TUOLUMNE COUNTY
HEALTH IN ALL POLICIES REVIEW

Final Report

Prepared for:

County of Tuolumne
2 South Green Street
Sonora, CA 95370

Prepared by:

ChangeLab Solutions
Oakland, CA
www.changelabsolutions.org

In association with:

Rincon Consultants, Inc.
San Luis Obispo, CA
www.rinconconsultants.com

July 2013
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Introduction &amp; Background</td>
<td>1</td>
</tr>
<tr>
<td>2.0 Health in All Policies: Review, Analysis and Recommendations</td>
<td>3</td>
</tr>
<tr>
<td>2.1 Safe Routes to School</td>
<td>3</td>
</tr>
<tr>
<td>2.1.1 Results of Safe Routes to School Policy Review</td>
<td>4</td>
</tr>
<tr>
<td>2.1.2 Best Practices Related to Safe Routes to School</td>
<td>7</td>
</tr>
<tr>
<td>2.1.3 Potential New SRTS Policy Options</td>
<td>8</td>
</tr>
<tr>
<td>2.2 Sugar-Sweetened Beverages</td>
<td>9</td>
</tr>
<tr>
<td>2.2.1 Results of the Sugar Sweetened Beverages Policy Review</td>
<td>11</td>
</tr>
<tr>
<td>2.2.2 Best Practices Related to Sugar Sweetened Beverages</td>
<td>11</td>
</tr>
<tr>
<td>2.2.3 Potential Policies to Consider for Sugary Drinks</td>
<td>11</td>
</tr>
<tr>
<td>2.3 Smokefree Multi-Unit Housing</td>
<td>12</td>
</tr>
<tr>
<td>2.3.1 Results of Policy Review Related to Smokefree Multi-Unit Housing</td>
<td>14</td>
</tr>
<tr>
<td>2.3.2 Best Practices Related to Smokefree Multi-Unit Housing</td>
<td>15</td>
</tr>
<tr>
<td>2.3.3 Potential New Policy Options for Smokefree Multi-Unit Housing</td>
<td>15</td>
</tr>
<tr>
<td>Appendix 1: Documents Reviewed</td>
<td>17</td>
</tr>
<tr>
<td>Appendix 2: Additional Resources</td>
<td>18</td>
</tr>
</tbody>
</table>
1.0 Introduction & Background

The health and well-being of Tuolumne County residents are fundamental to our quality of life and economic vitality. Health starts in our homes, schools, and neighborhoods. It is in these places where we can find opportunities to improve health, by ensuring that everyone has nourishing food, safe places to walk, bike, and be active, and clean air indoors and out.

The idea that health happens where we live, work and play is embodied by a “health in all policies” approach, which promotes better health for everyone by improving access to healthy environments throughout the community. There are a number of strategies that local governments can pursue, including: updating land use policies to address a wide range of community health concerns, partnering with other government agencies to make smarter investments and coordinate efforts, and ensuring that when public money is spent, it is used to promote health.

The Tuolumne County Health in All Policies report provides a starting place for this approach, focusing on three important health issues:

1. Promoting physical activity by implementing Safe Routes to School policies and programs so that children and their caretakers can safely and conveniently get to and from school by engaging in active transportation;

2. Promoting healthy eating by developing policies to limit access to sugar-sweetened beverages and increase access to healthier, lower sugar alternative beverages; and

3. Promoting tobacco-free living by identifying policies regarding smoke-free multi-unit housing.

This document summarizes a review of existing County policies, codes, and documents and identifies best practices and policy options to align with the three key issue areas identified. See Appendix 1, Documents Reviewed, for a full list of policies reviewed (only the most relevant are excerpted here).

Funding for this report was provided by a Community Transformation Grant (CTG) as part of the CA4Health initiative. CA4Health works to improve public health in 42 of California’s least populous counties by reducing exposure to tobacco smoke, encouraging physical activity and healthy eating, creating healthy and safe physical environments, and promoting quality clinical and preventive services. The five-year CA4Health initiative is part of the CTG program administered by the Centers for Disease Control and Prevention. The non-profit Public Health Institute leads CA4Health in partnership with the California Department of Public Health. Both organizations coordinate closely with local health departments to advance CA4Health’s public health priorities.

This report is a companion to the Tuolumne County General Plan and Regional Transportation Plan Evaluation and Analysis, a separate report focusing on Tuolumne County’s Distinctive Communities.

---

1 A broad range of model general plan policies that promote health is included in ChangeLab Solutions’ toolkit, How to Create and Implement Healthy General Plans (2008), available at: http://changelabsolutions.org/publications/toolkit-healthy-general-plans.

2 Active transportation includes any method of travel that is human-powered, including but not limited to, walking, bicycling, in-line skating, or skateboarding.
Tuolumne County
Health in All Policies Review

Growth Scenario. Funding for that report was provided by the Rural Regional Blueprint Planning Grant from the California Department of Transportation (Caltrans).

Public Participation
The Draft Health in All Policies Review report was available for public review on the County’s website and at the Community Resources Agency’s office beginning April 12, 2013, and public comments were accepted through June 3, 2013. In addition, two public meetings were held to review the draft report recommendations and gather feedback. The first meeting was held in Groveland at the Groveland Library/Museum on May 6, 2013 and the second event was held at the Board of Supervisors meeting on May 7, 2013. No comments were submitted regarding the Draft Health in All Policies Review report.

Distinctive Communities Growth Scenario:

Within the Distinctive Communities Alternative Growth Scenario each community contains a well-defined, cohesive, and compact community built around an appropriately-scaled urban core and community gathering places. The size of each community is based on a locally defined urban development boundary area as well as a defined community boundary. The existing urban development boundaries may be expanded to allow dense growth to occur near existing community nodes. Infill and mixed-use are encouraged to take advantage of existing public infrastructure and services. Residential and commercial areas become more compact within new urban development boundaries promoting mixed-use and higher density residential development to supply housing demand. With compact neighborhoods, auto dependency and new roads are reduced and transportation options are increased.

This scenario will create and provide a mixture of residential, retail, entertainment, office and commercial uses near each other within the urban development boundaries creating active communities. By having compact communities, auto dependency is greatly reduced and walking, bicycling and transit use becomes an increasing form of transportation.

Urban development is centralized within the urban development boundaries with rural development radiating outward to the defined community boundaries. Surrounding rural development will serve as buffers between communities and help meet the functional needs of the natural environment and nearby agriculture production. Rural development may be primarily located on the fringe of defined communities, but clustered or grouped together to make the best use of infrastructure and avoid disruption to agricultural lands and environmentally sensitive areas. Under this scenario, no changes would be made that decrease allowable density on any parcels (i.e. down-zone) and non-urban development will continue to be allowed in the rural areas of the County.

Transportation investments are used to link communities and to support a wide range of mobility choices within individual communities. More than one downtown, community center or pedestrian-oriented center is possible in each community, providing a 5-minute walk (1/4 mile) between home and the core of a community, jobs, recreation, community facilities and transit. Local government policies and programs would work in concert to encourage more complete and economically self-sufficient communities, where residents can live, work, and shop in the same community.
2.0 Health in All Policies: Review, Analysis and Recommendations

2.1 SAFE ROUTES TO SCHOOL

In 1969, approximately 41 percent of children walked or bicycled to school, including almost 90 percent of children living within one mile of school. Today, 22 percent of California’s rural school age children reported walking, biking or skating to school, but the numbers are even lower in Tuolumne County, where fewer than 15 percent of children report doing so.³

Engaging in active transportation when traveling to and from school can be a convenient way for students and their caretakers to be more physically active every day. Safe Routes to School (SRTS) programs and policies make it safer and more convenient for students and their caretakers to actively commute to and from school. Not surprisingly, California was the first state in the country to pass a law establishing SRTS programs and it continues to be a leader in this arena.⁴

SRTS programs and policies help students, their caretakers, communities, and the environment in four significant ways:

1. **Health**: Walking, bicycling, and other forms of active transportation not only save costs related to busing students, but they also allow students to engage in physical activity, which reduces the risk of obesity and related chronic diseases such as diabetes, heart disease, stroke, and certain cancers.⁵

2. **Learning**: When children exercise before school, they arrive focused and ready to learn.⁶ By adopting SRTS programs and policies, schools can increase students’ health and readiness to learn without taking time away from existing school-day activities or placing additional burdens on teachers. Healthier children also miss fewer days of school.

---


⁴ California was the first state in the country to pass a law setting up Safe Routes to School programs, enacting Assembly Bill 1475 in 1999. The state has now made the program a permanent fixture through Assembly Bill 57, passed in 2007, which ensured funding through the State Highway Account.


3. **Environment**: Replacing motor vehicle trips with active transportation reduces the carbon footprint and results in fewer greenhouse gas emissions, less noise pollution, and better air quality, which is of particular benefit to students with asthma.  

4. **Community & Safety**: Ten to 25 percent of morning rush-hour traffic is attributable to families driving their children to school. An increase in active transportation to and from school reduces traffic congestion and risk of involvement in a motor vehicle accident. In addition, walking and bicycling increases community interaction and sense of place.

### 2.1.1 Results of Safe Routes to School Policy Review

Tuolumne County has a solid base of existing, supportive goals, policies, and implementation programs from which to build more robust SRTS infrastructure and programs. The most relevant of these existing goals, policies, and implementation programs are identified below.

1. **Tuolumne County General Plan**
   a. **Land Use Element (pp. 1-2, 1-3, 1-6, 1-7)**
      i. **GOAL 1.A**: Protect and enhance the quality of life for all residents of Tuolumne County while facilitating growth and development to meet the present and future needs of the County’s residents, visitors and businesses.

      1. **Implementation Program 1.A.h**: Formulate community plans for the defined communities that provide adequate lands for community-oriented services and amenities in and near residential neighborhoods, including schools, branch libraries, open areas and parks and limited neighborhood commercial uses to provide a focus and community center for neighborhoods. These plans should also promote the linking of these types of facilities through pedestrian/bicycle paths.

      ii. **GOAL 1.D**: Encourage development that promotes the use of alternative transportation systems.

      1. **Implementation Program 1.D.d**: Identify routes for new bicycle and/or pedestrian facilities to link existing residential development to nearby commercial areas and community centers and facilities, such as schools, and

---


to link existing and new defined communities to one another where feasible.

b. Circulation Element: Non-Motorized Transportation (pp. 2-13, 2-14)
   i. GOAL 2.B: Encourage the use of alternative means of transportation by providing safe bicycle and pedestrian facilities between high use areas thereby reducing road congestion which improves circulation, health and air quality within the County.
   ii. GOAL 2.C Provide safe, effective and efficient transportation service which meets the reasonable needs of transit dependent senior citizens and residents within Tuolumne County.
   iii. Implementation Programs – Almost all of the Implementation Programs relate to SRTS in some aspect, such as school siting, bicycle storage facilities, bicycle/pedestrian street design, etc. (See, e.g. Implementation Program 2.B.b, which states that new bicycle and pedestrian facilities should be designed to accommodate preferred safe routes to the school from nearby population centers.)

c. Public Facilities and Services Element (pp. 7-4, 7-5)
   i. GOAL 7.C: Encourage school facilities planning and site acquisition to be coordinated between school districts and Tuolumne County in order to provide public schools that are physically and functionally integrated with their communities.
      1. Implementation Programs
         a. 7.C.e: Integrate schools into the system of alternative transportation corridors, such as bike lanes, and riding and hiking trails, so that as many students as possible can walk or bike to school.
         b. 7.C.f: Link schools to adjacent neighborhoods by sidewalks and bike paths to provide students safe access routes to school.
         c. 7.C.g: Encourage schools to be located in residential areas to promote the use of school facilities as community centers, with their associated educational, cultural and recreational opportunities, and minimize transportation costs.

d. Recreation Element (pp. 8-1 – 8-5)
   i. GOAL 8A: Provide an adequate supply and equitable distribution of recreation facilities for residents based on existing and projected population and the results of community needs surveys.
      1. Implementation Program 8.A.d: Construct a minimum of 35 miles of trails for bicycle, pedestrian and, where feasible, equestrian use linking the County's major population centers with other local, state and federal recreational facilities, significant open space areas, libraries, schools, neighborhoods, public facilities and other destination points.
2. **Policy 8.B.4**: Cooperate with the City of Sonora, public schools, recreation and park districts, community services districts and other providers of recreational facilities to provide a coordinated approach for the acquisition, construction and maintenance of recreational facilities.

3. **Implementation Program 8.B.a**: Promote the sharing of recreational facilities between the County and the public schools by coordinating with the schools in master planning new recreational facilities and exploring opportunities to share the costs of acquisition, construction, maintenance and administration of such facilities. Where feasible, link the recreational facilities provided by schools to those offered by the County and other agencies providing public recreational facilities through a regional trail system.

4. **Implementation Program 8.C.b**: Develop plans for recreational trails which target routes that link the County's major population centers with other local, state and federal recreational facilities, significant open areas, libraries, schools, neighborhoods, public facilities and other destination points for greatest consistency with trail routes identified in the Regional Transportation Plan (RTP) and Circulation Element. Grant applications for facilities under the RTP should be coordinated with grant applications for recreation trails. Updates of both the RTP's non-motorized element and the Recreation Master Plan should be coordinated for consistency.

e. **Air Quality Element (p. 12-3)**
   i. **GOAL 12.B**: Reduce traffic congestion and vehicle trips through more efficient infrastructure and support for trip reduction programs.
      1. **Implementation Program 12.B.e**: Establish standards for new urban residential development to participate in the construction of pedestrian facilities necessary to allow children to safely walk to and from school or bus stops.

f. **Community Identity Element (pp. 13-5, 13-6)**
   i. **GOAL 13.B**: Advocate the master planning of new and existing communities to direct the development of integrated communities containing housing, shops, workplaces, schools, parks and civic facilities essential to the daily life of the residents.
      1. **Policy 13.B.8**: Support the location of new school facilities that provide convenient and safe access for students; schools should be linked by footpaths to surrounding residential neighborhoods.

 g. **Community Plans** – Several of the Community Plans contain language supportive of SRTS policies and programs. See, for example:
   ii. Chapter 17 Tuolumne Community Plan, Policies 17.E.a.8; and 17.E.11; 17.G.c.
iii. Chapter 18 Mountain Springs Community Plan, Chapter 3

2. **Tuolumne Community Mobility Study** – This is a helpful study that highlights needs and priorities to increase active transportation. It contains findings that are supportive of SRTS related policies and programs.

3. **County Bikeways and Trails Plan** – This plan contains language supportive of SRTS related policies and programs.

4. **Student Wellness - Board Policy 5030(c):** Although not a County policy, and although the County does not have any decision making authority over School Board decisions, Board Policy 5030(c) explicitly supports SRTS programs: “....Opportunities for moderate to vigorous physical activity shall be provided through physical education and recess and may also be provided through school athletic programs, extracurricular programs, before- and after-school programs, programs encouraging students to walk or bicycle to and from school, in-class physical activity breaks, and other structured and unstructured activities.

2.1.2 **Best Practices Related to Safe Routes to School**

Many communities embrace SRTS programs and policies as a way to increase children’s physical activity, learning, and overall health as well as reduce traffic congestion and related injuries, improve air quality, and even save on busing costs. Jurisdictions across the state – and indeed the nation – have successfully implemented SRTS programs and policies. In California alone, locations diverse as Marin County\(^9\) and Bakersfield\(^10\) have strong SRTS programs and policies. Successful SRTS policies and programs generally include three main components:\(^11\)

1. **Data collection and analysis** of street conditions, traffic collisions and injuries, vulnerable populations (such as low-income students, students of color, students with poor health outcomes, households without vehicles, disabled populations, etc.) and current transportation patterns of students and caregivers to identify infrastructure and programmatic needs and prioritize improvements in an equitable way;

2. **Amendments to transportation and land use policies**, including codes and general plans, to include language that supports and prioritizes SRTS infrastructure, policies, and programs; and

3. **Partnerships with diverse stakeholders**, including but not limited to, school districts, parents/guardians, students, community based organizations, local businesses, City/County agencies (public works, engineering, planning, transportation, public safety, public health), and social equity and disability rights advocates, to promote and encourage safe active transportation and educate students and caregivers about designated safe routes.

---

\(^9\) See [www.saferoutestoschools.org](http://www.saferoutestoschools.org).

\(^10\) See [www.bikebakersfield.org/programs/srts.html](http://www.bikebakersfield.org/programs/srts.html)

Such policies and programs are most effective when they are the result of collaboration between local government, school districts, and community members. Common barriers to SRTS policies include occasions where a school or district has an existing policy that disfavors walking or bicycling to school or when a local jurisdiction (i.e. city or county) has policies that discourage active transportation.

### 2.1.3 Potential New SRTS Policy Options

Based on the review of research and analysis on the impact of SRTS on student and community health and well-being, together with our analysis of Tuolumne County policies, the following changes are recommended. *(Note: The recommendations identified below are also included in the Tuolumne County General Plan and Regional Transportation Plan Evaluation and Analysis report).*

#### County General Plan – Land Use Element

a. Add a program that reads: Consider the feasibility of developing a Sidewalk Priority Plan. (A Sidewalk Priority Plan would identify all existing sidewalks as well as future sidewalks throughout the County. Typically, communities prioritize retrofitting existing and constructing new sidewalks that connect residents to schools, bus lines and other transit stops, and parks and open space. Priorities may be driven by surveys, health and collision data, and community input.)

b. Add a program to: Update the local street design standards to include universal design criteria for street infrastructure such as sidewalks, pedestrian curb ramps, crosswalks, street lighting, shade trees, and curb extensions.

#### County General Plan - Circulation Element

a. Update the Circulation Element as required by Assembly Bill 1358 to incorporate robust Complete Streets language. Model Complete Streets general plan language can be found in Appendix 2: Additional Resources *(Model General Plan Language on Complete Streets for California Cities and Counties)*.  

b. Add a new program that reads: Identify all hazardous conditions on commonly used routes to and from school and establish a timeline for implementing improvements based on the severity of the hazard and financial feasibility. As part of this identification, the County should gather data regarding rates of injuries at intersections/routes commonly used for active transportation to and from school to help prioritize infrastructure improvements.

c. Add a new program that reads: Develop recommended routes to school for neighborhoods within walking/bicycling distance to school – generally considered to be one mile – including maps showing preferred routes. As part of this development of recommended routes, the County should gather data regarding student and caretaker residences and related distances to school.

---

12 In addition, the Governor’s Office of Planning and Research (OPR) has provided guidance here:  
d. Amend Non-motorized Transportation Program 2.B.b to read: Coordinate Bike and Pedestrian Facility Design with Schools.

County General Plan – Public Facilities and Services Element

a. Add a policy to: **Encourage School Districts to draft and adopt Safe Routes to Schools policies and administrative regulations that implement the policies.**

b. Add a policy to: **Encourage the School Districts to provide traffic safety education and bicycle skills-training workshops to County residents, and students in particular.**

c. Add a policy to: **Encourage the School Districts to provide school buses that are equipped with bicycle racks, and that bus stops are located along routes that encourage active transportation to and from school, and that crossing guards are provided for all County schools.**

County Ordinance Code

a. Amend Ordinance Code Chapter 11.12 (Basic Road Design and Construction Standards) to include provisions for street design techniques that support all forms of active transportation, specifically walking and bicycling, on routes commonly used to travel to and from school such as sidewalks, pedestrian curb ramps, crosswalks, street lighting, shade trees, and curb extensions. A model Complete Streets ordinance can be found in Appendix 2: Additional Resources (Model Local Ordinance on Complete Streets).

b. Amend Ordinance Code Title 11 (Road Standards) to create a new section addressing Complete Streets. A model Complete Streets ordinance can be found in Appendix 2: Additional Resources (Model Local Ordinance on Complete Streets).

c. Amend Ordinance Code Chapter 12.32 (Coasting Devices) to promote use of coasting devices used by students to travel to and from school (such as scooters, skateboards, and in-line skates) and to ensure that such devices are permitted, where appropriate, on routes commonly used to travel to and from school.

