vegetables within a quarter mile of El Camino Real	• Long-range effort requires numerous plans, funding streams, and smaller collaborations • 12 cities (Planning, Council), C/CAG, SamTrans, MTC, ABAG, Caltrans, County of San Mateo (Health System, Planning, Housing departments)	• Validate Health System's role by using an authoritative voice to advocate for including health measures • Collect and analyze data to facilitate the inclusion of health measures

⁷ Data sources and acronym detail 2008 San Mateo Health and Quality of Life survey (HQOL), California Physical Fitness Test (CPFT), California Healthy Kids Survey (CHKS), HSA's Drug and Alcohol Information System (DAISY), Office of Statewide Health Planning and Development (OSHPD), Regional Housing Needs Allocation (RHNA), Low-Income Housing Tax Credits (LIHTC), Community Development Block Grants (CDBG)

⁸ Childhood overweight is defined as having a BMI score that is between the 85th and the 95th percentile of children of the same age and sex

CASE STUDY SUMMARIES: *Local Healthy Planning Activities Matrix*

	<i>Funding</i>	<i>Data Collected</i>	<i>Distilled Learning</i>
<i>Pacifica</i>	Local foundation grant for community engagement process around land use and transportation planning (\$100,000)	Drug and alcohol treatment rates, suspension rates, youth BMI scores, stress and connectedness, physical activity, income, and home ownership rates	- Collaborate at the earliest stages of the planning process (RFP development) - Urban planning consultants are eager to include health in projects and with limited resources, committed partners can make incremental advances
<i>East Palo Alto</i>	Grant support from The California Endowment allowed YUCA and CDI to retain experts to facilitate the HIA	Hospitalization, death and birth data; census data; traffic, bike, and pedestrian collision data; survey data on access to services, mental health, stress and connectedness, physical activity, risk taking, drug and alcohol use, and suspensions	- HIA could benefit many communities in the County - Community-driven processes can encounter unforeseen barriers (lack of sustained participation, competing interests, access to resources) - The impacts of past policies make some planning processes particularly complex, but they must be addressed
<i>Grand Blvd. Initiative</i>	- Multiple foundation, MTC, ABAG and C/CAG planning grants, as well as a federal earmark supporting the GBI - Each city uses local planning funds	- Environmental Health inspection records from retail food establishments throughout the County - Traffic, bike and pedestrian collision data	- The Health System will continuously build its internal capacity to provide data to illustrate critical connections between land use, transportation, and health - Familiarity with other fields and a willingness to allocate resources over the course of long planning timelines adds to our ability to be an effective partner

CASE STUDY SUMMARIES: *Local Healthy Planning Activities Matrix*⁹

	<i>The Challenge</i>	<i>Outcome of Interest</i>	<i>Partnership Description</i>	<i>Role of Health System</i>
<i>Half Moon Bay Senior Campus Plan</i>	• Longstanding lack of affordable senior housing and lack of strategically located services on the coast • Projected demographic shifts necessitate flexible development plans	• Increase affordable housing (by 230 units) • Strategic open space and parking plans (ratio of 0.65 spaces / unit) • Adult day health services for 45, classes for 120	• San Mateo County (Health System, Housing Department), TouchPoint Foundation, Lesley Senior Communities, Coastsiders, City of Half Moon Bay (Planning, Council Staff)	• Leverage link with Area Agency on Aging, and long-term partnerships to include a range of services and universal design throughout the Half Moon Bay Campus Plan
<i>North Fair Oaks Specific Plan</i>	• Outdated auto-oriented community plan precludes mixed-use, fails to address the needs of a largely low- and lower-middle income population that exhibits worse health outcomes than the County as a whole	• Community plan for a transit-oriented neighborhood, with a variety of housing densities, and local retail • Plan will improve walkability, infrastructure and housing-jobs fit, preserve affordability and include community input	• San Mateo County (BOS, Planning, Public Works, Housing Departments, Health System) • All partners support the regulatory changes needed to implement the plan	• As an early partner, formally integrate health priorities into RFP development, consultant selection, and final contract

⁹ Data sources and acronym detail 2008 San Mateo Health and Quality of Life survey (HQOL), California Physical Fitness Test (CPFT), California Healthy Kids Survey (CHKS), HSA's Drug and Alcohol Information System (DAISY), Office of Statewide Health Planning and Development (OSHPD), Regional Housing Needs Allocation (RHNA), Low-Income Housing Tax Credits (LIHTC), Community Development Block Grants (CDBG)



CASE STUDY SUMMARIES: *Local Healthy Planning Activities Matrix*

	Funding	Data Collected	Distilled Learning
<i>Half Moon Bay Senior Campus Plan</i>	Strategic financing leverages federal, state, and local resources: HUD Section 202, LIHTC, CDBG, local low-interest loans, and debt financing	Environmental impact study, needs assessment, and demographic projections: Aging 2020 Demographic Projection Model, RHNA, community input	- Anticipating changing needs is critical to providing appropriate housing and services, especially for vulnerable populations - Applying new strategies to strengthen previous / existing plans can increase the efficiency of a collaborative planning process
<i>North Fair Oaks Specific Plan</i>	Qualifying for MTC Priority Development Area status (for low-income, minority areas) resulted in the award of an MTC FOCUS Station Area Planning Grant	- Hospitalization rates for asthma, cardiovascular disease, circulatory diseases, and diabetes - Compiled school locations, Second Harvest recipients, parks, clinics, and food outlets to map community assets	- Regional planning bodies are a valuable source of information, guidance, and funding for TOD - Health System's cultural competency resources can support effective community engagement in the land use planning process - Adding health goals to contracts makes it part of the deliverables





Questions? Comments?

For additional copies of this booklet, to share your thoughts about building health into your community, to access a community health profile or other data for your city, or to involve the Health System in your planning process, please contact:

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City and County Association of Bay Area
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City of Pacifica
Coastside Adult Day Health
Commission on Aging
Daly City Peninsula Partnership
Collaborative
Department of Housing

Department of Planning and Building
Get Healthy San Mateo County Task Force
Grand Boulevard Initiative Partner Cities
Half Moon Bay
Health Plan of San Mateo
Healthy Places Coalition, Healthy Planning
Research and Tools Peer Review Sessions
Human Impact Partners
Jefferson Union High School District
Lesley Senior Communities
Partnership for a Safe and Healthy Pacifica
Public Health Law and Policy, Planning for
Healthy Places

Ravenswood Business District Coalition
Partners
Redwood City 2020
San Mateo County Built Environment
Workgroup
San Mateo County Get Healthy Task Force
San Mateo County Transit District
Senior Coastsiders
The Healthy Community Collaborative of
San Mateo County
Touchpoints Foundation