



## Cross-Sector Dialogue on the Impact of Housing/Land Use and Mobility On Physical Activity and Older Adults

Glendale, California  
 June 22, 2006



CENTER FOR CIVIC PARTNERSHIPS  
 A CENTER OF THE PUBLIC HEALTH INSTITUTE

Support for this project was received from the California Department of Health Services (under Contract #04-35633), supported by the Preventive Health and Health Services Block Grant from the Centers for Disease Control. Additional support was received from The California Endowment.

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## Executive Summary

On June 22, 2006, the Center for Civic Partnerships (Center) organized and hosted a facilitated cross-sector dialogue in Glendale, California on land use, mobility and public health. The purpose of the meeting was to identify promising strategies and resource opportunities involving multi-sectored collaboration. The 13 participants represented a cross-section of geography, disciplines, community size, and population demographics. All participants had considerable experience with many of the issues discussed.

An overview of the key issues included the relationship of land use and travel behavior to health as well as the problems associated with the decline in vigorous physical activity, e.g., rising obesity rates, and the unprecedented growth in the older adult population. Principles from the Healthy Cities/Communities and Smart Growth movements were presented for reference purposes.

The City of Chino served as the case study to launch the dialogue. The General Plan update process, **Envision Chino – General Plan 2025**, included a recommendation to the General Plan Committee by the Healthy Chino Program that a health element be added. As such, it will be one of the first in the State. The discussion that followed centered on whether to include health as a separate element vs. looking at many/all elements from the perspective of how they impact/influence health (i.e., a lens through which all elements are viewed).

The major points for discussion included concerns and suggestions for defining “health” in a holistic sense and in framing the discussion in ways such as “How do we create health in our everyday lives?” There is a need look at the existing elements like housing and circulation for their health implications. It might be helpful to frame discussions in terms of “how can we best be sure that health considerations are included?”

Additionally, there was agreement that a wider net must be cast for involvement. This includes residents and organized communities; other levels of government, i.e., county public health departments, schools and regional governments. Standards that benefit some aspects of community life might need to be balanced with potential detrimental effects, e.g., wide streets for emergency vehicles can inhibit walkability. Finally, the implementation of the plan is just as important as its development. Having a health element, alone, will be insufficient if there isn't commitment to an ongoing community involvement process. Other conditions for success include: cultivating and recognizing good leadership; creating visibility through good media relations and credible spokespersons; and being willing to slow down, listen and accept criticisms. Short-term strategies include developing guidance documents on model policies and plans; investing in professional training and cross-fertilization among disciplines.

Among the next steps mentioned was to convene the 12 largest developers in the state; develop different strategies for “infill” vs. “greenfill;” survey attitudes on activity-friendly policies and report trends; use grants strategically to help re-direct local resources; reward city-county joint projects; and incentivize the adoption of smart codes.

## Background

For almost two decades, the California Healthy Cities and Communities Program of the Center for Civic Partnerships has brought together leaders from across sectors and disciplines to address community health and livability. Over the last few years, there has been increasing focus, particularly in the public health community, on the relationship of land use to community health and well-being.

On June 22, 2006, the Center for Civic Partnerships (Center) organized and hosted a facilitated cross-sector dialogue in Glendale, California on land use, mobility and public health. The purpose of the meeting was to identify promising strategies and resource opportunities involving multi-sectored collaboration. An extensive identification and recruitment process was used to obtain the perspectives of public health, local policymakers, public administration, research, land development, planning, transportation, philanthropy and the nonprofit sector. The 13 participants represented a cross-section of geography, disciplines, community size, and population demographics. All participants had considerable experience with many of the issues discussed.

Center staff recruited the participants, designed the agenda, and provided reading packets in advance of the meeting, which was timed to coincide with the release of the Center's publication, "*A Healthy Community Perspective on Aging Well.*" The meeting was facilitated by Mr. David Abel, President and CEO of ABL, Inc. and graphically recorded by Leslie Salmon-Zhu.