2.2 **Sugar-Sweetened Beverages**

Sugar-sweetened beverages, such as non-diet soda, sports drinks, energy drinks, and sweet teas, account for the growing proportion of calories consumed by children and adults. These sugar-

---

13 There are many types of walking and biking curricula, including short safety skills clinics, bicycle rodeos that teach skills and safety, comprehensive in-class safety training, and “train-the-trainer” models. Curricula are designed to meet the developmental level of the student. The best curricula can also meet state educational standards. Typically, pedestrian skills and safety workshops occur in kindergarten or 1st grade and bicycle skills and safety workshops occur in 4th or 5th grade.

14 Sugar-sweetened beverages (SSBs) include all sodas, fruit drinks, sport drinks, low-calorie drinks and other beverages that contain added caloric sweeteners, such as sweetened tea, rice drinks, bean beverages, sugar cane beverages, horchata and nonalcoholic wines/malt beverages. For a more comprehensive list of sugar-sweetened beverages, refer to the November 2009, Research Synthesis by Healthy Eating Research, The Negative Impact of Sugar-Sweetened Beverages on Children’s Health. Available at: [www.healthyeatingresearch.org/images/stories/her_research_briefs/her_ssb_synthesis_091116.pdf](http://www.healthyeatingresearch.org/images/stories/her_research_briefs/her_ssb_synthesis_091116.pdf).
sweetened beverages (SSBs) offer little or no nutritional value, but contain massive quantities of sugar.\textsuperscript{17} Sugar in liquid form accounts for almost half the total added-sugar intake in the U.S. population, and SSBs displace healthier, more nutrient-dense beverages like milk, 100% fruit juice, and water.\textsuperscript{18} Soft drinks now contribute more added sugars to the diet than any other single type of food or beverage.\textsuperscript{19} Children are consuming 10 to 15 percent of their daily caloric intake from SSBs, and many times the recommended amount of refined sugar per day as a result.\textsuperscript{20} Additionally, Americans who are at greatest risk for obesity, including African-Americans, Mexican-Americans, and lower education and income populations, have the highest intake of sugar-sweetened beverages.\textsuperscript{21}

Numerous scientific studies demonstrate the link between consumption of SSBs and obesity.\textsuperscript{22,23,24} A recent meta-analysis examining 88 cross-sectional and prospective studies that explored the relationship between soft drink intake and nutrition or health outcomes found that higher intake of soft drinks was associated with greater energy intake, higher body weight, lower intake of other nutrients, and worse health outcomes.\textsuperscript{25} Subsequent analyses from a large trial confirmed these findings, namely, greater weight loss as SSB intake decreased.\textsuperscript{26} Additionally, consumption of SSBs has been linked with an
increase in blood pressure.\textsuperscript{27} Research has also shown that reducing SSB consumption by one serving per day is associated with a drop in blood pressure.\textsuperscript{28}

2.2.1 Results of the Sugar Sweetened Beverages Policy Review

At this time, the County policy documents provided for this review do not address SSBs. However, according to the County health officer, the County plans to release a request for vending services that could include nutrition standards, such as requiring 75 percent of products to meet nutrition criteria.\textsuperscript{29}

2.2.2 Best Practices Related to Sugar Sweetened Beverages

As a result of the growing evidence linking SSB consumption to poor health, many communities around the country are restricting access to SSBs through a variety of policies. Below are best practices that may reduce SSB consumption, and that can be implemented at the county level:

- Establish limits on SSBs in County-funded child care, after-school programs, and youth-focused activities. Assembly Bill 2084 (codified as Health and Safety Code § 1596.808) requires State-licensed childcare facilities to follow nutrition standards for beverages, however, not all child care or child-oriented recreational facilities in the County may be licensed by the State.

- Establish a healthy vending policy that establishes nutrition standards and provides healthier options for SSBs in vending machines in County facilities, including:
  - Parks
  - County administrative and office buildings
  - Other community facilities owned or managed by County government, such as libraries.

- Establish nutrition standards for vending and other food service (known as procurement) that limits or prohibits SSBs from being purchased with County funds.

- Encourage restaurants and retailers where SSBs are sold to offer and promote healthier alternatives.

2.2.3 Potential Policies to Consider for Sugary Drinks

Based on the research and analysis on the impact of SSBs on health and analysis of Tuolumne County policies, the following policies are recommended to reduce the consumption of SSBs.

County General Plan

a. It is recommended that the County develop a Health Element for the County General Plan where policies related to healthy eating, including SSBs, can be housed. See Appendix 2: Additional Resources (How to Create and Implement Healthy General Plans), for model Health Element policy language.


\textsuperscript{29} Stolp, Todd. Phone communication, 9/28/2012.
Tuolumne County

Health in All Policies Review

b. Add a policy to the recommended Health Element: Develop and implement a healthy food purchasing and vending policy. Establish nutrition standards for food and beverage served in County facilities and operations and County-sponsored activities and meetings.30

c. Add a policy to the recommended Health Element: Encourage restaurants and food retailers to promote healthy eating. Pursue the establishment of a “Healthy Food Retailer” certification program and use economic development and land use incentives, such as technical assistance or recognition programs to actively enroll existing convenience stores and grocery stores, and to attract new food retailers that meet healthy criteria.31

d. Add a policy to the recommended Health Element: Encourage healthier restaurants. Pursue establishing a “Healthy Restaurant” certification program and use economic development and land use incentives, such as technical assistance or recognition programs, to actively recruit new restaurants that meet healthy criteria.32

2.3 SMOKEFREE MULTI-UNIT HOUSING

Secondhand smoke is a leading cause of death and disease in the United States, thought to be responsible for as many as 73,000 deaths among nonsmokers each year.33 The U.S. Surgeon General concluded that there is no risk-free level of exposure to secondhand smoke.34 The California Air Resources Board placed secondhand smoke in the same category as the most toxic automotive and

30 Such nutrition standards have been established by numerous communities around the country and throughout in California, including Redding, Sacramento, Contra Costa County, and Fresno County. For more information see, California Center for Public Health Advocacy. Local Beverage Policies adopted by California Cities and Counties. August 2012. Available at: www.publichealthadvocacy.org/_PDFs/beverage_policies/CABeveragePolicies_Cities_Counties.pdf.

The County Health Department has indicated that they are currently developing a vending contract that will include nutrition standards. The County may wish to consider establishing a healthy baseline, such as 75 percent of beverages sold must meet nutrition standards, with the option to increase this percentage over time. One advantage of implementing a policy requiring 100 percent of beverages to be healthy is that it may make implementation and enforcement easier. The office responsible for the policy will not have to distinguish between healthy and unhealthy products and check on the ratio every time it checks vending machine products.

31 Although the County is primarily interested in reducing consumption of SSBs, it may wish to look at broader nutrition strategies that affect the entire food environment, including availability of SSBs. Restaurants and food retail outlets are common targets for healthy eating initiatives. For example, the cities of Detroit (MI) and Arden Hills (MN) prohibit fast food restaurants from locating near schools or other child-serving facilities through zoning. See, e.g., Detroit, Mich., Municipal Code § 61-12-91 (2008); Arden Hills, Minn., Municipal Code § 1325.04(1)(A) (2006).

32 While mandatory policies ensure broader impact and can be less costly, some communities find voluntary or incentive-based policies to be a more appropriate first step towards creating healthier environments. Communities around the country, including Sonoma County (CA) and Douglas County (NE), have been exploring healthy food retail and healthy restaurant certification as a collaborative approach to limiting unhealthy food access and increasing healthy food access. Such programs offer incentives, like free advertising and technical assistance, to food retailers or restaurant owners in exchange for these businesses meeting nutrition standards and other business operating standards established by entity operating the program. These programs are most commonly implemented by local health departments and community-based organizations focused on health, nutrition, or hunger. For more information, see ChangeLab Solutions. Putting Health on the Menu: A Toolkit for Creating Healthy Restaurant Programs (2012). Available at: changelabsolutions.org/publications/putting-health-menu.


industrial air pollutants by categorizing it as a toxic air contaminant for which there is no safe level of exposure. In addition, the California Environmental Protection Agency included secondhand smoke on the Proposition 65 list of chemicals known to the state of California to cause cancer, birth defects, and other reproductive harm.

A county-wide survey of tobacco use was coordinated in October 2012 by the Tuolumne County Health Department as part of the local Community Transformation Initiative effort, providing reliable data pertaining to rates of tobacco use, second-hand smoke exposure and interest in tobacco control measures by residents in local multi-unit housing. The results include the following findings:

- 26 percent of respondents smoke cigarettes (one of the highest rates in the state);
- 44 percent of local households with children have at least one member of the household using some form of tobacco;
- 40 percent of those living in apartment or condominium complexes report frequent or occasional exposure to second hand tobacco smoke; and
- 57 percent of respondents support laws limiting smoking in outdoor common areas of apartment buildings, such as entryways, swimming pools and courtyards.

The Surgeon General has concluded that eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure and that separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot completely prevent secondhand smoke exposure. Moreover, studies have found that nonsmokers who live in multi-unit dwellings can be exposed to neighbors’ secondhand smoke when secondhand smoke seeps under doorways and through wall cracks. Persons living in apartments near smokers can be exposed to elevated pollution levels for 24 hours a day, and at times, the particulate matter exposure can exceed the U.S. Environmental Protection Agency’s 24-Hour Health Based Standard. Thus, nonsmokers are at-risk of exposure to secondhand smoke even when secondhand smoke emanates from adjacent units.

Several studies have shown that prohibitions on indoor smoking have been effective in reducing exposure to secondhand smoke and reducing respiratory illnesses. A study by the International Agency for Research on Cancer (IARC) found that bans on indoor smoking reduced the health effects of second-hand smoke. The IARC reviewed several studies on smoking bans in commercial environments, such as

---


36 California Environmental Protection Agency, Office of Environmental Health Hazard Assessment. Chemicals Known to the State to Cause Cancer or Reproductive Toxicity. 2006, p. 8 & 17. Available at: www.oehha.ca.gov/prop65/prop65_list/files/P65single081106.pdf.


offices and eating establishments, and such studies found that smokefree work environments lead to a substantial decline in exposure to Environmental Tobacco Smoke (ETS), reduced social inequalities in ETS exposure at work, and appeared to cause a decline in heart disease morbidity in workers. Longer term studies are needed to determine the effect on lung cancer, but the decline in exposure to ETS has led to short term reductions in acute respiratory illnesses. Moreover, smokefree environments contribute to reductions in smoking behavior, especially when a home is smokefree.

2.3.1 Results of Policy Review Related to Smokefree Multi-Unit Housing

California law prohibits smoking in virtually all indoor places, such as all places of employment, reflecting the state policy to protect against the dangers of exposure to secondhand smoke.\(^{41}\) California law declares that anything which is injurious to health or obstructs the free use of property, so as to interfere with the comfortable enjoyment of life or property, is a nuisance.\(^{42}\) Moreover, local governments are legally required to “take measures necessary to preserve and protect the public health,” including the adoption of any ordinances, regulations or orders for such purpose.\(^{43}\) Accordingly, local governments have broad latitude to declare nuisances and are not constrained by prior definitions of nuisance.\(^{44}\) A local ordinance that requires residential rental agreements to include a prohibition on smoking of tobacco products within rental units is not prohibited by California law.\(^{45}\) While some have argued that smoking indoors is a right of personal freedom, we have not found any legal or constitutional right to smoke.\(^{46}\)

A review of existing County policies related to secondhand smoke in multi-unit housing found the following existing policies:

**County Code of Ordinances, Chapter 8.36**

- Section 8.36.040(A)(11) of the Tuolumne County Ordinance Code currently prohibits smoking in indoor common areas of multi-unit residences.

- Section 8.36.050(B) currently prohibits smoking in “all enclosed facilities within a place of employment without exception;” however section 8.36.060(A)(4) goes on to exempt “a residential care facility where a specific room with a separate ventilation system, is designed for smoking and the smoke does not impede the health of others.”

- Section 8.36.060(A)(1) explicitly exempts “private residences, except when used as a child care or health care facility.”

---

\(^{41}\) California Lab. Code § 6404.5 (West 2009).

\(^{42}\) California Civil Code § 3479 (West 2009).

\(^{43}\) California Health & Safety Code § 101450 (West 2009).

\(^{44}\) In Re Jones, 56 Cal.App.2d 658, 663 (1943); See also Cal. Const., art. XI, § 7 and Cal. Gov. Code § 38771 (West 2009).

\(^{45}\) California Legislative Counsel Op., 21547, Secondhand Smoke in Multi-Unit Housing (Apartments & Condos) Smoking Bans: Residential Rental Property, (September 23, 1999). Highlights available at: [www.respect-ala.org/drift_samsmokingbans.htm](http://www.respect-ala.org/drift_samsmokingbans.htm).

Section 8.36.070(A) requires “No Smoking” signs to be posted in every place where smoking is prohibited by the Health & Safety Code, to be placed there by the person with control over the location (e.g. a landlord/property owner/property manager).

2.3.2 **Best Practices Related to Smokefree Multi-Unit Housing**

To date, over two dozen communities throughout California have passed laws to prohibit smoking in some or all of the multi-unit residences in their jurisdiction. Examples of the most commonly found provisions are listed below. These provisions are considered to be the core provisions that make a smokefree multi-unit housing policy effective at protecting residents from involuntary exposure to secondhand smoke in their units.

- Establish smokefree units in multi-unit residences
- New tenancies: 100 percent of units required to be smokefree
- Existing tenancies: minimum 80 percent of units must become smokefree after 1-year phase-in period
- Establish smokefree common areas in multi-unit residences
- Indoor common areas must be 100 percent smokefree
- Outdoor common areas must be 100 percent smokefree except for designated smoking areas, which must be located a reasonable distance from all doors, windows, or vents
- Establish smokefree buffer zones around multi-unit residential buildings
- Require mandatory “No Smoking” signs in smokefree locations
- Require disclosure (specifying where smoking is allowed – state law already requires disclosure of where smoking is prohibited)
- Designate involuntary exposure to secondhand smoke to be a nuisance

2.3.3 **Potential New Policy Options for Smokefree Multi-Unit Housing**

Based on the analysis of the evidence demonstrating the negative health effects of exposure to secondhand smoke and the review of current County policies, the following policies are recommended to reduce residents’ exposure to second-hand smoke.

**County General Plan – Housing Element**

a. Add a policy to: Encourage new multi-family developments to include smokefree policies to limit residents’ exposure to the harmful effects of second-hand smoke.

---

b. Add a policy to: Explore the development of incentives for landlords who implement voluntary smoke-free policies in residential properties, such as discounts or waivers on administrative fees (such as certificate of occupancy or inspection fees).

Chapter 8.36 of the Tuolumne County Ordinance Code (Clean Indoor Air and Health Protection)

Add provisions consistent with what other California communities have done to support smoke-free multi-unit housing. Appendix 2: Additional Resources Smokefree Housing Ordinance: A Model California Ordinance Regulating Smoking in Multi-Unit Residences includes additional information about these provisions.

a. Declare involuntary exposure to secondhand smoke in a residential setting to be a public nuisance. (See Model Smokefree Housing Ordinance Section 11(c)).

b. Require landlords to disclose to all prospective tenants of a multi-unit residence where smoking is allowed on the property. (See Model Smokefree Housing Ordinance Section 8).

c. Prohibit smoking in outdoor common areas of multi-unit residences, including mobilehome parks. Allow the creation of designated smoking areas that are 25 feet or more from all doorways, windows, or other openings into any unit on the premises. (See Model Smokefree Housing Ordinance Section 2).

d. Prohibit smoking in any outdoor area within 25 feet of a doorway, window, or other opening into a multi-unit residence. (See Model Smokefree Housing Ordinance Section 3.)

e. Amend section 8.36.060(A)(1) to clarify that smoking is prohibited in private residences that are used as child or health care facilities, at all times and regardless of hours of operation.

f. Remove the smokefree indoor air ordinance’s exemption for residential care facilities (section 8.36.060(A)(4)).

g. Amend the smokefree indoor air ordinance’s exemption for private residences so that multi-unit residences are not exempt (section 8.36.060(A)(1)).

h. Require landlords to include “no smoking” provisions in all new lease agreements for rental units in multi-unit residences. (See Model Smokefree Housing Ordinance Section 7).

i. Require landlords to include “no smoking” provisions in at least 80% of existing leases for units in multi-unit residences as they become subject to renewal, to become effective at the end of a phase-in period of at least 12 months. (See Model Smokefree Housing Ordinance Sections 6 and 7).

Appendix 1: Documents Reviewed

**PRIMARY DOCUMENTS REVIEWED**

1. County General Plan; all Chapters
2. County Recreation Master Plan (February 2002)
3. County Bikeways and Trails Plan
4. County Ordinance Code; all Chapters
5. County 5 Year Plan (December 2011)
6. Mobile Health Clinic Service Agreements
   a. Mobile Clinic Services (BOB Health Van)-Columbia College 2010-13
   b. Mobile Clinic Services-SOS DRAFT
   c. Mobile Clinic Services-SOS Exhibit 2
   d. Mobile Clinic Services-SOS Exhibit 3
7. Objectives 1-3 from Tuolumne County Health Department:
   a. Objective 1( Smokefree Homes and Childcare)
   b. Objective 2 (No Tobacco Sales to Minors)
   c. Objective 3 (Smokefree Institutions)
8. Tuolumne Community Mobility Enhancement Study

**BACKGROUND DOCUMENTS REVIEWED**

- Food Service Agreements for Tuolumne Schools
  o Food Service AR 3550 (3)
  o Food Service BP 3550
  o BP3312Beverages.Columbia
  o BPandAR3550FoodServiceChildNutritionProgram.Columbia
  o BPandAR3554OtherFoodSales.Columbia
- Student Wellness Policy BP5030 (9)
- Public Health Week Resolution (2009)
- Tuolumne Extreme Temperature Contingency Plan (2011)
Appendix 2: Additional Resources

The following documents are included as reference or resources:

1. Model General Plan Language on Complete Streets for California Cities and Counties
2. Model Ordinance on Complete Streets
3. How to Create and Implement Healthy General Plans
4. Smokefree Housing Ordinance: A Model California Ordinance Regulating Smoking in Multi-Unit Residences
Model General Plan Language on Complete Streets

for California Cities and Counties

Developed by ChangeLab Solutions

Support for this document was provided by a grant from The California Endowment.
INTRODUCTION

Good planning practice and state law requires that California cities and counties establish comprehensive, long-term general plans for future physical development. A general plan provides a vision of how residents and stakeholders wish to see their community evolve, and acts as the “constitution for future development” in the community.

By including “complete streets” language in its general plan, a community can promote street design and land use policies that allow people to get around safely on foot, bicycle, or public transportation. Integrating complete streets practices into planning and policy decisions can help encourage safe and active transportation, decrease pollution, and reduce the incidence of childhood obesity, social isolation, diabetes, and heart disease.

Complete streets policies fit naturally in a general plan’s circulation (or transportation) element. As of January 1, 2011, California law now requires that any substantive revisions of the circulation element must include plans for creating complete streets that meet the needs of all users – not only motorists and movers of commercial goods, but also bicyclists, children, people with disabilities, pedestrians, users of public transportation, and older adults. Because circulation elements have long focused on the needs of motorists and movers of commercial goods, this document provides model policies for meeting the needs of other users.

This document is divided into three sections:

Section I suggests language for a transportation vision statement that sets out a vision of streets that are safe for travel by pedestrians, bicyclists, and public transportation riders of all ages and abilities.

Section II sets out a complete streets policy package, designed to be included in the general plan’s circulation element.

Section III provides additional language on complete streets tailored for other elements of a general plan, in order to integrate the idea of complete streets into different arenas and encourage interagency planning.
General plans are usually organized into an overarching vision with related goals, objectives, and policies or implementation measures. This model uses these terms, which are easily translated into the language of a given plan.

Next Steps Following Adoption of Complete Streets General Plan Language

ChangeLab Solutions has also developed a Model Local Ordinance on Complete Streets. The model ordinance is designed to assist communities in ensuring strong implementation of complete streets, particularly the follow up steps necessary after a community has adopted complete streets general plan language. We recommend that communities amending their general plans to include complete streets language consider following up by adopting some version of the model ordinance.
Section I. Vision Statement

The vision statement of a general plan describes the community’s overarching vision of how the community should function. This vision statement may be included in a chapter focusing entirely on the community’s vision, or may appear at the beginning of the circulation element. Vision statements are generally developed as a consensus-driven, collaborative community engagement process. This model language is provided not to prescribe what a community’s vision should be, but to offer an example of a detailed vision and demonstrate the range of goals that can be considered in setting out a vision statement.

Transportation Vision Statement: The community of [Jurisdiction] envisions a transportation system that encourages healthy, active living, promotes transportation options and independent mobility, increases community safety and access to healthy food, reduces environmental impact, mitigates climate change, and supports greater social interaction and community identity by providing safe, comfortable, and convenient travel along and across streets through a comprehensive, integrated transportation network for bicyclists, children, persons with disabilities, motorists, movers of commercial goods, pedestrians, users of public transportation, seniors, youth, and families [insert other significant local users if desired, e.g. drivers of agricultural vehicles, emergency vehicles, freight, etc.].

COMMENTS: Communities may add new language to capture another vision, and may delete any of the concepts that do not represent the community’s vision.

The list of the categories of people who use streets used throughout this model is derived from section 65302(b)(2) of the Government Code, which requires local governments to plan for complete streets when making substantive revisions to the circulation element of their general plans. The model’s definition adds youth and families to the users defined by the Government Code, and provides the ability for a community to include other locally significant users.
Section II. Complete Streets Policy Package: Circulation Element

Communities may include this entire complete streets policy in the general plan circulation element as a complete policy package, or may selectively adopt specific objectives or policies. Communities are encouraged to tailor the policy and implementation measures to local needs, concerns, and conditions, and to identify the local agency or department responsible for implementation. Most circulation elements already include goals, objectives, and policies addressing the needs of motorists and movers of commercial goods, so the package below focuses on other types of users. In tailoring the package for your jurisdiction you may wish to include the entire package as a separate policy set with cross-references to other pre-existing provisions of the circulation element, or you may choose to use some or all of the goals, objectives, and policies below for amendments to existing provisions.

COMPLETE STREETS POLICY

Goal C1: Provide “Complete Streets” that are safe, comfortable, and convenient routes for walking, bicycling, and public transportation to increase use of these modes of transportation, enable active travel as part of daily activities, reduce pollution, and meet the needs of all users of the streets, including bicyclists, children, persons with disabilities, pedestrians, users of public transportation, seniors, youth, and families, while continuing to maintain a safe and effective transportation system for motorists and movers of commercial goods consistent with the other goals, objectives, and policies of this plan.

Objective C1.1: Integrate Complete Streets infrastructure and design features into street design and construction to create safe and inviting environments for people to walk, bicycle, and use public transportation.

Implementing Policies:

- C1.1.1. In planning, designing, and constructing Complete Streets:
  - Include infrastructure that promotes a safe means of travel for all users along the right of way, such as sidewalks, shared use paths, bicycle lanes, and paved shoulders.
  - Include infrastructure that facilitates safe crossing of the right of way, such as accessible curb ramps, crosswalks, refuge islands, and pedestrian signals; such infrastructure must meet the needs of people with different types of disabilities and people of different ages.
o Ensure that sidewalks, crosswalks, public transportation stops and facilities, and other aspects of the transportation right of way are compliant with the Americans with Disabilities Act and meet the needs of people with different types of disabilities, including mobility impairments, vision impairments, hearing impairments, and others.5 Ensure that the [Jurisdiction] ADA Transition Plan includes a prioritization method for enhancements and revise if necessary.

o Prioritize incorporation of street design features and techniques that promote safe and comfortable travel by pedestrians, bicyclists, and users of public transportation, such as traffic calming circles, additional traffic calming mechanisms, narrow vehicle lanes, raised medians, dedicated transit lanes, transit priority signalization, transit bulb outs, road diets,6 high street connectivity,7 and physical buffers and separations between vehicular traffic and other users.

o Ensure use of additional features that improve the comfort and safety of users:
  - Provide pedestrian-oriented signs, pedestrian-scale lighting, benches and other street furniture, bicycle parking facilities, and comfortable and attractive public transportation stops and facilities.
  - Encourage street trees, landscaping, and planting strips, including native plants where possible, in order to buffer traffic noise and protect and shade pedestrians and bicyclists.
  - Reduce surface water runoff by reducing the amount of impervious surfaces on the streets.

- C1.1.2. In all street projects, include infrastructure that improves transportation options for pedestrians, bicyclists, and users of public transportation of all ages and abilities.

**COMMENT:** This provision, which requires that all street projects on new or existing streets create complete streets, is a fundamental component of a commitment to complete streets.

- Ensure that this infrastructure is included in planning, design, approval, construction, operations, and maintenance phases of street projects.

- Incorporate this infrastructure into all construction, reconstruction, retrofit, maintenance, alteration, and repair of streets, bridges, and other portions of the transportation network.
- Incorporate multimodal improvements into pavement resurfacing, restriping, and signalization operations where the safety and convenience of users can be improved within the scope of the work.

- Develop systems to implement and monitor incorporation of such infrastructure into construction and reconstruction of private streets.

- Allow exclusion of such infrastructure from street projects only upon written approval by [the City Manager or a senior manager of an appropriate agency, such as the Department of Public Works], and only where documentation and supporting data indicate one of the following bases for the exemption: (a) use by a specific category of users is prohibited by law; (b) the cost would be excessively disproportionate to the need or probable future use over the long term; (c) there is an absence of current and future need; or (d) significant adverse impacts outweigh the positive effects of the infrastructure.

**COMMENTS:** This provision provides crucial accountability in the exceptions process by requiring documentation, a transparent decision-making process, and written approval by a specified official. Other exceptions can also be included in this list.

In evaluating whether the conditions of (b) and (c) are met, a jurisdiction may need to conduct latent demand studies, which measure the potential level of use by bicyclists, pedestrians, and others should appropriate infrastructure be provided. Such projections should be based on demographic, school, employment, and public transportation route data, not on extrapolations from current low mode use.

- Provide an annual report to the [City Council/Board of Supervisors] listing the street projects undertaken in the past year and briefly summarizing the complete streets infrastructure used in those projects and, if applicable, the basis for excluding complete streets infrastructure from those projects.

- **C1.1.3.** Develop policies and tools to improve [Jurisdiction]’s Complete Streets practices:
  - Develop a pedestrian crossings policy, addressing matters such as where to place crosswalks and when to use enhanced crossing treatments.
  - Develop policies to improve the safety of crossings and travel in the vicinity of schools and parks.
  - Consider developing a transportation demand management/commuter benefits ordinance to encourage residents and employees to walk, bicycle, use public transportation, or carpool.
Develop a checklist for [Jurisdiction]’s development and redevelopment projects, to ensure the inclusion of infrastructure providing for safe travel for all users and enhance project outcomes and community impact.

As feasible, [Jurisdiction] shall incorporate Complete Streets infrastructure into existing public [and private] streets to improve the safety and convenience of Users, construct and enhance the transportation network for each category of Users, and create employment.

- **C1.1.4.** Encourage transit-oriented development that provides public transportation in close proximity to employment, housing, schools, retailers, and other services and amenities.

- **C1.1.5.** Change transportation investment criteria to ensure that existing transportation funds are available for Complete Streets infrastructure.

- **C1.1.6.** Identify additional funding streams and implementation strategies to retrofit existing streets to include Complete Streets infrastructure.

**Objective C1.2: Make Complete Streets practices a routine part of [Jurisdiction]’s everyday operations.**

**Implementing Policies:**

- **C1.2.1.** As necessary, restructure and revise the zoning, subdivision, and [insert by name references to other relevant chapters of the city or county code such as “Streets and Sidewalks” or “Motor Vehicles and Traffic”] codes, and other plans, laws, procedures, rules, regulations, guidelines, programs, templates, and design manuals, including [insert references to all other key documents by name], in order to integrate, accommodate, and balance the needs of all users in all street projects on public [and private] streets.

**COMMENT:** By opting to apply the requirement to private streets in addition to public streets, a jurisdiction will generally expand the effectiveness of the complete streets policy. However, such a requirement may be more practical in certain jurisdictions than in others. For example, the requirement might be very important in a jurisdiction where there are many private streets in central locations and less important where there are few private streets or where those streets are only in outlying areas.

- **C1.2.2.** Develop or revise street standards and design manuals, including cross-section templates and design treatment details, to ensure that standards support and do not impede Complete Streets; coordinate with related policy documents [such as Pedestrian/Bicycle Plans, insert other relevant documents].
• Assess current requirements with regard to road width and turning radii in order to determine the narrowest vehicle lane width and tightest corner radii that safely balance other needs; adjust design guidelines and templates to reflect ideal widths and radii.

• **C1.2.3.** Make training available to planning and public works personnel and consultants on the importance of Complete Streets and on implementation and integration of multimodal infrastructure and techniques.

• **C1.2.4.** Encourage coordination among agencies and departments to develop joint prioritization, capital planning and programming, and implementation of street improvement projects and programs.

• **C1.2.5.** Encourage targeted outreach and public participation in community decisions concerning street design and use.

• **C1.2.6.** Establish performance standards with measurable outcomes to assess safety, functionality, and actual use by each category of users; include goals such as:
  - By [2020], facilitate a transportation mode shift so that [20] % of trips occur by bicycling or walking.
  - By [2015], reduce the number of injuries and fatalities to bicyclists and pedestrians by [__]%.
  - Reduce per capita vehicle miles traveled by [__]% by [insert year].
  - Provide a high proportion of streets ([__]% with sidewalks, low design speeds, tree canopy, and street furnishings.
  - Increase the miles of bicycle lanes and other bikeways by [__]% by [insert year].
  - Increase the miles of sidewalks by [__]% by [insert year].

**COMMENT:** Other standards could include user satisfaction, percentage reductions in greenhouse gas emissions, and reduction in gaps in the sidewalk network.

• **C1.2.7.** Establish measures of effectiveness for the performance of the circulation system and the effects of new projects on the system, taking into account all modes of transportation including walking, bicycling, and public transportation. Ensure that measures address relevant components of the circulation system, including but not limited to intersections, streets, highways and freeways, pedestrian and bicycle paths, and public transportation; use these measures for planning and in lieu of automobile level of service standards for environmental review.
• **C1.2.8.** Collect baseline data and regularly gather follow-up data in order to assess impact of policies.
  
  - Collect data for each category of users regarding the safety, functionality, and actual use of the neighborhoods and areas within [Jurisdiction].
  - Track public transportation ridership numbers.
  - Track performance standards and goals.
  - Track other performance measures such as number of new curb ramps and new street trees or plantings.
  - Require major employers to monitor how employees commute to work.
  - All initial planning and design studies, health impact assessments, environmental reviews, and other project reviews for projects requiring funding or approval by [Jurisdiction] shall: (1) evaluate the effect of the proposed project on safe, comfortable, and convenient travel by bicyclists, children, persons with disabilities, pedestrians, users of public transportation, seniors, youth, and families, and (2) identify measures to mitigate any adverse impacts on such travel that are identified.

**Objective C1.3: Plan and develop a comprehensive and convenient bicycle and pedestrian transportation network.**

**COMMENTS:** Jurisdictions with existing bicycle or pedestrian plans may have already addressed the policy/action items under this objective. In such jurisdictions, it is not necessary to restate these policy and action items verbatim. Such plans should be reviewed, and, if necessary, revised to complement the complete streets approach. If existing plans address this objective sufficiently, a jurisdiction may incorporate its bicycle and pedestrian plans with language such as: “The provisions set forth in the [Pedestrian/Bicycle Plan] are incorporated into this plan.” If this approach is used, be sure that the incorporated plan is internally consistent with the remainder of the general plan.

For jurisdictions that have not developed a detailed bicycle or pedestrian plan, the policies and actions in this section provide a good way to begin addressing those needs in an integrated fashion.

**Implementing Policies:**

• **C1.3.1.** Develop a long-term plan for a bicycle and pedestrian network that meets the needs of users, including bicyclists, children, persons with disabilities, pedestrians, users of public transportation, seniors, youth, and families.
  
  - Conduct a demand analysis for each category of user, mapping locations that are already oriented to each mode of travel and type of user and those for which there is latent demand.
For each category of user, map out a preferred transportation network with routes that will enable safe, interconnected, direct, continuous, and efficient travel from each major origination area to each major destination area.

Encourage public participation in community decisions concerning the demand analysis, preferred route network, and street design and use to ensure that such decisions: (a) result in streets that meet the needs of all users, and (b) are responsive to needs of individuals and groups that traditionally have not participated in public infrastructure design. Include bicyclists, children, persons with disabilities, motorists, movers of commercial goods, pedestrians, users of public transportation, seniors, youth, families, low-income communities, communities of color, and other distinct social groups, and their advocates. Establish ongoing advisory committees and public feedback mechanisms.

Identify and prioritize necessary changes in order to implement the preferred network; prioritize neighborhoods with the greatest need and projects that significantly alleviate economic, social, racial, or ethnic inequities.

Ensure that the networks provide ready access to healthy sources of nutrition.

Explore the use of non-standard locations and connections for bicycle, pedestrian, and public transportation facilities, such as easements, restored stream corridors, and railroad rights-of-way.

C1.3.2. Evaluate timeline and funding of the plan.

Assess the degree to which implementation of the plan can be coordinated with planned reconstruction of streets, development projects, utility projects, and other existing funding streams.

Develop funding strategies for addressing additional needs; actively pursue funding from state, federal, and other sources.

Explore imposing development impact fees and dedication requirements on new development to create paths and other Complete Streets infrastructure.

C1.3.3. In collaboration with [appropriate local agencies and regional transportation planning agencies/metropolitan planning organizations], integrate bicycle, pedestrian, and public transportation facility planning into regional and local transportation planning programs and agencies to encourage connectivity between jurisdictions.

C1.3.4. Develop programs to encourage bicycle use, such as enacting indoor bicycle parking policies to encourage bicycle commuting, or testing innovative bicycle facility design.
Objective C1.4: Promote safety of bicyclists, pedestrians, and public transportation.

**COMMENT:** As noted for the previous objective, jurisdictions with existing bicycle or pedestrian plans may also choose to omit these items if already addressed in those plans and instead reference those plans.

**Implementing Policies:**

- **C1.4.1.** Identify physical improvements that would make bicycle and pedestrian travel safer along current major bicycling and walking routes and the proposed future network, prioritizing routes to and from schools.

- **C1.4.2.** Identify safety improvements to pedestrian and bicycle routes used to access public transportation stops; collaborate with [*public and private transit agencies operating within Jurisdiction*] to relocate stops where advisable.

- **C1.4.3.** Identify intersections and other locations where collisions have occurred or that present safety challenges for pedestrians, bicyclists, or other users; consider gathering additional data through methods such as walkability/bikeability audits; analyze data; and develop solutions to safety issues.

- **C1.4.4.** Prioritize modifications to the identified locations and identify funding streams and implementation strategies, including which features can be constructed as part of routine street projects.

- **C1.4.5.** Collaborate with schools, senior centers, advocacy groups, and public safety departments [*insert additional specific departments as appropriate*] to provide community education about safe travel for pedestrians, bicyclists, users of public transportation, and others.

- **C1.4.6.** Use crime prevention through environmental design strategies\(^8\) to increase safety for pedestrians, bicyclists, and other users.

- **C1.4.7.** As necessary, public safety departments should engage in additional enforcement actions in strategic locations.
Objective C1.5: Make public transportation an interconnected part of the transportation network.

Implementing Policies:

• **C1.5.1.** Partner with [public and private transit agencies operating within Jurisdiction] to enhance and expand public transportation services and infrastructure throughout [Jurisdiction] and the surrounding region; encourage the development of a public transportation system that increases personal mobility and travel choices, conserves energy resources, preserves air quality, and fosters economic growth.

• **C1.5.2.** Work jointly with [public and private transit agencies operating within Jurisdiction] to provide destinations and activities that can be reached by public transportation and are of interest to public transportation-dependent populations, including youth, seniors, and persons with disabilities.

• **C1.5.3.** Collaborate with [public and private transit agencies operating within Jurisdiction] to incorporate infrastructure to assist users in employing multiple means of transportation in a single trip in order to increase transportation access and flexibility; examples include, but are not limited to, provisions for bicycle access on public transportation, secure bicycle racks at transit stops, access via public transportation to trails and recreational locations, and so on.

• **C1.5.4.** Ensure safe and accessible pedestrian routes to public transportation stops; relocate stops if safe routes are not feasible at current location.

• **C1.5.5.** Work with [public and private transit agencies operating within Jurisdiction] to ensure that public transportation facilities and vehicles are fully accessible to persons with disabilities.

• **C1.5.6.** Explore working with [public and private transit agencies operating within Jurisdiction] to provide travel training programs for seniors and persons with disabilities, and awareness training for vehicle operators.

• **C1.5.7.** Explore creation of public transportation priority lanes to improve travel time.

• **C1.5.8.** Partner with [public and private transit agencies operating within Jurisdiction] to collect data and establish performance standards related to these steps.
Section III. Complete Streets Concepts for Inclusion within Other Elements of the General Plan

Communities may also find it beneficial to include complete streets concepts in other elements of their plans to increase the integration of the plan as a whole. California law requires that general plans comprise an integrated, internally consistent and compatible statement of policies. In consequence, at a minimum, it is important to review the plan as a whole to amend any policies that may be inconsistent with complete streets provisions included in the circulation element.⁹

LAND USE ELEMENT

Goal LU1: Ensure that land use patterns and decisions encourage walking, bicycling, and public transportation use, and make these transportation options a safe and convenient choice.

Objective LU1.1: Plan, design, and create complete and well-structured neighborhoods whose physical layout and land use mix promote walking, bicycling, and public transportation use as a means of accessing services, food, retail, employment, education, childcare, recreation, and other destinations.

Implementing Policies:

- LU1.1.1. Encourage mixed-use development to allow siting of residential, retail, office, recreational, and educational facilities within close proximity to each other to encourage walking and bicycling as a routine part of everyday life.
  - Maximize the proportion of residences within \( \frac{1}{4} \) mile of uses like parks, schools, grocers, retailers, service providers, employment, public transportation, and other desirable community features.

  **COMMENT**: Select a distance for proximity of residential uses to other uses that will allow residents to walk or bicycle to those uses. The specific distance will depend on the nature of the jurisdiction.

- LU1.1.2. Encourage transit-oriented development by developing public transportation in downtown areas and encouraging dense infill development near public transportation facilities.

- LU1.1.3. Promote infill development and redevelopment; new construction should occur in a compact form in developed locations whenever feasible.
• LU1.1.4. Encourage the creation of high-quality community plazas, squares, greens, commons, community and neighborhood parks, and rooftop gardens; explore creation of shared streets.

• LU1.1.5. Require safe and convenient walking, bicycling, and public transportation features in new or renovated development.

• LU1.1.6. Require transportation demand management strategies in development plans.

• LU1.1.7. Explore imposing development impact fee, use fee, and dedication requirements on new development to fund multimodal transportation.

• LU1.1.8. Consider conducting health impact assessments when designing streets or undertaking policymaking with regard to public infrastructure and development, in order to understand and address public health implications of actions in this realm.

**Objective LU1.2:** Require street design that creates public space that is safe and welcoming for pedestrians.

**Implementing Policies:**

• LU1.2.1. Encourage street-oriented buildings; locate parking lots, if provided, in rear of retail and business centers.

• LU1.2.2. Provide pedestrian-scale lighting.

• LU1.2.3. Encourage a high proportion of streets where building façades have abundant windows and entrances facing the street and create a human-scaled wall near the lot line.

• LU1.2.4. Encourage ground-level business uses that support pedestrian activity, such as retail, restaurants, and services.

• LU1.2.5. Reduce the proportion of street frontages and rights of way lined by parking lots, blank walls, or empty lots.

• LU1.2.6. Where parking lots are located between commercial buildings and streets, require or encourage creation of a pedestrian path from the street to the entrance.

• LU1.2.7. Increase street connectivity.
PUBLIC FACILITIES/CAPITAL IMPROVEMENTS ELEMENT

**Goal P1:** Increase children’s physical activity to benefit their short- and long-term health and improve their ability to learn.

**Objective P1.1:** Provide children with safe and appealing opportunities for walking and bicycling to school in order to decrease rush hour traffic and fossil fuel consumption, encourage exercise and healthy living habits in children, and reduce the risk of injury to children through traffic collisions near schools.