The goals of the meeting were to:

- increase cross-sector understanding of housing/land use and mobility issues as they impact physical activity for all age groups and the skyrocketing 65+ population anticipated over the next 25 years; and
- identify actionable ideas, practices and resources that can be applied to address housing/land use and mobility in California communities.

## Overview of the Issues

Joan Twiss, Executive Director of the Center for Civic Partnerships, provided a context for the day's discussion on housing/land use and mobility in light of population health concerns, i.e., obesity, asthma, and demographic issues, i.e., aging of the population. She emphasized that debate and diversity of opinion were encouraged in the dialogue.

The relationship of land use and travel behavior to health was illustrated in a slide as conceptualized in a flowchart by Frank, Kavage and Litman<sup>1</sup>. Graphs from the Behavioral Risk

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<sup>1</sup> Frank, L., Kavage, S., Litman, T. Promoting Public Health Through Smart Growth: Building Healthier Communities Through Transportation and Land Use Policies and Practices. SmartGrowthBC. Accessed at: [http://www.smartgrowth.bc.ca/downloads/SGBC\\_Health%20Report%20Final.pdf](http://www.smartgrowth.bc.ca/downloads/SGBC_Health%20Report%20Final.pdf)

Factor Surveillance System were shown demonstrating the decrease in physical activity by age group and the obesity trends in California.

In light of the unprecedented growth in the number of older adults in California in the next 30 years and the need for communities to prepare for this change, the Center researched promising practices and has produced the above mentioned publication. It is clear that housing and mobility are key components to allowing adults to age in place. Two slides of Healthy City/Community Principles and Smart Growth Principles were displayed to draw parallels between these movements. The Discussion Focal Points Matrix (Appendix B) served as a tool to guide the day's discussion.

## **Health Element/Focus in the General Plan**

As a catalyst for dialogue, the convening began with a “real time” case study featuring the City of Chino. The participants heard from Assistant City Manager Patrick Griffin who presented a case study of the City of Chino’s general plan update process which includes adding a health element to the plan. Randall Lewis of Lewis Operating Corporation provided additional insights as a partner in the process.

### **Case Study: City of Chino**

The City of Chino is located in San Bernardino County. Founded in 1887 as an agricultural and dairy community, it was “one of the first inland places to feel the full impact of the outward migration of families and business from Southern California’s coastal counties”<sup>2</sup> in the 1970s. Its current population of 77,578 is expected to grow to 112,800 by 2020, an increase of 45%. With an average of 3.43 people per occupied dwelling unit (in 2000) it is one of the densest cities in the Inland Empire region. The number of dwelling units are projected to increase from 17,990 (2001) to 23,654 in 2020, an increase of 30%. A key to Chino’s future will be the development of its remaining vacant acreage and undeveloped industrial property.<sup>3</sup>

The City of Chino is currently in the process of updating its General Plan.

#### **General Plan Updates**

There is no time frame within which existing general plans are required to be amended, although specific elements (i.e., housing) do have update requirements. Periodic updates to general plans are conducted in order to reflect community values and new development as well as to update technical information.

General plans must address seven topics (“elements”): land use, circulation, housing, conservation, open space, noise, and public safety.” Municipalities are given latitude to combine those elements and/or add additional elements as appropriate to their city. Land use and circulation are the elements most often consulted within a general plan.

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<sup>2</sup> Husing, J.E. (2001). City of Chino: Demographic, Economic & Quality of Life Data. Accessed at [http://www.cityofchino.org/pdfs/Chino\\_2001\\_Econ\\_Presentation.pdf](http://www.cityofchino.org/pdfs/Chino_2001_Econ_Presentation.pdf)

<sup>3</sup> Husing, J.E. (2001). City of Chino: Demographic, Economic & Quality of Life Data. Accessed at [http://www.cityofchino.org/pdfs/Chino\\_2001\\_Econ\\_Presentation.pdf](http://www.cityofchino.org/pdfs/Chino_2001_Econ_Presentation.pdf)