**Implementing Policies:**

- **P1.1.1.** Support Safe Routes to Schools programs.
  - Work with [School District(s)] to pursue encouragement programs such as Walk and Bike to School Days, as well as “Walking School Bus”/“Bike Train” programs at elementary schools, where parents take turns accompanying a group of children to school on foot or via bicycle.
  - Gather baseline data on attitudes about and levels of walking and bicycling to school, through student tallies and parent surveys; gather additional data each spring and fall to measure progress.
  - Work with [School District(s)] and advocates to obtain Safe Routes to School funding to implement educational programs.
  - Work with [School District(s)] to encourage educational programs that teach students safe walking and bicycling behaviors, and educate parents and drivers in the community about the importance of safe driving.
  - Work with law enforcement to enforce speed limits and traffic laws, assist in ensuring safe crossings, and promote safe travel behavior within the schools.
  - Encourage parents to get children to school through active travel such as walking or bicycling.

- **P1.1.2** Prioritize safety and roadway improvements around schools.
  - Conduct walkability and bikability audits along routes to schools to identify opportunities and needs for infrastructure improvements.
  - Ensure that speed limits in areas within [1,000 feet] of schools are no greater than 15 to 25 miles per hour.
  - Assess traffic speeds, volumes, and vehicle types around schools; implement traffic calming in areas immediately around schools where indicated by
speed and volume; consider closing streets to through traffic during school hours if other methods cannot reduce threat to safety.

- Pursue Safe Routes to School funding to implement infrastructure improvements.

- **P1.1.3.** Work with [School District(s)] to improve transportation safety around schools, including drop-off and pickup zones, as well as locations where interactions occur between pedestrians, bicyclists, automobiles, and buses.

- **P1.1.4.** Work with [School District(s)] to locate and design new and remodeled schools to be easily accessible by foot or bicycle for the largest number of students possible by taking steps such as locating new schools in or near neighborhoods where students live, providing safe and secure bicycle parking within school facilities, and allowing convenient access to schools from public streets.

- **P1.1.5.** Locate sports fields near schools, or pursue joint use agreements with [School District(s)] to allow school fields to be available for public use outside of school hours.

### OPEN SPACE/ PARKS AND RECREATION ELEMENT

**Goal O1:** Increase use of parks and open space for physical activity and encourage residents to access parks by walking, bicycling, or public transportation.

**Objective O1.1:** Create safe routes to parks and open space.

**Implementing Policies:**

- **O1.1.1.** Encourage the development of parks and open space with a network of safe and convenient walking and bicycle routes, including routes that access other popular destinations, such as schools.

- **O1.1.2.** Implement traffic-calming measures near parks where advisable due to vehicle speeds and volumes.

- **O1.1.3.** Improve intersections at access points to parks to create greater visibility for all users, and provide accessible curb ramps and additional time to cross the street.

- **O1.1.4.** Improve public transportation connections to trails, parks, and other recreational locations.

- **O1.1.5.** Ensure that all parks and open space can be reached through safe routes for bicycling, walking, and public transportation.

- **O1.1.6.** Ensure that trails, parks, and open spaces have secure bicycle parking facilities.
COMMUNITY HEALTH ELEMENT

Goal H1: Improve health, safety, and mental well-being of residents by creating convenient and safe opportunities for physical activity.

Objective H1.1: Ensure that residents of all ages and income levels can walk and bicycle to meet their daily needs.

Implementing Policy:

- **H1.1.1.** Improve bicycle, pedestrian, and public transportation access to residential areas, educational and childcare facilities, employment centers, grocery stores, retail centers, recreational areas, historic sites, hospitals and clinics, and other destination points.

Objective H1.2: Reduce asthma levels, social isolation, violent street crime incidents, and the severity and number of pedestrian and bicycling collisions by decreasing vehicular traffic and increasing pedestrian activity.

Implementing Policy:

- **H1.2.1.** Provide comfortable environments and destinations for walking and bicycling to integrate physical activity into daily routines.
1 Cal. Gov’t. Code § 65300 et seq.

2 *Lesher Communications, Inc. v. City of Walnut Creek*, 52 Cal.3d 531, 540 (1990)(quotation marks omitted).

3 In order to conform with the related statutory language of the section 65302(b)(2)(B) of the Government Code, in the model policies we use the terms “persons with disabilities” and “seniors,” rather than the more common “people with disabilities” and “older adults.” Jurisdictions can change these terms if they prefer.

4 Section 65302(b)(2) of the California Government Code provides:

   (A) Commencing January 1, 2011, upon any substantive revision of the circulation element, the legislative body shall modify the circulation element to plan for a balanced, multimodal transportation network that meets the needs of all users of streets, roads, and highways for safe and convenient travel in a manner that is suitable to the rural, suburban, or urban context of the general plan.

   (B) For purposes of this paragraph, "users of streets, roads, and highways" means bicyclists, children, persons with disabilities, motorists, movers of commercial goods, pedestrians, users of public transportation, and seniors.

5 Note that many types of accommodations for people with disabilities are mandated by federal law under the Americans with Disabilities Act.

6 A road diet is a transportation technique in which the number or width of lanes dedicated to motor vehicle traffic is decreased, often by combining the two central lanes into a single two-way turn lane, in order to create additional space within the right of way for features such as bicycle lanes, sidewalks, or buffer zones.

7 Connectivity describes the directness of routes and density of connections in a street network. A street network with high connectivity has many short links, numerous intersections, and few dead-end streets. As connectivity increases, travel distances decrease and route options increase, allowing more direct travel between destinations.

8 Crime prevention through environmental design (CPTED) involves designing the built environment to deter criminal behavior. CPTED aims to create environments that discourage the commission of crimes by influencing offenders to not commit a contemplated crime, usually due to increased fear of detection.

9 Cal. Gov’t. Code § 65300.5.
Model Local Ordinance on Complete Streets

for California Cities and Counties

Developed by ChangeLab Solutions

Support for this document was provided by a grant from The California Endowment.
Introduction

“Complete streets” allow people to get around safely on foot, bicycle, or public transportation. Streets designed only for cars are dangerous for everyone else, and contribute to the obesity epidemic, by making it difficult for children and adults to get regular physical activity during their daily routine. In contrast, complete streets are safer, more convenient, and comfortable not only for drivers but also for pedestrians, bicyclists, children, and people with disabilities.

Model Local Ordinance

Local governments have the power to fight childhood obesity and improve community health by passing complete streets policies that foster streets safe for active travel. This Model Local Ordinance on Complete Streets is part of a package of complete streets models to assist cities and counties in making streets safe, comfortable, and convenient for everyone. The package also includes Model General Plan Language on Complete Streets. By amending their general plans to include complete streets policies, local governments can establish a framework for creating a comprehensive complete streets network. This Model Local Ordinance on Complete Streets is designed to assist cities and counties wishing to further implement the complete streets policies contained in their general plans. The ordinance will fit naturally in the “Streets,” “Public Works,” “Transportation,” or comparable section of the local code. Jurisdictions may choose to adopt it as a separate policy chapter or select some or all of the sections below for amendments to relevant existing chapters such as “Streets and Sidewalks” or “Motor Vehicles and Traffic.”

Our models are developed by thoroughly surveying existing law, conducting extensive legal research, and consulting legal and policy experts. Using these models, jurisdictions can feel confident in passing laws to improve community health.

Local Resolution Versus Local Ordinance

ChangeLab Solutions has also developed a Model Local Resolution Initiating Complete Streets Planning. The model resolution allows a community to express its support of complete streets and provides a process for moving toward general plan language and a
more rigorous policy, whereas the model ordinance is designed to assist communities in ensuring strong implementation of complete streets, particularly the follow up steps necessary after a community has adopted complete streets general plan language. A jurisdiction may pass a complete streets resolution and later go on to pass an ordinance, but a resolution is not necessary where the complete streets ordinance is adopted.

Policy Options

The model offers a variety of policy options. In some instances, alternate language is offered (e.g., [night / day]) or blanks have been left (e.g., [____]) for the language to be customized to fit the needs of a specific community. In other instances, the options are mentioned in annotations (“comments”) following the legal provisions. In considering which options to choose, drafters should balance public health benefits against practical political considerations and other local conditions in the particular jurisdiction. One purpose of including a variety of options is to stimulate broad thinking about the types of provisions a community might wish to explore, even beyond those described in the model. We are interested in learning about novel provisions that communities are considering. Please contact us through our website: www.changelabsolutions.org.

ChangeLab Solutions is a national organization, and so we cannot provide legal analysis that is tailored to each community’s laws and goals. Because localities vary in how their transportation systems and local codes are organized and administered, local counsel may need to assist with any necessary customization.

Findings

An appendix entitled “Appendix A: Findings” accompanies this model. The Findings supply a variety of evidence-backed factual conclusions that support the need for adoption and implementation of a complete streets policy. Each jurisdiction should select those findings it views as most appropriate, and add findings related to specific community conditions or concerns.
An Ordinance of the [Jurisdiction (E.G. City Of _____)] Providing for Complete Streets and Amending the [Jurisdiction] [Municipal/County] Code

The [Adopting body] does ordain as follows:

SECTION I. FINDINGS. The [Adopting body] hereby finds and declares as follows:

SEE APPENDIX A: FINDINGS
A draft ordinance based on this model should include “findings” of fact (“whereas” clauses) that support the need for the jurisdiction to adopt the ordinance. The findings section is part of the ordinance, but it usually does not become codified in the local government code. The findings contain factual information supporting the need for the law – in this case, documenting the need for complete streets.

A list of general findings supporting this model ordinance appears in “Appendix A: Findings.” Jurisdictions may select findings from that list to insert here, along with additional findings addressing the need for the ordinance in the particular community. Jurisdictions should also include the findings that appear immediately below, which are specific to the Model Local Ordinance.

WHEREAS, the [Jurisdiction] General Plan includes Goal [insert reference, e.g., C1 and modify quotation as necessary] to: “Provide “Complete Streets” that are safe, comfortable, and convenient routes for walking, bicycling, and public transportation to increase use of these modes of transportation, enable active travel as part of daily activities, reduce pollution, and meet the needs of all users of the streets, including bicyclists, children, persons with disabilities, pedestrians, users of public transportation, seniors, youth, and families, while continuing to maintain a safe and effective transportation system for motorists and movers of commercial goods consistent with the other goals, objectives, and policies of this plan”;

WHEREAS, the General Plan includes Policies [insert references] to implement [Jurisdiction’s] goal of providing Complete Streets;
SECTION II. [Article / Chapter] of the [Jurisdiction] [Municipal / County] Code is hereby amended to read as follows:

Sec. [____ (*1)]. PURPOSE. The purpose of this [article / chapter] is to enable the streets of [Jurisdiction] to provide safe, convenient, and comfortable routes for walking, bicycling, and public transportation that encourage increased use of these modes of transportation, enable convenient travel as part of daily activities, improve the public welfare by addressing a wide array of health and environmental problems, and meet the needs of all users of the streets, including bicyclists, children, persons with disabilities, pedestrians, users of public transportation, and seniors, while continuing to maintain a safe and effective transportation system for motorists and movers of commercial goods.

**COMMENT:** Jurisdictions may add additional reasons to this purpose clause as appropriate or desired.

Sec. [____ (*2)]. DEFINITIONS. The following words and phrases, whenever used in this [article / chapter], shall have the meanings defined in this section unless the context clearly requires otherwise:

**COMMENT:** Municipal and county codes contain many definitions; jurisdictions should ensure that the definitions from this ordinance appear in the correct section and that modifications occur as needed.

(a) “Complete Streets Infrastructure” means design features that contribute to a safe, convenient, or comfortable travel experience for Users, including but not limited to features such as: sidewalks; shared use paths; bicycle lanes; automobile lanes; paved shoulders; street trees, landscaping and planting strips, including native plants where possible; curbs; accessible curb ramps; bulb outs; crosswalks; refuge islands; pedestrian and traffic signals, including countdown and accessible signals; signage, including pedestrian-oriented signs; pedestrian-scale lighting; street furniture and benches; bicycle parking facilities; public transportation stops and facilities; transit priority signalization; traffic calming devices, including rotary circles, traffic bumps, and surface treatments such as paving blocks, textured asphalt, and colored or textured concrete; reduced impervious street surfaces; narrow vehicle lanes; raised medians; dedicated transit lanes; road diets; and high street connectivity [as well as other features such as insert other features if desired] [and those features identified in insert name of Jurisdiction’s Pedestrian/Bicycle Master Plan if it exists].
(b) “Street” means any right of way, public or private, including arterials, connectors, alleys, ways, lanes, and roadways by any other designation, as well as bridges, tunnels, and any other portions of the transportation network.

COMMENT: This definition of “Street” includes both public and private streets, and is broader than similar definitions contained in most municipal and county codes. The effect is to make many provisions of this ordinance applicable or potentially applicable to private streets.

(c) “Street Project” means the construction, reconstruction, retrofit, maintenance, alteration, or repair of any Street, and includes the planning, design, approval, construction, operations, and maintenance phases [except that “Street Project” does not include minor routine upkeep such as cleaning, sweeping, mowing, spot repair, or interim measures on detour routes] [and does not include projects with a total cost of less than $[____]].

COMMENT: In defining “Street Project,” a jurisdiction can use the following clause to reference and include the terms and definitions that are used to describe local street projects (e.g. capital project, major maintenance project, annual maintenance projects): “as well as [insert local project terms].”

(d) “Users” mean individuals that use Streets, including bicyclists, children, persons with disabilities, motorists, movers of commercial goods, pedestrians, users of public transportation, seniors, youth, and families [insert other significant local users if desired, e.g. drivers of agricultural vehicles, emergency vehicles, or freight].

COMMENT: This definition of “Users” tracks Government Code section 65302(b)(2), which requires local governments to plan for complete streets when making substantive revisions to the circulation element of their general plans. The definition adds youth and families to the users defined by the Government Code, and provides the ability for a community to include other locally significant users. Providing parallel definitions in the general plan and city or county code will facilitate implementation of complete streets policies.
Sec. [____ (*3)]. REQUIREMENT OF INFRASTRUCTURE ENSURING SAFE TRAVEL.

(a) [Insert appropriate agencies, such as Department of Transportation, Department of Public Works, Department of Planning] shall make Complete Streets practices a routine part of everyday operations, shall approach every transportation project and program as an opportunity to improve public [and private] Streets and the transportation network for all Users, and shall work in coordination with other departments, agencies, and jurisdictions to achieve Complete Streets.

COMMENT: This provision, like many of the following provisions, allows jurisdictions to choose whether to apply the requirement to private streets in addition to public streets. Generally, it will expand the effectiveness of the ordinance to apply it to private streets. However, such a requirement may be more practical in certain jurisdictions than in others. For example, the requirement might be very important in a jurisdiction where there are many private streets in central locations.

(b) Every Street Project on public [or private] Streets shall incorporate Complete Streets Infrastructure sufficient to enable reasonably safe travel along and across the right of way for each category of Users; provided, however, that such infrastructure may be excluded, upon written approval by [insert City Manager or a senior manager of an appropriate agency, such as the Department of Public Works], where documentation and supporting data indicate one of the following bases for the exemption:

COMMENT: This provision, which requires that street projects on new or existing streets create complete streets, is a fundamental component of a commitment to complete streets. This clause provides crucial accountability in the exceptions process by requiring documentation, a transparent decision-making process, and written approval by a specified official.

(1) Use by a specific category of Users is prohibited by law;
(2) The cost would be excessively disproportionate to the need or probable future use over the long term;
(3) There is an absence of current and future need; or

COMMENT: Data showing an absence of future need might include projections demonstrating low likelihood of pedestrian or bicycling activity in an area. Such projections should be based on demographic, school, employment, and public transportation route data, not on extrapolations from current low mode use.
(4) Significant adverse impacts outweigh the positive effects of the infrastructure.

(c) [Insert manager named above]) shall provide an annual report to the [City Council or Board of Supervisors] listing the public [and private] Street Projects undertaken in the past year and briefly summarizing the Complete Streets Infrastructure used in those projects and, if applicable, the basis for excluding Complete Streets Infrastructure from those projects.

(d) As feasible, [Jurisdiction] shall incorporate Complete Streets Infrastructure into existing public [and private] Streets to improve the safety and convenience of Users, construct and enhance the transportation network for each category of Users, and create employment.

**COMMENT:** This provision sets forth the jurisdiction's desire and intent to retrofit existing streets to increase safety for all users, but the words "as feasible" leave the jurisdiction great flexibility to do only what it determines to be a priority.

(e) If the safety and convenience of Users can be improved within the scope of pavement resurfacing, restriping, or signalization operations on public [or private] Streets, such projects shall implement Complete Streets Infrastructure to increase safety for Users.

**COMMENT:** This provision is intended to encourage new bicycle lanes and reductions in the number of vehicle lanes where feasible as part of the restriping of pavement lines and markings during resurfacing, and to encourage improvements for pedestrians, particularly people with disabilities and older adults, as part of signalization projects.

(f) [Insert appropriate agencies, such as Department of Transportation, Department of Public Works, Department of Planning] shall review and either revise or develop proposed revisions to all appropriate plans, zoning and subdivision codes, laws, procedures, rules, regulations, guidelines, programs, templates, and design manuals[, including [insert Jurisdiction’s other key documents by name]], to integrate, accommodate, and balance the needs of all Users in all Street Projects on public [and private] Streets.

**COMMENT:** Note that Government Code section 65860(c) requires that zoning ordinances be updated within a reasonable period after a general plan amendment as necessary to maintain consistency between the general plan and the zoning.
(g) [Insert appropriate agencies] shall develop or revise street standards and design manuals, including cross-section templates and design treatment details, to ensure that standards support and do not impede Complete Streets. In design guidelines, [insert appropriate agencies] shall coordinate templates with street classifications and revise them to include Complete Streets Infrastructure, such as bicycle lanes, sidewalks, street crossings, and planting strips. Such revisions shall be coordinated with [insert related policy documents such as Pedestrian/Bicycle Plans].

(h) [Insert appropriate agencies] shall ensure that sidewalks, crosswalks, public transportation stops and facilities, and other aspects of the transportation right of way are compliant with the Americans with Disabilities Act and meet the needs of people with different types of disabilities, including mobility impairments, vision impairments, hearing impairments, and others, and shall ensure that the [Jurisdiction] ADA Transition Plan includes a prioritization method for enhancements, and shall revise if necessary.

(i) [Insert appropriate agencies] shall make training available to planning and public works personnel and consultants on the importance of Complete Streets and on implementation and integration of multimodal infrastructure and techniques.

COMMENT: Such trainings may cover a range of topics: a basic introduction to the concept of complete streets, an exploration of advanced implementation questions, or an overview of how to apply new systems, policies, and requirements put in place by the jurisdiction to implement complete streets.

Sec. [_____ (*4)]. DATA COLLECTION, STANDARDS, AND PUBLIC INPUT.

(a) [Insert appropriate agency or agencies] shall collect baseline data and regularly collect follow-up data measuring how well the Streets of [Jurisdiction] are serving each category of Users, including data that:

1. Assess the safety, functionality, and actual use of the neighborhoods and areas within [Jurisdiction] by each category of Users;
2. Track public transportation ridership numbers;
3. Track performance standards and goals;
4. Track other performance measures such as number of new curb ramps and new street trees or plantings.
(b) [Insert appropriate agency or agencies] shall put into place performance standards with measurable outcomes to assess safety, comfort, functionality, and actual use for each category of Users.

COMMENT: Specific performance standards, with clear benchmarks and timeframes, greatly increase accountability and the ability to assess progress toward a goal. Communities that are just beginning to move toward complete streets may wish to establish limited benchmarks, whereas those seeking rapid and substantial impact will want to specify detailed performance standards. In establishing performance standards, jurisdictions should look at areas such as transportation mode shift, miles of new bicycle lanes and sidewalks, percentage of streets with tree canopy and low design speeds, public participation, and so on.

(c) [Insert appropriate agency or agencies] shall conduct targeted outreach and encourage public participation in its decisions concerning street design and use.

(d) [Insert appropriate agency, agencies, or official] shall implement, administer, and enforce this [article / chapter]. [Agency] is hereby authorized to issue all rules and regulations consistent with this [article / chapter] and shall have all necessary powers to carry out the purpose of and enforce this [article / chapter].

COMMENT: This provision designates an agency or official to implement this ordinance and also bestows rulemaking and other powers on the agency. If existing law in a jurisdiction provides such rulemaking authority, this provision or the second sentence of the provision may be omitted.

(e) All initial planning and design studies, health impact assessments, environmental reviews, and other project reviews for projects requiring funding or approval by [Jurisdiction] shall: (1) evaluate the effect of the proposed project on safe, comfortable, and convenient travel by all Users, and (2) identify measures to mitigate any adverse impacts on such travel that are identified.

COMMENT: This clause provides for public accountability and improved outcomes by enabling written evaluation of the effects of certain projects on safe travel as a routine consideration factoring into decision-making processes. However, some communities may need to build momentum prior to adopting this provision.
SECTION III. STATUTORY CONSTRUCTION & SEVERABILITY.

(a) This Ordinance shall be construed so as not to conflict with applicable federal or state laws, rules, or regulations. Nothing in this Ordinance authorizes any City agency to impose any duties or obligations in conflict with limitations on local authority established by federal or state law at the time such agency action is taken.

(b) In the event that a court or agency of competent jurisdiction holds that a federal or state law, rule, or regulation invalidates any clause, sentence, paragraph, or section of this Ordinance or the application thereof to any person or circumstances, it is the intent of the Ordinance that the court or agency sever such clause, sentence, paragraph, or section so that the remainder of this Ordinance remains in effect.

COMMENTS: This standard severability provision allows most of the ordinance to remain in effect even if a court deems part of the ordinance to be invalid.

Some jurisdictions may also wish to include a provision providing that no new basis for tort liability is established by the enactment of this ordinance. Such a provision may provide added protection from suit for the jurisdiction, but may have the effect of leaving individuals injured due to failure to implement the ordinance without recourse. Communities may want to weigh these competing concerns in determining how to address this issue.

---

1 A road diet is a transportation technique in which the number or width of lanes dedicated to motor vehicle traffic is decreased, often by combining the two central lanes into a single two-way turn lane, in order to create additional space within the right of way for features such as bicycle lanes, sidewalks, or buffer zones.

2 Connectivity describes the directness of routes and density of connections in a street network. A street network with high connectivity has many short links, numerous intersections, and few dead-end streets. As connectivity increases, travel distances decrease and route options increase, allowing more direct travel between destinations.
How to Create and Implement Healthy General Plans

A toolkit for building healthy, vibrant communities

ChangeLab Solutions
Law & policy innovation for the common good.

raimi+ associates
the nature of community
How to Create and Implement Healthy General Plans

A toolkit for building healthy, vibrant communities
This toolkit could not have been completed without the assistance of many people, a few of whom are listed below.

For their expertise and insight in reviewing this toolkit, many thanks to Fred Collignon, Paul English, Rajiv Bhatia, Caterina Roman, Heather Kuiper, Greg Gatzka, Wendy Cosin, Jane Adams, Jeff Vincent, Samantha Graff, and Randy Kline. Thanks also to Aaron Welch and Sue Beazley for writing and editing portions of the toolkit.

Thanks to Marice Ashe, Robert Ogilvie, Lisa Feldstein, and Hannah Burton Laurison for their careful reading and thoughtful comments. Thanks also to Carrie Spector and Kimberly Arroyo Williamson for additional editorial and production work.

Finally, thanks to the Cancer Prevention and Nutrition Section of the California Department of Public Health for its expertise and collaboration, and to The California Endowment for generously underwriting this publication.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>IX</td>
</tr>
<tr>
<td><strong>Section I: Laying the Groundwork for Healthy Planning</strong></td>
<td>1</td>
</tr>
<tr>
<td>Getting Started</td>
<td>3</td>
</tr>
<tr>
<td>Roles for Health Officials and Planners</td>
<td>9</td>
</tr>
<tr>
<td><strong>Section II: Assessing Existing Health Conditions</strong></td>
<td>11</td>
</tr>
<tr>
<td>Questions for a Baseline Community Health Assessment</td>
<td>13</td>
</tr>
<tr>
<td>Walkability and Bikeability Audits</td>
<td>19</td>
</tr>
<tr>
<td>Community Food Assessments</td>
<td>23</td>
</tr>
<tr>
<td><strong>Section III: Writing a Healthy General Plan</strong></td>
<td>25</td>
</tr>
<tr>
<td>The General Plan as a Tool for Change</td>
<td>27</td>
</tr>
<tr>
<td>Vision Statement</td>
<td>28</td>
</tr>
<tr>
<td>Land Use Element</td>
<td>28</td>
</tr>
<tr>
<td>Circulation/Transportation Element</td>
<td>29</td>
</tr>
<tr>
<td>Housing Element</td>
<td>29</td>
</tr>
<tr>
<td>Parks and Recreation Element</td>
<td>30</td>
</tr>
<tr>
<td>Public Facilities and Services Element</td>
<td>30</td>
</tr>
</tbody>
</table>
# A Separate Health Element?

Typical General Plan Update Process

# Using Standards to Implement Health Goals

# Section IV: Model Health Language

# Section V: Implementation Plans, Programs, Policies, and Standards

## Zoning, Neighborhood Plans, and Development Standards

- Zoning for Density, Mixed Use, and Transit Orientation
- Form-Based Zoning
- Zoning a Pollution Buffer
- Zoning Out Liquor Stores and Fast Food Outlets
- Conditional Use Permits
- School Siting
- Area Plans and Specific Plans
- Parking Requirements
- Crime Prevention Through Environmental Design

## Road Designs and Standards

- Multimodal Roadway Plans
- Traffic Calming Strategies

## Master Plans

- Pedestrian Master Plans
- Bicycle Master Plans
- Parks and Recreation Master Plans/Level of Service Standards
- Urban Forestry Master Plan
Project Review 73
- Green Building Codes 73
- Project Development Review Checklists 74
- Health Impact Assessments 76
- California Environmental Quality Act 76

Taxes and Fees: Financing Healthy Infrastructure 79

Conclusion 83

Appendix: Fact Sheets 85

Research on Land Use and Health from Two Different Perspectives 85
- The Health Perspective on Planning:
  Built Environments as Determinants of Health A1
- The Planning Perspective on Health:
  Community Health as a Goal of Good Design B1
Introduction

As an increasing number of Americans suffer from chronic diseases like obesity, diabetes, and asthma, research is showing that the built environment – the way American cities and towns are developed – contributes to the epidemic rates of these diseases. Witness the following:

- Places built exclusively for automobiles, where walking and biking are not only challenging but frequently dangerous
- Neighborhoods known as “food deserts” because it is so difficult to buy fresh fruits and vegetables
- Neglected, garbage-strewn streets that contribute to violence and mental distress
- Housing that promotes asthma and other respiratory diseases because it is poorly maintained or located near freeways and other pollution sources

It is unlikely that this is what planners and developers originally envisioned – and though planning and public health currently seem to operate in separate spheres, it wasn’t always so. Modern city planning and public health arose together, in response to the need to establish health standards and building codes to guard against epidemics in the rapidly growing industrialized cities of the late 19th and early 20th centuries. Early planners first began to zone city blocks to buffer residential neighborhoods from polluting industries, and sanitary sewers were built to prevent cholera epidemics.

Once these strategies eliminated the urban health epidemics of that era, however, the two disciplines diverged. Health professionals began to focus on disease treatment, education, and discouraging unhealthy behaviors, while planning professionals focused on providing housing, jobs, and retail for a rapidly growing and increasingly mobile population. Zoning increasingly became a means to protect property values, and infrastructure projects more often served to bolster the tax base.
In recent years, the dramatic rise in chronic disease rates in cities and towns has begun to bring public health and planning back together. Since 1980, the number of obese Americans has doubled to more than one-third of the population,\(^1\) and the prevalence of type 2 diabetes has doubled.\(^2\) The asthma rate among children has more than doubled.\(^3\) Based on current obesity trends, for the first time in American history, children are not predicted to live as long as their parents.\(^4\)

In the face of these alarming statistics, planning and public health professionals have begun to promote design and development patterns that facilitate physical activity and neighborly interactions as antidotes.

One of the tools that planners and public health officials who wish to lay the groundwork for creating healthier communities have at their disposal are **general plans**, the primary land use policy documents for California’s communities.

General plans can be tools to help guide development, and the general planning process can be an effective forum in which local governments can facilitate this new partnership. Still, these are only part of a long-term strategy for incorporating health considerations into planning and development. This toolkit provides not only advice on how to include health-supporting policy in general plans but also strategies for institutionalizing interdisciplinary partnerships and ensuring that implementation strategies are embedded in these policies from the first.

This toolkit provides users with a logical progression of steps that can build upon one another, without mandating a fixed entry point. It is organized around a process of engagement, from building relationships and assessing existing conditions to creating and ultimately implementing policy language. The toolkit includes the following sections:

**Laying the Groundwork for Healthy Planning** discusses strategies health practitioners and advocates can use to build relationships with planners and other public officials while involving community members and building political capital and support for their work.

**Assessing Existing Conditions** addresses the role of data in developing plans and policies, and provides an overview of data sources and ideas for collecting and using data effectively.

**Writing a Healthy General Plan** contains a discussion of general plans and where to include health language in them.

**Model Health Language** includes goals, objectives, and policy ideas for communities to adapt to their own local general plan needs.
Implementation Policies, Plans, Programs, and Standards reviews tools where additional health-supporting policies can be included and where general plan policies can be translated into implementation.

Research on Land Use and Health from Two Different Perspectives provides an overview of the literature examining links between components of the built environment and health outcomes.

### Steps for Planning a Healthier Community

<table>
<thead>
<tr>
<th>Lay the groundwork</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Informally disseminate information on the connections between health and the built environment</td>
</tr>
<tr>
<td>▶ Identify and reach out to potential partners</td>
</tr>
<tr>
<td>▶ Begin to form personal relationships</td>
</tr>
<tr>
<td>▶ Organize a presentation or training on the topic of the built environment and health</td>
</tr>
<tr>
<td>▶ Form a Healthy Community coalition</td>
</tr>
<tr>
<td>▶ Propose a Healthy City/County resolution</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Analyze existing health conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Collect health data to begin a baseline health assessment</td>
</tr>
<tr>
<td>▶ Conduct environmental audits – e.g., on walkability, bikeability, neighborhood safety, community food access</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Update the general plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Include health goals in a health element and/or integrate health goals into other elements</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ensure the plan's health goals are implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Develop indicators and standards</td>
</tr>
<tr>
<td>▶ Use zoning tools to reduce pollution and promote pedestrian/cyclist access and safety</td>
</tr>
<tr>
<td>▶ Establish design guidelines for walkability/bikeability, crime prevention, and greenery</td>
</tr>
<tr>
<td>▶ Use building codes and health impact assessments during project review</td>
</tr>
<tr>
<td>▶ Promote economic development tools (taxes, fees, and subsidies) as both a source of funding for health-supportive infrastructure, programs, and policies, and as incentives to shape healthier development patterns</td>
</tr>
</tbody>
</table>

---


Joining the effort to create healthy community environments can be daunting. Change in built environments – including land use, transportation, housing, and open space – happens slowly, and the momentum from existing planning practices will continue to result in unhealthy development patterns for years to come.

Nonetheless, the need to take action to fight this momentum is urgent, lest we see the potential for healthy communities pushed continually further into the future. Health-oriented policies adopted today will influence on-the-ground development decades from now.

In addition to the challenges of adopting the long-term view required for planning and development solutions, changing current planning practices will not be easy. Many people involved in the planning process will be reluctant to adopt new approaches. City council members may think that health is the responsibility of county governments (the jurisdictional home of most health departments), while planners and developers – who are not accustomed to anticipating the myriad health consequences of different land use patterns or of neighborhood designs – may resist what they might see as another example of bureaucratic intrusion. Feeding their reluctance is the fact that the research evaluating the health impact of these new planning practices is still emerging and that we are still learning how to plan healthy physical environments.

Fortunately, health is a core value for many people, and a healthy community (especially one that nurtures children, the elderly, low-income families, and other vulnerable populations) is already a goal for many residents and decision-makers. Parents want safe environments where their children can be physically active, and the elderly want communities where they can safely age in place. Supporting public health also makes economic sense. Health departments can save resources by preventing illnesses that would otherwise require treatment, and it is easier for planners to attract new investments to healthy, vibrant, safe communities.

Regardless of the specific dynamics of your community, there is a lot you can do to jump-start the process and make meaningful changes.
Health advocates and practitioners often ask, “What is the best way to participate in changing the built environment where I live? Where do I start?”

While it is important to take advantage of opportunities to participate in built environment decision-making as they arise – an invitation to draft general plan language, for instance, or the chance to weigh in on the design of a large-scale planned development – there are strategies that health practitioners and advocates can use that build upon each other to create a long-term, sustainable focus on healthy built environments. While the following strategies are listed in a suggested sequence, they should not be seen as mutually exclusive or strictly linear. Communities are unique, and it’s important to evaluate strategies and design a process that makes sense within a local context.

1. Informally disseminate information on the connections between health and built environments.

Sharing information about the connection between land use and health is a great first step for building a relationship with planners and other built environment practitioners. Fact sheets, studies, and online resources will help planners connect health outcomes to their work. In particular, visual illustrations (such as maps that connect disease rates, demographic characteristics, and neighborhood features or conditions) can be an effective way to convey important concepts to residents, officials, and staff alike.

This is a fairly low-cost and minimally time-consuming way to get the ball rolling. Among California communities that have been “early adopters” in inserting health language into their general plans, proactive health advocates and practitioners took opportunities to share these resources with staff and elected officials.

The research summaries in this toolkit provide an introduction to the issues for planners, health officials, and residents who are not ready to dig into more detailed and nuanced literature. (See Appendix, “Research on Land Use and Health from Two Different Perspectives.”)
### Resources on Health and the Built Environment

#### National Resources

The [National Association of City and County Health Officials (NACCHO)](https://www.naccho.org) has a “Community Design and Land Use Program” web portal, which includes fact sheets, profiles, a flowchart for collaboration between planners and health departments, a planning/health jargon glossary, and other resources ([www.naccho.org/topics/hpdp/Land_Use_Planning.cfm](http://www.naccho.org/topics/hpdp/Land_Use_Planning.cfm)).


[Design for Health](http://www.designforhealth.net) is a collaboration between the University of Minnesota and Blue Cross and Blue Shield of Minnesota aiming to connect local governments with new research into the health influences of built environments. The website includes a technical assistance library, fact sheets, and case studies.

[Active Living by Design](http://www.activelivingbydesign.org) is a national program sponsored by the Robert Wood Johnson Foundation and the University of North Carolina at Chapel Hill School of Public Health. The website contains useful statistics and case studies on efforts to promote physical activity via environmental changes.

[Active Living Research](http://www.activelivingresearch.org) is a national program sponsored by the Robert Wood Johnson Foundation that supports research to examine how environments and policies influence active living for children and their families. The website includes an online research database and policy-related case studies.

[The Community Food Security Coalition](http://www.foodsecurity.org) provides information on food systems, assessing food security, and protecting local produce suppliers.

#### California Resources

The [San Francisco Department of Public Health](https://www.sfdph.org) has developed a Healthy Development Measurement Tool ([www.TheHDMT.org](http://www.TheHDMT.org)), which contains resources for health impact assessments and includes a set of health-related planning goals, backed by rationales from academic literature and connected to a range of standards for implementation.

The [Contra Costa County Health Services Department](https://www.cchealth.org) has published a report outlining the connections between health and the built environment, with strategies for improvements ([www.cchealth.org/groups/injury_prevention/pdf/planning_healthy_communities.pdf](http://www.cchealth.org/groups/injury_prevention/pdf/planning_healthy_communities.pdf)).

### 2. Start a discussion and begin to form personal relationships.

In jurisdictions that have taken steps to plan healthy built environments, planners and health officials have first established personal and professional relationships.

This can happen in formal or informal ways. For example, health departments can sponsor a series of lunch meetings to introduce planners to different topics related to health and the built environment, inviting outside experts or those working on these issues within their own communities. Health and planning departments can cosponsor a public summit on the connection between the built environment and health, where staff, community members, and elected officials can learn about these links and establish common working goals. Relationship-building is an ongoing process; building trust between individuals and institutionalizing partnerships and participation will evolve over time and through continued commitment.

Another way to foster successful partnerships is to involve local elected officials in the process to champion and support increased participation and coordination. Without the political capital (i.e., leadership and direction from an elected official) to pressure or require health, planning, and other
departments to work together, it may be extremely difficult to engage with reluctant partners.

Such political capital has clearly created opportunities for relationship-building in California. In Contra Costa County, for instance, the board of supervisors unanimously agreed to direct the community development, public works, and health services departments to work together through an ad hoc committee on smart growth. In San Bernardino County, the board of supervisors convened and sponsored a summit on the built environment and health, sending out invitations to the event.

Civic organizations are also important partners in this effort, especially for engaging community residents in a discussion about locally important health issues and the built environment factors that contribute to them.

3. Organize a presentation or training.

Workshops or trainings that focus on the connection between the built environment and health can encourage interdisciplinary approaches to addressing locally relevant health issues. Several California counties and regions are using this strategy to build relationships and institutionalize professional partnerships. Such trainings have often proved to be an important catalyst for change, especially when they engage different departments of government, including health departments, planning departments, transportation engineers, and elected officials.

While they require an upfront investment, these trainings and workshops can ultimately save a lot of time and money. They allow a county health department to reach key built environment stakeholders in multiple jurisdictions at once, as opposed to connecting to each one at a time. They also offer a platform for dealing with the built environment components of health issues that transcend local boundaries, such as water quality, transportation issues, and air quality.
## Sources for Grants, Training, and Consultation

The California Endowment provides technical support for local governments, including conferences and minigrants ([www.calendow.org/grant_guide/index.stm](http://www.calendow.org/grant_guide/index.stm)). In particular, TCE supports technical assistance for the Healthy Eating, Active Communities initiative ([http://healthyeatingactivecommunities.org/tech_support1.php](http://healthyeatingactivecommunities.org/tech_support1.php)).

[California's Local Public Health and Built Environment Program](http://www.caphysicalactivity.org/lphbe.html) provides grants to support land use and transportation planning for county health professionals. The program is a collaboration between the California Center for Physical Activity and the State and Local Injury Control Section, both within the California Department of Public Health.

The Center for Civic Partnerships at the Public Health Institute ([www.civicpartnerships.org](http://www.civicpartnerships.org)) facilitates learning, leadership development, and networking for individuals, organizations, and communities. The organization hosts a yearly “California Healthy Cities and Communities” conference, highlighting issues of creating healthy places.

Kaiser Permanente’s Healthy Eating Active Living (HEAL) initiative ([http://xnet.kp.org/communitybenefit/index.html](http://xnet.kp.org/communitybenefit/index.html)) seeks to visibly transform the communities in which we live, work, and go to school, so that healthy food is convenient and affordable, and engaging in physical activity is part of one’s daily life.

The Local Government Commission ([www.lgc.org](http://www.lgc.org)) provides manuals, consulting, and trainings on a range of issues related to livable and sustainable communities.

ChangeLab Solutions provides training and technical assistance on healthy land use planning, economic development, access to nutritious foods and opportunities for physical activity, and other topics. See [www.changelabsolutions.org](http://www.changelabsolutions.org).

PolicyLink ([www.policylink.org](http://www.policylink.org)) provides technical training, capacity building, policy advocacy, and communications training to advocates working to create healthier communities.

The Trust for Public Land ([www.tpl.org](http://www.tpl.org)) provides information and trainings related to access to parks and open spaces.

WalkSanDiego ([www.walksandiego.org](http://www.walksandiego.org)) has provided trainings far beyond San Diego on walkability, traffic calming, and other environment-related health topics.

---

### 4. Form a Healthy Community coalition.

Because public health overlaps with many aspects of community life, a number of jurisdictions have convened Healthy Community coalitions. In many cases these coalitions have emerged from existing projects, including the Center for Civic Partnerships’ California Healthy Cities and Communities Network, The California Endowment’s Healthy Eating Active Communities (HEAC) initiative, Kaiser Permanente’s Healthy Eating Active Living initiative, the Network for a Healthy California (funded through the California Department of Public Health), and Safe Routes to School coalitions.

In addition to funded initiatives that have focused on health issues, planning processes themselves can prompt the formation of local coalitions. In San Francisco, for example, the proposed rezoning of industrial areas into residential areas prompted the formation of the Eastern Neighborhoods Community Health Impact Assessment coalition, and in Riverside County the anticipation of several new city-scale developments spurred work to develop healthy design guidelines.