Since the General Plan’s adoption in 1980, it has not undergone a comprehensive update. The update process, **Envision Chino – General Plan 2025**, was designed to “provide a forum for Chino to identify and preserve its unique and special qualities – its identity and history, strong neighborhoods, vibrant commercial areas, and high level of civic participation – while also addressing common concerns like traffic congestion and public health.”<sup>4</sup> It is estimated to cost \$1.7 million, has been scheduled over two and a half years and includes nine phases: outreach and education, State of the City report, visioning, special study area alternatives, city-wide alternatives, general plan, zoning code, Environmental Impact Report (EIR), and review and adoption.

As part of the update process, a recommendation was made to the General Plan Committee by the Healthy Chino Program<sup>5</sup> that a health element be added to the General Plan. The Healthy Chino Program is a 75-member coalition that was formed in September 2004 to provide healthy lifestyle opportunities for the community by addressing several focus areas, including: public education, fitness, nutrition, health and human services and safe and walkable neighborhoods. Coalition members represent a broad range of sectors, including public health, medical, safety, service groups, residents, sports organizations, the school district, local businesses and the City. Housed in the City’s Community Services Department, the Healthy Chino Program is supported by a combination of City funds, private donations and grants from the Lewis Operating Corporation and the California Healthy Cities and Communities Program.

The support of the Lewis Operating Corporation was a by-product of their negotiations with the City of Chino for The Preserve development project. The 1,000 acre development will include 7,300 homes and 33 acres of new parks. The Preserve is being designed using a Community Paseo and Open Space system to promote walking, bicycling and equestrian mobility. Other public amenities include two K-8 schools, a library, a sports park, a gymnasium and a fire station.<sup>6</sup>

The addition of a health element to the General Plan was considered when selecting a firm (DC&E) to update the plan. In addition to DC&E, thirteen subcontractors have been hired to support the process, each with technical expertise related to specific aspects of the General Plan.

The inclusion of a health element in a general plan is groundbreaking; it will be one of the first in the state of California. The health element’s areas of focus include: cultural programs including community art, walkable neighborhood concepts, economic development, land use, transportation, and community services and facilities. The General Plan Committee is working to ensure that the health element isn’t focusing on the *provision* of public health services.

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<sup>4</sup> City of Chino. What is a General Plan? Accessed at [http://www.cityofchino.org/depts/cd/general\\_plan/default.asp](http://www.cityofchino.org/depts/cd/general_plan/default.asp)

<sup>5</sup> The City of Chino is a participant in the Center for Civic Partnerships’ California Healthy Cities and Communities Program. Through their participation, the Healthy Chino Program has received technical assistance and grant funding to complete research on existing general plans with health related elements, collect baseline health statistics for the area, educate the Coalition and City Staff on findings, and begin working with the City of Chino’s General Plan Consultant to develop community driven recommendations on what should be included in the Healthy Chino element of the General Plan.

<sup>6</sup> Lewis Planned Communities (2006). The Preserve at Chino Fact Sheet.

The General Plan Committee held five meetings for community members and business owners to educate them about the update process and solicit additional input on the Plan's 13 elements. The next step involves a visioning process which includes community meetings and a day-long interactive public workshop planned for the months of July and August, 2006.

Randall Lewis added that the City of Chino serves as a great laboratory for this work and highlighted the importance of early buy-in on the process. He also spoke passionately about the power of connections, proceeding slowly but steadily and the importance of public-private partnerships. Another important aspect to the process was an interest by the City Council and executive leadership. One person can not push through an idea such as this without support from others.

The discussion at this point transitioned into a conversation regarding how to do this work in a more strategic way. How can steps be taken to move an agenda forward when all of the conditions are not ideal? Suggestions included: media coverage, getting awards/recognition, and demonstration projects.

A critical gap identified as needing bridging was the coordination with school districts for siting and joint-use issues. In addition, a signification distinction was made regarding strategies for greenfill versus infill development.

### **Summary of Follow-up Discussion**

The group then had a free-flowing discussion on the pros and cons of health as a specific element in the general plan versus looking at many/all elements from the perspective of how they impact/influence health (i.e., a lens through which all elements are viewed).

#### *Definition and Framing*

Cities are faced with myriad issues and a general plan can be an effective mechanism for addressing those issues. However, cities have to exert care so that elements of a general plan do not constrain future work. It is also important to remember that one element of a general plan may work in one community but not in another.

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*“People know what smart growth isn’t. They have a much harder time describing what it is.”*

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There are also implicit challenges with the term “health”, i.e., separating it from “health *care*” in people’s minds. It is important to keep a broad, global definition of health in mind. The question is “How do we create health in our everyday lives?” We need to look at the existing elements like housing and circulation for their health implications. What might be helpful to cities is to frame discussions in terms of “how can we best be sure that health considerations are included?” Community health can serve as a *principal* (see next page) which guides the development of the plan.

### *Who Needs To Be Involved*

A promising practice is having public health represented at the table. This usually requires cities involving county government (in California, only three cities have public health departments). An added value of including public health in the process is tapping in to the generally good relationships they have within the communities they serve. It is also important to weave issues such as sustainability and environmental justice into the decision making process.

One of the challenges is that planners often have little or no background in public health. Likewise, public health professionals are not trained in planning. Public health and planning are starting to work together by bringing together experts in the respective fields and beginning a dialogue process. At the training level, there is growing interest in creating courses in urban design, planning and public health. Training needs to be conducted within groups as well as across sectors. Public health practitioners emphasized that having health in the general plan is insufficient unless organized communities are involved with the process from the early stages through implementation.

Many residents and policymakers view health solely as a county issue, but planning and health are inextricably connected in terms of development patterns, etc. A challenge when discussing health issues is that, often, they do not possess a communicability factor. For example, there is no such thing as second-hand obesity. However, obesity could be framed as a child protection issue. Also, obesity could be framed as a by-product of design that does not include walkable communities.

The role of intergovernmental relationships in planning was discussed at length. This includes, at the local level, the involvement of the city and school districts. The role of regional bodies and their influence on growth was also discussed. For example, regional governments control 75% of the transportation dollars available to cities. It is important to have incentives that metropolitan transit authorities can offer as “carrots”. In Florida, school districts are required to coordinate land use interests. In California, councils of governments are key players in the development of affordable housing and the planning process for the Regional Housing Needs Allocation process.

### *Stand Alone vs. Integrated*

Using an update process that involves community-based meetings can generate priorities that may conflict with the priorities of other departments (example: speed bumps – neighborhoods want them to improve safety, but their installation may slow public safety response times). General Plan committees need to consider whether a component jeopardizes public safety and what the impact/future consequences of that component will be.

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*“It is tough to do a one-size fits all solution.”*

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It is important to balance the needs of the built and the un-built environment. A built-out city is different from one that is growing which has implications for planning and the scope of activities that can be incorporated into a general plan. A health element might work well in new

communities, but in urban, dense, crowded areas it might be more difficult as it is a challenge to incorporate it with existing requirements. The challenge is determining how to connect the two.

### *Standards/Principles for General Plan*

Participants discussed the idea of “standards,” including the prevalence of public safety standards. Discussion focused on how these standards can be a double-edged sword if they are too rigid. For example, the consequences to fire response time determining codes for street width, etc. In other words, competing objectives (e.g., getting fire trucks down wide residential streets) have unintended consequences (less walkable neighborhoods). In addition, organized labor unions were mentioned as having significant power in issues where public safety and the built environment meet.

Participants from the planning and public administration sectors expressed consternation that the indices to measure progress in community health were not agreed upon nor did they necessarily wish to be measured in this area due to concerns about who is ultimately responsible for the outcomes.