These coalitions frequently include a range of participants, including government employees, elected officials, representatives of local businesses and organizations, and community members, including low-income residents. ([See table, next page.](#)) By meeting regularly and developing an action plan, such coalitions have often been primarily responsible for initiating local
change. Typically they have focused on public education efforts around healthy food choices, weight loss contests, community walks, and health fairs. But they have also pushed for Healthy City/County resolutions, health-oriented specific plans, and general plan language.

Healthy Community coalitions also offer an opportunity for health departments to maximize scarce resources and work with multiple cities within a county, or with cities and counties at a regional level.

<table>
<thead>
<tr>
<th>Potential Stakeholders in a Healthy Community Coalition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Government</strong></td>
</tr>
<tr>
<td>Elected officials (mayors, city councilors, county supervisors, school board members) or their staff</td>
</tr>
<tr>
<td>County health officers</td>
</tr>
<tr>
<td>Health officials involved in health promotion, environmental health, or injury prevention</td>
</tr>
<tr>
<td>Planning directors and staff</td>
</tr>
<tr>
<td>Transportation planners and engineers</td>
</tr>
<tr>
<td>Public works officials</td>
</tr>
<tr>
<td>Schools</td>
</tr>
<tr>
<td>Law enforcement and emergency response agencies (police/fire)</td>
</tr>
<tr>
<td>Recreation departments</td>
</tr>
</tbody>
</table>

5. Propose a Healthy City resolution.

As one of the first steps in the process of addressing health in planning, some cities and counties have drafted and passed a Healthy City resolution. While such a resolution is not generally binding, it can be a good way to build political capital for other policies that support healthy built environments. This strategy can help cultivate the support of elected officials who can champion your ongoing efforts.

A Healthy City resolution typically states that the council desires a healthy and active community, shows that there is a relationship between planning decisions and public health outcomes, and requests that the planning department work with the health department to improve community health through changes to the built environment. Some city councils have passed a resolution endorsing the Healthy City concept and formal participation in the California Healthy Cities and Communities (CHCC) program. Numerous California cities have been declared a California Healthy City through the CHCC, which is administered by the Public Health Institute under contract with the California Department of Public Health.

See sample language for a Healthy City resolution in *General Plans and Zoning: A Toolkit on Land Use and Health*, available at [www.changelabsolutions.org](http://www.changelabsolutions.org)
Be Patient With Barriers

Although many communities are beginning to acknowledge connections between the built environment and health, it's unrealistic to expect local planning processes to change overnight. The influence of human variables is significant, and persuading different stakeholders that certain changes are beneficial will require patience. People are often reluctant to view their jobs differently, especially if it seems to involve an additional burden—and the roles that various government officials will play may only become apparent gradually.

For example, fire departments have often vetoed traffic calming plans, arguing that such measures delay emergency response times and damage fire trucks. But as they begin to see how traffic calming measures may more effectively serve their broader goal of public safety, they may be more willing to help identify technical compromises that satisfy both purposes. (See “Traffic Calming Strategies,” Section V.) Eventually the same fire department officials who seemed to create obstacles may become invaluable allies.

Residents, too, may see health-related changes as threatening. Proposals to increase density, connect previously isolated neighborhoods, or slow down traffic may be opposed by residents who take a “Not in My Backyard” (NIMBY) position. When they have the information to weigh the health costs and benefits of these projects, however, the community as a whole may support such proposals. The process might just take a long time. A word of advice: take the long view, and celebrate small and incremental improvements.

---

1 For more information, see the Center for Civic Partnerships website at www.civicpartnerships.org.
Health officials and urban planners are two of the groups most likely to be involved in crafting healthy built environments within the public sector. Each approaches the issues from a different perspective and operates within a different framework, yet both have an important contribution to an effective partnership.

**Health Officials**

For health officials, the built environment serves as a “determinant of health” that influences rates of metabolic disorders, respiratory health, and mental well-being, among other health outcomes. When health departments publish community health reports, they can highlight the spatial patterns of various health issues, drawing attention to relationships between health measures and the conditions of neighborhood built environments. This can help make the case for health-oriented planning decisions and prioritize the most important health concerns.

Health departments often already have the health information planners might find useful. However, they may be more accustomed to presenting data by population subgroup, such as by ethnicity or income level, rather than spatially. For health data to be relevant to specific built environment decisions, it must be presented in a way that makes clear their links to “place,” such as within a neighborhood, along a highly trafficked corridor, or at the urban core or fringe.

A health department could prepare a map, for example, that correlates health outcomes with geographic location – the prevalence of childhood asthma rates with the location of major roads and freeways, perhaps, or rates of obesity with concentration of fast food outlets versus grocery stores. Health officials also should understand how to target the use and dissemination of this information, such as during the development of land use policy (e.g., general plans, zoning, and area plans), and during the project review process. Health officials can also help write health-oriented policies and design guidelines, develop health-based “checklists” for project proposals,
Legislation Supports Health Officer Involvement

Health officers already have the authority to advise planners, but California assembly member Dave Jones recently introduced legislation that would formally acknowledge the role of health officers to consult planners on new concerns connected to the built environment. The legislation encouraged health officers to consider links between respiratory disease and air quality, injury prevention and motor vehicle crashes, healthier eating opportunities and community design, violence prevention and street safety, and other health issues and their relationship to land use.

and even sit on development review working groups. (See Section V, “Implementation Plans, Programs, Policies, and Standards,” for more detail on each of these strategies.)

**Planners**

For planners, improving and protecting community well-being and quality of life are already priorities, but health-oriented arguments may be new and unfamiliar. Many advocates for planning and design concepts like “new urbanism” (creating walkable neighborhoods with a mix of housing and jobs) rely on aesthetic or community development arguments, even though health-based arguments may be just as or more persuasive for decision-makers. Similarly, policies that argue for farmland protection solely from an economic or community preservation standpoint would benefit from the nutrition-related rationale of developing and maintaining local, safe sources of fresh and nutritious foods.

A key role planners can play is to welcome health advocates into the planning process, soliciting health officials’ comments on project proposals and plan language. Planners also can weigh the economic costs of different health-related planning programs, prioritizing those likely to be most cost-effective and those that serve the most disproportionately affected populations.

**Resources for Working Together**

For more information and advice on forming partnerships between planners and health practitioners, see “Working with Elected Officials to Promote Healthy Land Use and Community Design” ([http://archive.naccho.org/documents/LUP-Working-with-Officials.pdf](http://archive.naccho.org/documents/LUP-Working-with-Officials.pdf)), a publication from the National Association of County and City Health Officials (NACCHO).

NACCHO has also published a useful glossary of terminology, “Public Health Terms for Planners & Planning Terms for Public Health Professionals” ([http://archive.naccho.org/Documents/jargon.pdf](http://archive.naccho.org/Documents/jargon.pdf)).

The task for both planners and health officials is to breach their respective “silos” of activity. Informally, they can begin sharing information with others about the literature connecting health and built environments. More formally, they can host roundtables on the topic for staffers from a range of local government agencies. In the longer run, they can establish a full- or part-time liaison between departments, or include interdepartmental coordination into existing job descriptions.
In order to create effective, locally relevant land use policies to promote public health, communities must understand the nature and extent of their health issues.

Analyzing existing conditions, or creating a baseline assessment, is one of the first steps that communities undertake when updating their general plans. Also known as a technical background report, this assessment consists of quantitative information about the city or county’s demography, housing stock, economic make-up, and other current conditions and trends. A baseline assessment is important because it supports the policy direction of the general plan.

Even for communities not undergoing a general plan update, an analysis of existing conditions will provide critical data and insight when including health considerations in any land use plan or policy.

This section of the toolkit provides questions for a community health baseline assessment, which include selected research questions that can be explored in this analysis. A list of potential data sources is also included to help answer the questions. The information can be presented in tabular form (as a series of tables or statistics) or spatially using geographic information systems (GIS) mapping.

In this type of analysis, maps of fine-grained health variables can be a great way to link built environment and health issues for decision makers and community residents. By showing spatial disparities and problem areas, they can focus community attention and mobilization.

Note, however, that several variables can confound spatial analysis. Socio-economic status in particular has a profound influence on health, regardless of where people live. At the same time, people tend to live with neighbors of similar income status, in part because of the many financial and other barriers to developing mixed-income communities with a mix of housing types.

Geographic scale and precision of data will also influence spatial analysis. For example, a large census tract may have more traffic collisions than a
small one simply because it includes more intersections. In this case, displaying a rate of collisions would probably be more appropriate than using raw numbers.

For cities and counties without in-house GIS capacity, the state health department may be able to provide some level of GIS assistance. While your county might not have sector-by-sector data, the state should at least be able to provide data or a visual display of your county’s disease prevalence relative to others in the state. The state could also provide a WIC (Women, Infants, and Children) program map showing the location of poor women and children and a map of Medi-Cal recipients, indicating poverty and health care needs.

The type of data and information included in the baseline analysis will vary greatly from one jurisdiction to another, and communities should determine which data best illustrates the current issues and opportunities for change. That said, the information for baseline health assessments should be a combination of data from planning and public health departments. The indicators should focus on the health topics that are known to be influenced by the built environment and built environment characteristics that have a proven connection to health outcomes. (See Appendix, “Research on Land Use and Health from Two Different Perspectives.”)
Questions for a Baseline Community Health Assessment

The following list suggests topic areas and questions that could be addressed in the baseline analysis. This list is only a starting point; questions should be tailored to a community’s own characteristics.

**Overall Health of Community**

**Causes of death.** What are the primary causes of death in the city or county? Which ones are related to the built environment? What is the geographic distribution of mortality?

**Vulnerable populations.** What percent of the population are infants or young children? Adolescents? Elderly? What is the geographic distribution of these populations? How many community clinics, hospitals, or nursing facilities are there, and where are they located?

**Obesity/overweight rates.** How many adults are overweight or obese? How many youth/children are overweight or obese? Are they clustered in specific neighborhoods? Are there socioeconomic or other patterns that can be identified?

**Physical Activity**

**Proximity to parks, open space, and recreation facilities.** What is the proximity of parks to residential and commercial areas? What percentage of the residential population is located within a quarter- or half-mile of parks, open spaces, and active-recreational facilities? What is the parks-to-people ratio? Do these vary by neighborhood?

**Mix of uses.** What is the mix of land uses? How close are people to a variety of uses, including retail, daily services (e.g., the post office), and schools? Can people readily and safely meet their everyday needs without a car?

**Jobs-housing balance and match.** What is the ratio of jobs to housing in the community? What is the match between local jobs and the skill level of
residents? What percentage of residents live and work within the jurisdiction or nearby jurisdictions?

**Land use density.** What is the density of residential and nonresidential development in different parts of the jurisdiction?

**Overall level of physical activity.** What percentage of the community meets the minimal recommended weekly activity levels? How do these rates differ in different neighborhoods?

### Nutrition

**Access to healthy food.** Where are the stores that offer healthy food, such as grocery stores, produce markets, farmers’ markets, and community gardens? How accessible are they for different communities – can all residents walk or take transit to healthy food outlets? Are EBT cards (food stamps) accepted?

**Number of fast food restaurants and offsite liquor retailers.** What is the retail food environment index (RFEI) – that is, the total number of fast-food restaurants and convenience stores in a geographic area divided by the total number of supermarkets and produce vendors? Does this vary by neighborhood? Is there a geographic concentration of liquor stores or convenience stores that sell liquor?

**Local agricultural resources.** How much food do local farms provide for the community? What portion of the local farms are organic?

**Food distribution.** What distribution networks (wholesalers, warehouses, and processors) are available to bring local produce into grocery stores, restaurants, schools, and hospitals? Where are they located?

### Transportation

**Traffic injuries and fatalities.** How many traffic injuries and fatalities are there per year? Where are the largest number of traffic injuries and fatalities occurring? What is the percentage of traffic accidents that involved pedestrians or non-motorized vehicles?

**Mode split.** What are the rates of driving, walking, biking, and public transit? How does this differ by neighborhood? What is the average annual vehicle miles traveled (VMT) per capita for different areas of the jurisdiction?

**Commuting.** What are the average commute times and distances? How integrated are job/commercial and residential uses throughout the jurisdiction? What percentage of the population leaves the area for work?
**Transportation network.** How walkable is the jurisdiction? What percentage of roads have sidewalks on one or both sides of the street? What percentage of streets have street trees? What are the block lengths in different areas of the jurisdiction? What is the street intersection density or the street network density in different parts of the jurisdiction?

**Respiratory Health**

**Asthma and other respiratory ailments.** What are the rates of asthma and other respiratory ailments? Are there concentrations of cases of asthma? What is the proximity of neighborhoods, schools, and employment centers to roadways and other pollution sources? Does it vary by neighborhood? What percentage of the population is located within 500 feet of major roadways, heavy industrial uses, or warehouse/distribution uses?

**Air quality/toxic contaminants.** What is the quality of outdoor air? What are the main toxic contaminants (e.g., particulate matter, sulphur dioxide)? What are the sources of toxic contaminants (e.g., traffic, industry, dry cleaners)? What is the quality of air in households and offices? In public housing units? Where are the sources of air or water contaminants located, and what types of development are around them? Where are the contaminants concentrated (e.g., along roadways, downwind of industry)?

**Mental Health and Social Capital**

**Mental health.** What are the rates of depression and other mental illness? Do they vary by neighborhood or socioeconomic status?

**Participation.** What are the voting rates in different neighborhoods? What are the rates of participation in planning processes by different communities?

**Stability.** How affordable is housing? What proportion of their income do residents in different neighborhoods pay for housing? Where are there geographic concentrations of poverty? What percentage of residents in different communities have served time in jail?

**Community safety.** Where are the pockets of crime, especially assault-related crimes? Where are the liquor stores or blighted properties that might contribute to crime and violence?

A variety of local, regional, county, state, and federal sources can provide the information and data to answer the above questions. In addition to typical land use information, health data and statistics can come from sources such as the public health department, the police or sheriff’s department, schools and the county assessor’s office. In many cases, the data is available from the county but has never been used for physical planning purposes.
**Sources of Health Data**

Communities conducting a baseline analysis will need to spend time developing research questions specific to their jurisdiction, and then research where the most robust data may be obtained. For sources beyond those listed here, see *General Plans and Zoning: A Toolkit on Land Use and Health*, available at [www.changelabsolutions.org](http://www.changelabsolutions.org).

### National Sources of Community-Level Health Data

**American Community Survey** ([www.census.gov/acs](http://www.census.gov/acs)): Contains raw and tabulated data on demographic conditions, employment, education levels, and commute patterns.

**National Household Travel Survey** ([http://nhts.ornl.gov](http://nhts.ornl.gov)): Contains extensive local data on the travel behavior of the American public. Data can be viewed online or downloaded by county, census tract, or traffic analysis zone.

**Census 2000** ([www.census.gov](http://www.census.gov)): Provides demographic data by state, county, city and census tract.

**National Center for Health Statistics** ([www.cdc.gov/nchs/nhis.htm](http://www.cdc.gov/nchs/nhis.htm)): An interactive website by the Centers for Disease Control and Prevention (CDC) that contains detailed information on health conditions in the United States. Data can be downloaded and analyzed.

**EPA Toxic Release Inventory** ([www.epa.gov/tri](http://www.epa.gov/tri)): Contains data on releases of toxic chemicals and other waste management activities.

### California County-Level Health Data

**California Health Interview Survey** ([www.chis.ucla.edu](http://www.chis.ucla.edu)): Provides state and county data on hundreds of health topics.

The **California Nutrition Network** ([www.cnqgis.org](http://www.cnqgis.org)): Contains an interactive, internet-based geographic information system (GIS) that allows users to view and query mapped nutrition data. The application contains a rich set of nutrition and other health-related data, including nutrition and school health programs, grocery stores and restaurants, WIC vendors, and other local nutrition resources, and demographic information (race and spoken language) of general and at-risk populations.

**California Center for Public Health Advocacy** ([www.publichealthadvocacy.org](http://www.publichealthadvocacy.org)): Has an analysis of retail food outlets in counties and cities with populations greater than 250,000 ([www.publichealthadvocacy.org/RFEI/presskit_RFEI.pdf](http://www.publichealthadvocacy.org/RFEI/presskit_RFEI.pdf)) and a GIS database showing rates of overweight in children by assembly district ([www.gisplanning.net/publichealthnew/map.asp](http://www.gisplanning.net/publichealthnew/map.asp)).

**Statewide Integrated Traffic Records System** ([www.chp.ca.gov/switrs](http://www.chp.ca.gov/switrs)): Contains a database of collision records collected by local police throughout California and the California Highway Patrol.

**California Air Resources Board** ([www.arb.ca.gov/html.databases.htm](http://www.arb.ca.gov/html.databases.htm)): Has links to a number of databases with air quality information for every air monitoring station in the state.

**California Center for Health Statistics** ([www.dhs.ca.gov/hisp/chs/default.htm](http://www.dhs.ca.gov/hisp/chs/default.htm)): Contains health data for California.

### City and County Sources of Data

**Local association of governments** (e.g., ABAG, SCAG, SLOCOG, SANDAG): Typically collects data on demographics, land use, and economic conditions in the region and specific cities.

**County assessor data**: Contains parcel level data that includes existing land use, building size, parcel size, land and improvement value. The information can be geocoded by parcel number.

**Police department**: Typically collects data on crime statistics and traffic crashes within the jurisdiction.

**City/county planning department**: Typically collects data on existing land use, land use designations, zoning, affordable housing, economic and demographic characteristics, and building code violations. Data is often included in GIS databases managed by the city or the county.

**City/county public works department**: Typically collects information on street networks, infrastructure, and traffic volumes.

**County mental health department**: Typically collects information on levels and types of mental health conditions in the jurisdiction.

**County department of public health**: Typically collects data on vital health statistics (such as causes of death) and other local data, including levels of physical activity and nutritional eating.

**County transportation commission**: Typically collects regional-level transportation data including transit system characteristics, mode split, and vehicle miles traveled in different parts of the region.

**County transit agency**: Typically collects transit information such as the location of transit facilities, frequency of transit service, and the number of transit trips from each transit stop and on each route.

**Regional air quality management district**: Typically collects data on levels of air pollution in different parts of the region.
Examples of Baseline Health Assessments

Many health departments have done excellent countywide analyses. Analyses that include maps or focus on particular cities are less frequent.

San Francisco’s Healthy Development Measurement Tool (www.theHDMT.org) provides health-based rationales, goals, and indicators applicable to other jurisdictions. The public health department also has used it to generate a wide range of health-oriented maps, including proximity to farmers’ markets, noise levels, bike collisions, and truck routes.

Issues and Opportunities Papers for the city of Richmond’s upcoming general plan update (www.cityofrichmondgeneralplan.org/docs.php?ogid=1000000207) includes a baseline assessment built largely from the framework of the Healthy Development Measurement Tool described above.

Existing Conditions Report (2006) for the city of Chino’s upcoming general plan update (www.cityofchino.org/civica/filebank/blobdownload.asp?BlobID=3838) includes an extensive chapter on public health, which looks at physical activity, availability of healthy food choices, traffic crashes, respiratory illnesses, and community social networks.

The Los Angeles County Department of Health Services’ Office of Health Assessment and Epidemiology has produced an excellent resource: Premature Deaths from Heart Disease and Stroke in Los Angeles County: A Cities and Communities Health Report (www.lapublichealth.org/epi/docs/CHR_CVH.pdf). Notably, this report provides information on heart disease and stroke, as well as economic hardship, by city or community (spatializing the data to inform built environment policy decisions).

The Oakland Health Profile (2004) includes extensive statistics on mortality, disease incidence, and injuries, as well as maps of variables such as diabetes prevalence and asthma hospitalizations (www.acphd.org/user/data/DataRep_ListbyCat.asp?DataRepdivId=2&DataRepdivcatid=34).

The Oakland Health Profile includes maps comparing diabetes and childhood asthma hospitalization rates across the city and county.
Walkability and bikeability audits have become popular tools for identifying barriers to walking and cycling within neighborhoods. A walkability audit broadly assesses pedestrian facilities, destinations, and environments along and near a walking route, and identifies specific improvements that would make the route more attractive and useful to pedestrians. Similarly, a bikeability audit reviews cycling conditions along specified streets to explore issues such as off-road paths, riding surfaces, intersections, sharing the road with cars, behavior of drivers, end-of-trip facilities, directional signage, and safety.