### *Implementation*

Just as important as developing the plan is the process of implementing the plan. The implementation process needs to be considered carefully. It may be beneficial to have a health element in the plan but, in and of itself, it may be insufficient. Cities need to be willing to slow down and take their time with the process.

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*“The communities we have now are a consequence of previous general plans.”*

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A health component in a general plan can serve as an incentive for action, but if it isn’t done well it can inhibit buy-in, particularly if city departments cannot meet the objectives as they are written. Additional considerations about a health component include the implementation of additional fees, new processes, etc.

## **Housing/Land Use and Mobility as Key Elements in Healthy/Livable Communities**

### **Conditions for Success**

The following were identified by the dialogue participants as conditions for successfully incorporating health and planning:

- Frame the initial discussion as “how to ensure that health considerations are included.” Also, “Is it about children?”
- Define health using a global/broader definition which is more preventive and upstream in nature.

- Create early buy-in at multiple levels and from multiple sectors, including schools. It is also important to involve community members in the decision-making process.
- Invest in relationships especially between cities and counties.
- Involve regional and statewide players in planning efforts.
- Identify the individuals that need to be included from county government, especially public health. “Health needs to be at the table all along.”
- Public opinion – “Where you live affects your health.”
- Identify a credible spokesperson for the effort.
- Create visibility and recognition for leadership.
- Don’t stop at developing a plan; need to have an implementation strategy.
- The ability to create/change policies (e.g., national lessons from tobacco control).
- Exhibit a willingness to slow down, listen, involve the community and accept criticisms.
- Help indigenous communities organize so they can say whether this is/is not in their vision.

### **Promising Practices & Policies**

The following were identified by the dialogue participants as promising practices and policies:

- Based on the needs/conditions of each locality, determine whether to weave-in a specific health element into the general plan or include health as a general principle.
- Working with organized communities early in the process is a key to successful implementation of the plan. Be clear why you’re engaging them and follow-up. Timing is key.
- Hold a real cross-sector dialogue.
- Establish communication with an integrated team, including developers, public safety, transportation, public health, and city management when appropriate.
- Involve the media, e.g., a journalist on staff can help tell the story.
- Identify what types of health data would be helpful for the planning and measurement process.
- The Bay Area Regional Health Initiative brings public health and planners together on health disparities.
- The Coro Fellows ten-week program on Built Environment, funded by The California Endowment.
- The Robert Wood Johnson’s Active Living Leadership project.
- The State of Florida has implemented legislation which coordinates schools and land use planning.
- Century 21 Grants opened up school facilities.
- Utilize best practices from different arenas.
- Mixed use design gaining in popularity; transit oriented design (TOD) is much more utilized.
- A demonstration project is underway in San Bernardino County between county health and public schools.

### **Short-Term/Intermediary Measures**

- Create a compendium of model policies and/or a how-to guide to including a health element in the general plan or integrate health throughout the plan.
- Create a guidance document which pulls together best practices.
- Place emphasis on relationships so as to remove barriers.
- Invest in professional training and building leadership.

### **Resources**

- Literature linking health with disease rates and obesity which are consistent and cross-sectional.
- The City of Chino as a model from which other cities can work. Results need to be shared.
- Association of Public Administrators – conduct a session on public health at their annual conference.
- NACCHO ([www.naccho.org](http://www.naccho.org)) toolkit – “Land Use 101”
- Public safety leaders, police, fire, emergency responders.
- School board members and superintendents.
- Organizers (e.g., ACORN, faith-based organizations).
- CalTRANS grants for Context Sensitive Solutions (CSS)
- Health Impact Assessments
- Redevelopment plans – can be used to incorporate livability and health improvement as key development guidelines/requirements
- Trust for Public Land
- Urban Land Institute
- Social/environmental justice groups

### **Legislative Proposals/Champions**

- Need to find individuals similar to Dr. Richard Jackson in other sectors.
- Involve the First Lady of California via children’s initiatives and linkages to schools.

## **Next Steps**

- Convene a meeting of the twelve largest developers in California to focus on these issues.
- Develop different strategies for “greenfill” vs. “infill” or “brownfield.”
- Identify and address the needs of a wide range of sectors (e.g., recreation, schools, etc.).
- Map out bringing new participants into the dialogue.
- Identify resources/examples of successful policies and practices (e.g., Complete Streets)
- Develop courses which bridge public health and planning.
- Forge public opinion that where you live affects your health.
- Periodically survey on support for activity-friendly policies and report trends.
- Use grants strategically to build momentum to re-direct local resources

- Establish a funding source for the Community Facilities Act. The Act allows for the establishment of a Mello-Roos Community Facilities District for the financing of public improvements and services.
- Reward city/county joint projects.
- Conduct a city report card – it can get a lot of attention.
- Local jurisdictions adopt smart codes and provide incentives for using them
- Develop a ‘toolkit’ for interested cities so they can do it too.
- Leverage and partner to make money grow.
- Local health departments create multi-sector coalitions to advocate for activity-friendly communities.

At the end of the day, discussion participants were energized by what had been accomplished but also acknowledged that additional time was needed for further discussion. The meeting served to reinvigorate participants and provide an opportunity to look at the issues from a broad perspective (e.g., one size does not fit all). The dialogue highlighted the general consensus around these issues but also illuminated the fact that there is no single pathway. Participants agreed on the importance of creating a local vision and being able to focus on small, deliberate steps to reach that goal.

Some participants strategized local follow-up steps at the conclusion of the meeting. The group emphasized the importance of sharing the dialogue summary at professional meetings and other venues.

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\* Distributed prior to/at the meeting or referenced during the dialogue.

## List of Participants

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**Discussion Focal Points Matrix**

	<b>Conditions for Success</b>	<b>Promising Practices</b>	<b>“Low Hanging Fruit”</b>	<b>Resources</b>	<b>Legislative Proposals &amp; Champions</b>
<p><b>Housing/Land Use</b></p> <ul style="list-style-type: none"> <li>• Provide a range of housing opportunities &amp; choices</li> <li>• Create a strong sense of place</li> <li>• Mix land uses</li> <li>• Direct development towards existing communities</li> <li>• Preserve open space</li> <li>• Take advantage of compact building design</li> </ul>					
<p><b>Mobility</b></p> <ul style="list-style-type: none"> <li>• Create walkable neighborhoods</li> <li>• Provide a variety of transportation choices</li> </ul>					

## Center for Civic Partnerships

The Public Health Institute (PHI), an independent, nonprofit organization, is one of the largest and most comprehensive public health organizations in the nation. PHI is a well-respected and stable organization with a long history of excellence in research, training, technical assistance and community development. For more than 40 years, PHI has been on the forefront of tackling some of the nation's most complex and challenging public health issues.

PHI's Center for Civic Partnerships, based in Sacramento, is a support organization that strengthens individuals, organizations, and communities by facilitating learning, leadership development, and networking. The Center's main areas of focus are community-building and organizational development with a cross-cutting emphasis on sustainability. Center staff assist municipalities, community-based organizations and coalitions to achieve their missions and improve residents' quality of life. The Center has extensive experience in California, having worked in over 150 communities in each of the State's 58 counties, and nationally. The Center provides consultation, sponsors educational programs and develops resource materials for local policy makers and executive administrators in government and nonprofit organizations.

Since 1987, the Center has been a leader in the national healthy communities movement with the establishment of California Healthy Cities and Communities (CHCC). It was the first statewide domestic program of its kind. Over 70 cities and communities have participated in the program to address issues such as healthy eating and physical activity, youth development, neighborhood enhancement, public safety, tobacco control, and more recently, healthy aging. In addition to one-on-one consultation, participating community representatives receive extensive referrals, publications, tools and access to a peer network. The CHCC *Network* is a membership program which links current and past participants and interested others through electronic communications and an annual meeting.

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