Several cities and national and state organizations have developed audit tools or checklists to evaluate factors that help or hinder walking and biking in a neighborhood, along a street corridor, or near a school. (See list on the next page.) The Centers for Disease Control and Prevention (CDC) also has a workplace walkability audit that helps map out the most commonly used walking routes in employment areas and then identify the most common safety hazards and inconveniences that can keep employees from walking at work. Community groups and cities across the United States have used walkability and bikeability audits not only to inform pedestrian and bicycle master plans, but also to take individual actions such as informing city engineering departments about problems.

Walkability and bikeability audits provide an excellent opportunity to engage residents in assessing their neighborhood conditions and speaking up for healthy changes, especially in low-income communities, where the greatest disparities may exist in terms of infrastructure that supports daily physical activity. These audits can also be an chance to engage elected officials – who may see more clearly the importance of improved pedestrian and bicycle infrastructure when they walk the streets alongside community members during an audit – as well as an opportunity to get media coverage of your work.
### Walkability and Bikeability Audit Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC Workplace Walkability Tool</td>
<td><a href="http://www.cdc.gov/nccdphp/dnpa/hwi/toolkits/walkability/audit_tool.htm">www.cdc.gov/nccdphp/dnpa/hwi/toolkits/walkability/audit_tool.htm</a></td>
</tr>
<tr>
<td>National Center for Bicycling &amp; Walking Community Assessment Tool</td>
<td><a href="http://www.activelivingresources.org/assets/community_assessment_tool.pdf">www.activelivingresources.org/assets/community_assessment_tool.pdf</a></td>
</tr>
<tr>
<td>Active Independent Aging: A Community Guide for Falls Prevention and Active Living, from the Community Health Research Unit, includes a walkability checklist that focuses on aging:</td>
<td><a href="http://www.falls-chutes.com/guide/english/resources/handouts/pdf/WalkabilityChecklist.pdf">www.falls-chutes.com/guide/english/resources/handouts/pdf/WalkabilityChecklist.pdf</a></td>
</tr>
<tr>
<td>The Network for a Healthy California's Champions for Change initiative has resources on physical activity assessments and walkability assessments that community residents can undertake themselves:</td>
<td><a href="http://www.cachampionsforchange.net">www.cachampionsforchange.net</a></td>
</tr>
<tr>
<td>California's Walk to School Program walkability checklist</td>
<td><a href="http://www.cawalktoschool.com/checklists.html">www.cawalktoschool.com/checklists.html</a></td>
</tr>
<tr>
<td>Shasta County walkability checklist</td>
<td><a href="http://www.healthyshasta.org/downloads/WalkabilityChecklist.pdf">www.healthyshasta.org/downloads/WalkabilityChecklist.pdf</a></td>
</tr>
<tr>
<td>The Local Government Commission hosts a web-based resource center on creating bike- and pedestrian-friendly communities:</td>
<td><a href="http://www.lgc.org/transportation">www.lgc.org/transportation</a></td>
</tr>
<tr>
<td>Walkable Communities, Inc., offers a range of tools for creating walkable neighborhoods:</td>
<td><a href="http://www.walkable.org">www.walkable.org</a></td>
</tr>
</tbody>
</table>
Figure 3.4-2
Sidewalk Deficiencies

Legend
- Policy Area
- City Boundary
- County Boundary
- Water

Sidewalk Deficiencies
- No curb and gutter, no sidewalk
- Curb, no sidewalk
- Sidewalk, no curb
- Worn out sidewalk or path

Examples of mapping pedestrian infrastructure (left) and pedestrian/walkability data (top left and right)
Community Food Assessments

Community food assessments provide important data about the quality, quantity, price, and location of food retail of all kinds (including supermarkets, corner stores, farmers’ markets, and community gardens) within a defined geographic region such as a neighborhood, city, county, or region. Health advocates interested in documenting how the food retail landscape affects healthy food choices and diet-related outcomes may find community food assessments a useful tool. Residents can also be engaged in community food assessments, identifying gaps and opportunities for accessing healthy, affordable fruits and vegetables within their own neighborhoods.

Food assessments are especially important in making the case for attracting new, healthy food retail options or improving existing ones through land use and economic development policy incentives. Conversely, they can help build a case for regulating or restricting unhealthy food options that are overconcentrated in neighborhoods.

Community Food Assessment Resources

For information on crafting a strategy and involving residents to collect community food data, see Economic Development and Redevelopment: A Toolkit on Land Use and Health (chapter 16), available at www.changelabsolutions.org/healthy-planning/products/econ_dev_redev_toolkit.


The Network for a Healthy California has an excellent guide for engaging low-income and other community residents in “fruit and vegetable” assessments through its Champions for Change initiative: www.cachampionsforchange.net/en/index.php

For a good example of a community food assessment, see A Food Systems Assessment for Oakland, CA: Toward a Sustainable Food Plan: http://oaklandfoodsystem.pbwiki.com/f/OFSA_TOC_ExecSumm.pdf

For an example of an assessment of liquor stores, see The Good, the Bad, and the Ugly: A Report Card and Recommendations on Oakland’s Liquor Stores, which graded each store based on the number and types of violations reported: www.oaklandcityattorney.org/PDFS/LiquorStore%20ReporttoCouncil%202004.pdf
SECTION III

Writing a Healthy General Plan
As the “constitution” of a community, the general plan underlies all land use decisions. Legally, all local government land use policies must rest on the principles and goals of the general plan. Since general plans also take a long-term vision – typically spanning 10 to 20 years – those with strong health language can powerfully orient government actions for decades.

Local governments stand on solid legal footing when acting to protect and improve public health. In California, counties are formally charged with public health responsibilities by the state government (with a few exceptions), but city governments have the right to protect citizens’ health as well. Courts have repeatedly protected local governments’ power to formulate policies that promote the public’s “health, safety, and general welfare.”

Most general plans in California already address a range of health issues, including seismic safety, bicycle and pedestrian issues, air quality, noise, parks and recreational facilities, and exposure to hazardous materials. Even so, public health per se is rarely high on the list of issues addressed by general plans. Specific direction about how planning decisions shape healthy food access, active living, aging in place, respiratory illnesses, and other public health issues connected to the built environment is usually absent from general plans.

There are many ways for communities to promote public health through their general plan. The planning process as a whole is an opportunity to engage and educate the community about the state of its health and to invite residents to participate in identifying local health issues. Within the general plan itself, there are opportunities for health-related goals and policies throughout – in chapters known as elements, which outline policies according to various themes such as land use, housing, and safety.

When it comes to developing a healthy general plan, communities will adopt different approaches based on local priorities and concerns. For instance, rapidly growing cities or counties that are expanding onto previously undeveloped land have the opportunity to incorporate health considerations...
more deeply into new infrastructure. By contrast, more urban or built-out areas will wrestle with how to transform poorly designed communities into healthier places. In communities where protecting farmland is a priority, health advocates can tie this to the goal of improving nutrition by supporting local farmers as a source of healthy fruits, vegetables, and other foods. In economically segregated cities, the health priorities may focus on affordable housing, local economic development, and violence prevention.

What follows are suggestions for where to include health-supporting policies within a general plan. These elements are worth highlighting due to their broad impact on neighborhoods’ and communities’ shape, character, and activities – and, in turn, on their ability to be healthy places to live, work, and play. Health-supporting policies can also be included in additional elements (see Section IV, “Model Health Language”).

**Vision Statement**

Every general plan includes a concise vision statement about the future of the jurisdiction. Typically developed through broad-based public discussions in community workshops, the vision statement is an ideal place to emphasize the value of health in the community. The vision statement should include specific language on health outcomes such as physical activity, air quality, access to health care, and access to healthy foods. Including the community’s most important health concerns in the vision statement will provide the backdrop for including health in other elements of the general plan.

**Land Use Element**

One of the most important elements in the general plan in terms of its contributions to health outcomes is the land use element, which includes specific information on the allowable uses and density or intensity of development on every parcel within the jurisdiction. It’s clear that many negative health outcomes are directly affected by land use patterns (see Appendix, “Research on Land Use and Health from Two Different Perspectives”). Crafting a more health-friendly land use element is critical to the overall health of the community.

Patterns of low-density and poorly connected development can often result in auto-centered communities that discourage residents from walking. As jurisdictions update their general plans, they can explicitly promote land use patterns that increase the density and intensity of development and mix of uses – especially in downtown areas, along major transportation corridors, and in employment districts. Also, a general plan’s land use designations (the intended future use for each parcel) should ensure that densities are high enough to support walking, biking, and transit use.
Another important strategy is to include urban design policies in the land use element. Urban design is important for health because it addresses the form and character of the community, which in turn can promote walking and biking and reduce dependence on driving. General plans that address urban design add a third dimension to typically two-dimensional land use planning.

Urban design strategies can involve the location of parking lots on a parcel, the relationship of a building to the street, and architectural and façade features such as the placement of windows. The city of South Gate’s general plan, for instance, includes “place type” designations, each of which identifies allowable uses, density of development, building height, building location and placement, pedestrian and transit access requirements, and vehicle parking requirements. Other cities (such as Sacramento, Azusa, and Ventura) maintain typical land use designations in their general plans but add “urban form districts” where various urban design strategies and outcomes apply – each district will contain strategies on form and character of development. This emerging practice of developing “form-based” general plans results in a better mixing of uses and allows more specificity about the design vision for each area of the jurisdiction. (See “Zoning, Neighborhood Plans, and Development Standards” in Section V of this toolkit.)

Circulation/Transportation Element

In terms of health outcomes, the circulation or transportation element is another of the most important elements in the general plan. To be health-friendly, this element should identify a balanced transportation system where the needs of all users – cars, trucks, transit vehicles, pedestrians, bicyclists, and the disabled – are considered. The transportation system should also be jointly considered with future land uses so that the design of the roadway works in parallel to create healthy communities.

Specific policies for the circulation or transportation element include multimodal roadway plans, traffic calming, bicycle plans and pedestrian plans (see “Road Designs and Standards” and “Master Plans” in Section V of this toolkit).

Housing Element

The housing element identifies locations for affordable housing in the community and can promote neighborhoods with a mix of housing types and a range of affordability levels. The housing element works in concert with the land use element to ensure that communities have the appropriate densities and locations to provide affordable housing.
Parks and Recreation Element

Many jurisdictions include a separate, stand-alone element regarding parks and recreation facilities. This is an important element for health and safety outcomes because its goals and policies address standards for park size, locations, and access. Locating new parks within a quarter-mile walk of homes, setting standards for new park facilities, and establishing recreational programs for youth and seniors should all be considered in this element. (See “Master Plans” in Section V for specific strategies for parks and recreational facilities that can be included in the general plan.)

Public Facilities and Services Element

While it’s not required by state law, many jurisdictions include a public facilities and services element. This element addresses a range of facilities and services – from police, fire, and schools to infrastructure such as water, sewer, and wastewater services – that are necessary to ensure healthy, safe, and active communities. The police and fire sections can set standards for public safety and promote building guidelines that prevent crime and violence. The schools section can address issues around locating schools within walking or biking distance of homes, as well as promote the joint use of school facilities for community recreational activities.

A Separate Health Element?

Not surprisingly, health-oriented general plan language has taken many different forms in California’s diverse communities. While some have chosen to place public health policies within the land use or transportation elements, others have emphasized health language in nontraditional components such as an economic development, agriculture, or socioeconomic element. Another strategy, which may not be mutually exclusive, is to craft an entirely separate health element.

A few California jurisdictions, including Chino and Richmond, have decided to write a stand-alone health element. A separate health element can bring special preeminence and political visibility to a community’s health-related goals. And some issues (such as nutrition or health impact assessments) may not fit naturally into any required element but may be suited for consideration in a health element.

However, confining all health-related goals into a discrete element may also make implementing them more difficult. Even though all of the goals and policies in a general plan are required to be consistent with one another, some elements can undercut a health element’s goals. For example, while a general plan’s health element may promote walkability, the land use element in the same plan may chart out the addition of more fragmented and car-dependent neighborhoods. Although health-related goals and policies will technically have equal legal weight wherever they are written, in practice health advocates may have difficulty achieving their goals by focusing on just one element.

Some elements already address a range of health concerns: for instance, all of the goals of the safety, recreation, and noise elements have a relationship to residents’ health and well-being. In many cases, communities may find benefits to integrating health language into other elements. For example, the goal of promoting physical activity can be a powerful rationale for mixed-use (walkable) zoning in a land use element. Likewise, identifying the many health benefits of green spaces may add priority to the goals of a parks and recreation element. The goal of reducing the number of bicycle accidents,
Health goals tied to specific policies and standards and supported by an engaged community are more likely to be realized.

while certainly a health-related goal, may fit as easily into a circulation element.

Moreover, many community residents and developers may reference only one element of the general plan. When they see health-related goals alongside land use, transportation, or housing policies, the health objective is more likely to influence their decisions. A transportation engineer might never read a health element, for instance, but would certainly read any language about pedestrian accessibility or bicyclist safety in the circulation element.

Questions to Ask

What to consider when pursuing health language in general plans and other land use plans and policies:

- Is there a local elected or appointed official who is championing health issues and their inclusion in land use policy documents?

- Are funds already earmarked in the general plan update budget for incorporating public health? Will there be resources to hire an outside consultant, pay for dedicated planning and public health staff time, and conduct additional community outreach?

- If dedicated funds are not available, can public health staff contribute significant in-kind time to attending meetings, providing public health data, developing policy language, reading and commenting on drafts, and conducting public outreach?

- Are there community-based organizations that can assist in the above tasks?

- Are the pressing local public health issues more effectively incorporated into existing elements, or will they be better addressed by a separate element?
Undertaking a comprehensive update to a general plan typically involves several committees, as well as broad community outreach. There are a number of key points at which public health participation can be particularly useful in influencing the policies and direction of the plan, with the earliest involvement providing the most opportunity for in-depth guidance.

The General Plan Advisory Committee is usually made up of key stakeholders in the community who can help shape vision and direction. Community Outreach usually consists of public meetings, traveling “plan vans,” or other ways to solicit community input. A team of Staff and Consultants work on preparing the technical background report (see Section II, “Assessing Existing Health Conditions”). Staff and consultants may report to a Technical Advisory Committee, which directs the research and technical reports that are prepared by staff and consultants.

Public health involvement could come through sitting on the general plan advisory committee, helping with health-specific community outreach, or providing data and input through a technical advisory committee for the baseline assessments. Public health advocates can also provide input and policy guidance throughout the development and review of the draft plan.

The California Environmental Quality Act (CEQA) Environmental Impact Review (EIR) process occurs simultaneously with a general plan update, and offers additional points for participation in the plan’s development (see Section V for more information on CEQA).
## Existing Health-Oriented General Plans

A handful of cities and counties have addressed public health issues directly in their general plans. Some plans contain distinct health-related elements, while others have health language integrated throughout.

### Health Elements

- **Anderson**’s health and safety element (2007) includes a public health section in its forthcoming general plan. A January 2007 draft promoted physical activity via mixed-use and infill development, and access to parks and recreational trails. [www.ci.anderson.ca.us/Generalplan_update_07.asp](http://www.ci.anderson.ca.us/Generalplan_update_07.asp)

- **Benicia**’s community health and safety element (1999) explicitly establishes health as a community priority, setting goals relating to community participation, access to health services, substance abuse, crime prevention, water and air quality, hazards, emergency response, and noise. [www.ci.benicia.ca.us/pdf/generalplan/BeniciaGP-part2-Nov03.pdf](http://www.ci.benicia.ca.us/pdf/generalplan/BeniciaGP-part2-Nov03.pdf)

- **Chino** will include a “Healthy Chino” element in its general plan update (2008), with topics likely including physical activity, nutrition, transportation safety, air pollution, and civic participation. [www.cityofchino.org/depts/cd/general_plan/default.asp](http://www.cityofchino.org/depts/cd/general_plan/default.asp)

- **Chula Vista**’s land use and transportation element (2005) includes access to healthy foods, walkability, pedestrian and bicycle safety, and a jobs-housing balance. [www.ci.chula-vista.ca.us/City_Services/Development_Services/Planning_Building/General_Plan/documents/05_LUT_S5to7_000.pdf](http://www.ci.chula-vista.ca.us/City_Services/Development_Services/Planning_Building/General_Plan/documents/05_LUT_S5to7_000.pdf)

- **Marin County**’s draft socioeconomic element (2007) includes goals related to community participation, culture, public safety, and a public health section with goals related to physical activity, access to healthy foods, substance abuse, affordable senior housing, and affordable health care. [www.co.marin.ca.us/pub/fm/CWP05_WEB/CWP_SE_Element.pdf](http://www.co.marin.ca.us/pub/fm/CWP05_WEB/CWP_SE_Element.pdf)

- **Richmond** will include a health policy element in its general plan update (2008). The California Endowment granted the city funding to address health in its general plan update, which will likely address physical activity, access to healthy foods and health care, economic opportunity, affordable housing, neighborhood completeness, and crime prevention. [www.cityofrichmondgeneralplan.org](http://www.cityofrichmondgeneralplan.org)

- **South Gate** intends to include a public health and safety element in its general plan that will focus on physical activity, safety around schools, pedestrian safety, nutrition, and air pollution. The general plan also includes a “green city” element that focuses on creating a network of green infrastructure including parks and open spaces, and a community design element that focuses high-density mixed-use development at transit corridors. [www.ci.southgate.ca.us/depts/commdev/planfin/FinalPlan.asp](http://www.ci.southgate.ca.us/depts/commdev/planfin/FinalPlan.asp)

- **Walnut Creek**’s quality of life element (2006) contains goals related to neighborhood character, local economy, the arts, community services, accessibility, health care access, and recreation. [www.ci.walnut-creek.ca.us/pdf/GP.2025/Chapter2%20_Qol040406.pdf](http://www.ci.walnut-creek.ca.us/pdf/GP.2025/Chapter2%20_Qol040406.pdf)

### Integrated Health-Related Language

- **Azusa**’s general plan (2004) contains a number of integrated, well-illustrated elements, including a chapter on the built environment that prioritizes walkability, street connectivity, and mixed use. [www.ci.azusa.ca.us/planning/general_plan.asp](http://www.ci.azusa.ca.us/planning/general_plan.asp)

- **Oakland**’s general plan (1998) contains an integrated land use and transportation element with particular area plans and emphasis on infill, while the city’s bicycle master plan (1999) and pedestrian master plan (2002) were adopted more recently. [www.oaklandnet.com/government/ceda/revised/planningzoning/StrategicPlanningSection](http://www.oaklandnet.com/government/ceda/revised/planningzoning/StrategicPlanningSection)


- **Sacramento**’s vision for its general plan update (2008) is to make the city “the most livable in America,” including walkability, tree canopy, integrated affordable housing, and crime prevention through environmental design. [www.sacgp.org/GP_Documents/Vision/SacGP_Vision_and_GPs_Adopted_11-22-05_text-only.pdf](http://www.sacgp.org/GP_Documents/Vision/SacGP_Vision_and_GPs_Adopted_11-22-05_text-only.pdf)

- **Ventura**’s general plan (2005) takes an explicitly holistic approach toward health, setting goals related to walkability, transportation safety, and civic engagement in different elements. [www.ci.ventura.ca.us/depts/comm_dev/generalplan/fnol](http://www.ci.ventura.ca.us/depts/comm_dev/generalplan/fnol)

- **Watsonville**’s general plan (2006) contains new health goals in several elements. The land use element includes a goal to help convenience stores carry fresh produce. The transportation and circulation element includes the goal of providing bus access to grocery stores. The plan also includes goals to work with local organizations to support nutrition and exercise-related activities, the farmers’ market, and community gardens in a section titled “A Diverse Population.” [www.ci.watsonville.ca.us/departments/cdd/general_plan%5Cwatsonvillevista.html](http://www.ci.watsonville.ca.us/departments/cdd/general_plan%5Cwatsonvillevista.html)
The most important issue to consider when developing health policy language for a general plan is the ability to implement it. Communities should set specific, measurable benchmarks: for example, setting a walkability standard of a quarter-mile (to neighborhood-serving facilities like the nearest transit stop or park) will have more effect than simply articulating the desire for more walkable communities.

Establishing specific standards can be problematic, however, in that they may not be precise or targeted enough for the objective they are intended to serve. For example, a city with a goal of promoting “walkable” access to parks and recreation facilities may require all households to be within a quarter-mile radius of a park. But a quarter-mile as the crow flies may be far closer than the actual distance a resident has to walk, if pedestrian barriers such as incomplete streets, low street connectivity, or freeways impede pedestrian access. Local governments will need to consider such situations and possibilities when elaborating indicators and targets.

Another difficulty with health standards is their potentially unanticipated health consequences. For example, on-street parking may calm traffic and improve pedestrians’ walking experience, but it can also increase the number of child-pedestrian injuries if children dart between parked cars. Creating standards also requires reconciling potential health trade-offs. For example, developing a new grocery store may improve food access and increase the number of residents who can walk to the store, but it can also increase neighborhood automobile traffic with corollary increases in air pollution and injuries. In older neighborhoods with few parks and recreational areas, the only accessible land available for creating new facilities may be close to a freeway – a major source of air pollution. A single standard for park accessibility or for park distance from freeways does not help planners weigh the value of increased exercise and physical activity against the increased exposure to air pollution.

These dilemmas do not undermine the value of developing health standards. But they do argue for regularly monitoring environmental conditions and health outcomes, and for getting the community involved in setting priorities.
and choosing among competing health values. Routine audits and impact assessments will be essential for identifying best practices and refining the emerging discipline of health planning, and they will help in developing mechanisms for mitigating the negative health impacts of development. However, data may still not be available to resolve which action is healthier.

Developing health standards can be stressed in the vision of a general plan and achieved as communities experiment with different approaches to measuring the connection between health and the built environment.

### Glossary of General Plan Terms

**Goals:** Broad or general outcomes that will be achieved through the implementation of the general plan, which can be supported by an evidence-based rationale. Example: The city/county will support walkable streets and neighborhoods.

**Objectives:** More specific than goals, objectives describe an (ideally measurable) end state. Example: Ensure that all neighborhoods have well-maintained, well-lighted pedestrian facilities.

**Policies:** Statements that set out standards and guidelines to inform decisions made by city staff, the planning commission, and local elected officials on an ongoing basis. Example: Prioritize the development of safe, well-maintained walking routes along streams, rivers, and waterfronts.

**Standards/Targets:** Numeric targets that define a desirable level or value of an indicator. (Standards can also serve as policies.) Example: All households are within a quarter-mile of a recreational facility.

**Plans/Programs/Actions:** Governmental acts taken in pursuit of a goal. Example: A zoning ordinance provides for mixed residential and commercial use along a neighborhood commercial corridor.

**Indicators/Baselines/Benchmarks:** Measurable ways to assess progress toward a goal. A baseline provides a current measurement of a given indicator against which future progress can be measured; a benchmark sets a target for an indicator upon implementation of the general plan's goals and policies. Example: A certain percent of households living within a quarter-mile of a recreational facility, with a targeted percentage increase “benchmark.”
Section IV

Model Health Language
The following health language is meant to serve as a model for a range of health policies that communities may want to consider adopting in local land use plans, especially general plans. The language is organized by health issue (e.g., easy access to nutritious foods for all residents) as opposed to general plan element (e.g., land use, circulation).

Public health practitioners and advocates should work with local planners or general plan consultants to discuss where best to include policies that address the health issues outlined here. While some communities’ health goals and policies may warrant a dedicated health element, these goals also must be integrated holistically into the other elements of their general plan.

The goals and policies listed here are designed to provide ideas for health issues that can be addressed by general plans – they are meant to be tailored to a local jurisdiction’s health needs. Users should avoid a “copy-and-paste” approach to developing policy language.

Goals and policies need to reflect local conditions in order to be implemented. An analysis of existing conditions will help reveal not only the most pressing local health issues, but also opportunities and constraints presented by the built environment. Additionally, existing urban form, development patterns, and priorities will shape goals and policies: for instance, a walkability standard of a quarter-mile to the nearest park or grocery store may be impractical in rural areas but appropriate in urban settings.
Suggestions for specific implementation programs, standards, or strategies for achieving goals are provided in italics.

**Vision**

This community is committed to promoting the health and well-being of all its residents. We strive to be an active, inclusive, and responsive city/county, where healthy habits are encouraged rather than discouraged by the environments we build. Achieving this vision requires acknowledging previously ignored links between built environments and health, particularly the influence that patterns of land use, density, transportation strategies, and street design have on chronic diseases and health disparities.

**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.**

Rationale: Evidence increasingly shows that built environments influence chronic as well as infectious/acute diseases, and the city/county’s police power exists for “the promotion and maintenance of the health, safety, morals, and general welfare of the public.”

**Policies**

- Develop regular channels of communication and collaboration between local health officials and planners, through design review and/or other means of ongoing feedback and input
- Establish procedures to track community health information systematically and in ways appropriate for use in built environment decisions
- Integrate health concerns and rationales throughout each element of the general plan and set measurable health goals
- Review and select an appropriate method for regular Health Impact Assessments (HIA) for future policies and developments
- Model best practices related to promoting healthy communities at government offices and government-organized events
- Adopt a mission statement or slogan that emphasizes the community’s value for health and well-being

**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.**

Rationale: Community participation in planning processes builds social capital; engaging community members in identifying and prioritizing healthy development opportunities and constraints will contribute to a more robust and sustainable plan.
Policies

- The participation of individuals, organizations, and businesses in supporting community health and the planning process is encouraged.
- Sponsors of development or other major projects in the city that will affect the health of the community should initiate early and frequent communication with community residents.
- Local government agencies, including planning and public health, will work collaboratively with neighborhood associations and other similar organizations to address health issues of concern in neighborhoods.
- Regular updates will be provided about the progress of general plan implementation and other planning-related activities through a variety of mechanisms, such as the city website, flyers in utility bills, or local newspapers.
- A yearly town hall meeting will provide regular updates on major city/county activities and the extent to which the city/county is meeting the guiding principles established in the general plan, including those related to health.

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.

Rationale: Residents of walkable neighborhoods are more likely to achieve the recommended amount of daily exercise.

Policies

- Set a walkability standard (e.g., a quarter- to half-mile) for residents’ access to daily retail needs and nearest transit stops.
- Adopt mixed-use residential, commercial, and office zoning where appropriate to encourage walkability.
- Work with school boards to encourage walkable school sites; encourage reuse of existing school sites; work to develop a proximity standard for students access to school facilities (e.g., half- to one mile).
- Adopt sufficient density minimums for residential, commercial, and retail development to ensure development that supports transit and walkable environments (as opposed to density maximums).
- Support walkability audits to identify inconvenient or dangerous routes and prioritize infrastructure improvements in communities with the most need (See Objective 3.3 for more) (adopt a Safe Routes to School program, conduct walkability and bikability audits to identify opportunities and needs).
- Adopt roadway design guidelines that enhance street connectivity.
- Ensure that pedestrian routes and sidewalks are integrated into continuous networks.
- Encourage commercial buildings with open stairs and pleasant stairwells.
**Objective 3.2: Build neighborhoods with safe and attractive places for recreational exercise.**

Rationale: Walkable access to recreational facilities substantially increases their use.

**Policies**
- Set a walkability standard (e.g., a quarter- or half-mile) for residents’ access to recreational facilities
- Pursue joint-use agreements to share facilities with schools, especially in neighborhoods that suffer a disproportionate lack of recreational facilities
- Identify opportunities to increase acreage of total recreational areas (e.g., convert old railroad right-of-ways to bicycle trails, utilize public easements for community gardens, prioritize new parks in underserved or low-income communities)
- Prioritize the development of safe, well-maintained walking routes along streams, rivers, and waterfronts (see Objective 5.3)
- Establish and fund a high level of service standard for parks (e.g., cleanliness, lighting)

**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.**

Rationale: Car traffic and parking can discourage other more healthful uses of streets and land. Poor design contributes to pedestrian/bicyclist and vehicle collisions, yet very often transportation engineers focus primarily on achieving level of service standards for cars.

**Policies**
- Establish design guidelines and/or level of service standards for a range of users, including access for disabled and bicyclists (e.g., complete streets guidelines; universal design principles; facilities such as sidewalks, lighting, ramps for wheelchairs and bicycles; parking in rear of buildings; windows that face the sidewalk/street)
- Use traffic calming techniques (e.g., medians, refuges, street trees, on-street parking) to improve street safety and access
- Require transportation engineers to meet level of service standards for pedestrians and cyclists in addition to those established for cars (e.g., sidewalks, crosswalks, bike lanes)
- Require a dedicated portion of the transportation budget to go to pedestrian and cyclist amenities
- Prioritize attention to transportation traffic around schools (funding available through the CalTrans Safe Routes to School program)
- Supplement funding for “complete streets” or Safe Routes to School program with additional funding mechanism (e.g., portion of sales tax)
- Require developers to build facilities for walkers, bicyclists, and wheelchairs in all new developments (e.g. sidewalks, ramps, bicycle racks, showers)
• Reduce parking requirements for developments that locate near transit (e.g., within a quarter-mile of a transit stop) and that provide walking, biking, and disability access facilities

• Establish parking maximum (rather than minimum) requirements

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.

Rationale: Low-income neighborhoods suffer from disproportionately lower access to food retail outlets that sell fresh produce and disproportionately higher concentrations of fast food and convenience stores; when people have the option to choose fruits and vegetables, they do.

Policies

• Identify grocery access as a priority for economic development (give responsibility for food retail attraction and development to a specific governmental department, such as community and economic development)

• Establish a walkability standard (e.g., a quarter- to half-mile) for access to retailers/sources of fresh produce (e.g., grocery stores, green grocers, farmers’ markets, community gardens) (could be applied only to new development and redevelopment, or could require that all neighborhoods that do not meet this standard be targeted for healthy food development incentives)

• Utilize existing economic development incentives and/or create new incentives to encourage stores to sell fresh, healthy foods such as produce in underserved areas (e.g., tax breaks, grants and loans, eminent domain/land assembly, conditional use zoning, dedicated assistance funds for infrastructure improvements such as refrigeration and signage)

• Identify appropriate sites for farmers’ markets (e.g., municipal parks, street closures) and drop-off sites for community-supported agriculture “shares” (direct marketing between farmers and consumers), and prioritize those uses in appropriate locations (create specific zoning ordinances that define these uses and identify where they are most appropriate/needed)

• Encourage farmers’ markets to accept credit and food stamp Electronic Benefit Transfer (EBT) cards; Women, Infants, and Children (WIC) benefits; and Senior Farmers’ Market Nutrition Program benefits (e.g., require all farmers’ markets in a jurisdiction to accept food stamps and other public benefits through definition in zoning code, provide technical assistance and support to farmers’ markets to ensure their ability to accept public benefits)

• Work with local transit agencies to ensure that bus routes provide service from underserved neighborhoods to healthy food retail outlets

• Link efforts to protect local farmland with the development of diverse markets for local produce (e.g., community-supported agriculture programs, farmers’ markets, farm-to-institution programs, grocery stores, restaurants)
• Provide fast-track permitting for grocery stores in underserved areas
• Prevent restrictive covenants that keep new grocery stores from using a competitor’s abandoned site

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

Rationale: Information about nutrition helps residents make healthier food choices.

Policies
• Disseminate information about healthful eating habits (e.g., Champions for Change Campaign)
• Serve only food consistent with dietary guidelines (e.g., Dietary Guidelines for Americans) in government-owned buildings/hospitals and at government-organized events
• Encourage or require restaurants to post nutrition information for menu items
• Offer incentives/publicity for restaurants that adopt menus consistent with dietary guidelines and/or serve locally grown foods
• Encourage restaurants to participate in a voluntary ban on trans fats
• Consider restricting outdoor advertisements (e.g., limiting location, size, or density) throughout the jurisdiction or in certain geographic areas (e.g., around schools)
• Consider charging stores a fee for the privilege of selling low-nutrient foods; the fee would fund activities aimed at mitigating the harmful health effects of these foods

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

Rationale: People choose among foods that are readily available; healthy options should be at least as available and accessible as unhealthy options.

Policies
• Prioritize healthy food development incentives in areas with a high ratio of convenience, fast food, and liquor stores (see Objective 4.1)
• Consider limiting the number or concentration of “formula” restaurants via zoning ordinance
• Ban or limit drive-through food outlets, or those within certain geographic areas (e.g., around schools)
• Restrict approvals of new liquor stores or other retailers that sell alcohol for off-site consumption, in target areas (e.g., high crime areas, near schools)
• Identify fast food restaurants, liquor, and convenience stores as “conditional uses” only; instate conditional use review upon lease renewal or at point of business sale
Objective 4.4: Provide ample opportunities for community gardens and urban farms.

Rationale: Community gardens help increase the availability and appreciation for fresh fruits and vegetables, in addition to providing an opportunity for exercise, green space, and a place for community gatherings.

Policies

- Encourage the use of vacant lots for community gardens (e.g., allow community gardens as a use in all zones, create specific “community garden” zoning regulation, protect gardens from confiscation, provide free water/trash collection)
- Identify and inventory potential community garden/urban farm sites on existing parks, public easements and right-of-ways, and schoolyards, and prioritize site use as community gardens in appropriate locations
- Consider setting a community garden standard (e.g., at least one community garden for every 2,500 households)
- Offer residents such classes as gardening or composting, or support a community-based organization to do so; prioritize classes in neighborhoods that lack access to healthy foods and/or green space
- Encourage or require all new building construction to incorporate green roofs (could limit to multifamily residential, commercial, or civic), and encourage conversions of existing roof space to green roofs, in order to maximize opportunities for gardening

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

Rationale: Preserving and protecting local farmland creates opportunities to link consumers to sources of fresh, healthy food and can improve local food access.

Policies

- Protect agricultural land from urban development except where the general plan land use map has designated the land for urban uses (establish green belts or agricultural buffers around urban land; require developers to place lands within this buffer into permanent agriculture land trusts or other agricultural easements)
- Support strategies that capitalize on the mutual benefit of connections between rural economies as food producers and urban economies as processors and consumers (e.g., developing farmers’ markets and other markets for local foods)
- Assess and plan for local food processing/wholesaling/distribution facilities to connect local agriculture to markets such as retailers, restaurants, schools, hospitals, and other institutions (e.g., protect areas zoned for industrial use from being zoned for other uses such as commercial or residential; attract and retain local food processing/wholesaling/distribution firms through economic development incentives such as land assembly, streamlined permitting, and tax breaks)
Goal 5: Pursue a comprehensive strategy to ensure that residents breathe clean air and drink clean water.\textsuperscript{12}

Objective 5.1: Reduce residents’ reliance on cars.

Rationale: Motor vehicles are often the principle contributors of particulate matter, nitrogen oxides, and ozone, which contribute to asthma and bronchitis. Roads and parking lots comprise most of the impervious surface in a metropolitan area, leading to water-contaminating run-off, with auto leaks and emissions contributing the most non-point-source pollution in this run-off.

Policies
- Adopt mixed-use residential, commercial, and office zoning where appropriate to encourage walkability
- Establish density minimums for residential, commercial, and retail development to ensure development that supports transit and walkable environments (see Objective 3.1)
- Build and maintain safe, pleasant streets for walking and bicycling (see Objective 3.3)
- Work with regional authorities to improve transit service linking residents with destinations (such as jobs and retail), especially in underserved neighborhoods
- Prioritize new infill development near transit nodes
- Support business districts outside of city centers that are well served by public transit facilities
- Utilize parking restrictions to deter car use (e.g., parking requirement maximum rather than minimum, congestion pricing)

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

Rationale: Populations in close proximity to noxious land uses are more vulnerable to respiratory diseases and cancers.

Policies
- Locate stationary emitters (e.g., incinerators, factories, refineries) away and downwind from homes and schools
- Locate sensitive uses, such as schools and family housing, at least 500 feet from highways
- Plan truck routes that avoid neighborhoods and schools
- Minimize the pollution associated with stop-and-go traffic by implementing traffic calming techniques (e.g., replacing stop lights, stop signs, and speed bumps with chicanes, narrower streets, or modern roundabouts)
- Adopt a policy to purchase fuel-efficient/low-emission vehicles for government fleet
• Incentivize energy conservation and waste reduction by businesses and residences
• Increase safe household hazardous waste disposal programming and outreach
• Evaluate sanitation guidelines and codes to permit and support efforts that reduce the seepage of human waste into nonagricultural water
• Explore the feasibility of new ordinances that would eliminate exposure to secondhand smoke by creating smoke-free environments for all workplaces, multi-unit housing, and outdoor areas such as parks, dining areas, service lines, and other public gathering places

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

Rationale: Trees and other vegetation slow erosion and filter pollutants from water and air while reducing the heat island effect and ozone formation.

Policies
• Identify protecting and developing tree cover as a priority (set a target for street tree canopy cover in new development and/or in areas identified as tree-deficient)
• Preferentially plant female street trees to reduce pollen, especially in the most populated areas
• Prioritize natural filtration (as opposed to impermeable hardscaping) along stream and river banks (see Objective 3.2)
• Update the building code to support compliance with “green building” practices
• Provide fast-track permitting for projects that implement “green building” design and construction
• Encourage or require all new building construction to incorporate green roofs (could limit to multifamily residential, commercial, or civic), and encourage conversions of existing roof space to green roofs, to reduce heat island effect and mitigate contaminated water drainage into streams
• Develop standards for approving rainwater harvesting systems (identify responsible government agency, such as the public health department)
• Foster the growth of environmentally friendly agricultural business and industry by encouraging sustainable practices such as organic farming

Objective 5.4: Promote healthy indoor air quality.

Rationale: People spend about 90 percent of their time indoors, yet indoor air quality is not as well regulated and can be worse than outdoor air quality.

Policies
• Identify improving indoor air quality as a priority in the “open space” or “air quality” element
Goal 6 Policies

Policies in support of Goal 6 could be incorporated into land use, circulation, housing, open space, and safety elements.

Goal 6. Encourage neighborhoods that sustain mental health and promote social capital.13

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

Rationale: Too often affordable housing is either far away from a person’s work and/or concentrated in areas of poverty. Long commutes are associated with personal stress and neighborhoods with little cohesion, while concentrations of poverty expose residents to environmental health risks and exacerbate health disparities.

Policies

• Strive to eliminate residential segregation and concentrations of poverty by promoting affordable housing that is integrated into mixed-income neighborhoods (e.g., adopt inclusionary housing requirements)
• Balance commercial and residential development (jobs and housing) within [neighborhoods/city/county] to reduce the number of people who must commute a long distance of work; prioritize commercial/economic development strategies that match jobs to existing residents’ skills and employment needs
• Remove obstacles to cohousing and other nontraditional housing types (e.g., zoning that allows “granny flat” additions)
• Provide a range of house types and affordable housing units around schools

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

Rationale: Social connections are correlated with lower stress, reduced risk of cardiovascular disease, and faster recovery for illness or injury. People experience less stress when they feel in control of their environment.

Policies

• Maintain neighborhood continuity by targeting new affordable housing developments for existing residents
• Support healthy aging in place and childhood development by promoting safe, “complete” streets (see Objective 3.3) and a range of housing types and affordability within neighborhoods

• Promote housing practices that support aging in place (e.g., universal design, multiple housing types available within neighborhoods)

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

Rationale: Pleasant streetscapes are associated with more social connections, lower stress, and greater pedestrian safety, and public space provides opportunities to build community.

**Policies**

• Develop and implement street design guidelines that create walkable, pleasant environments (e.g., traffic calming, street trees, lighting, well-maintained sidewalks and benches, front porches on residential developments) (see Objective 2.3)

• Identify street trees as an important technique for stress- and crime-reduction (see Objective 5.3)

• Implement walkability and level of service standard for parks and recreation areas (see Objective 3.2)

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

Rationale: Violence is a significant threat in some neighborhoods, while fear of violence causes great stress and deteriorates the pedestrian/bicycle environment. Better design can reduce the opportunity for (and fear of) street crimes.

**Policies**

• Support community policing, neighborhood watch, and walking/biking police patrols that engage community residents

• Adopt street design guidelines that incorporate strategies for Crime Prevention Through Environmental Design (CPTED) (e.g., “defensible space,” “eyes on the street,” and pedestrian-friendly lighting) without creating barriers that disconnect neighborhoods

• Consider limiting approvals of new liquor stores in target areas (e.g., in high-crime areas, areas of overconcentration, near schools) (could use conditional use zoning as mechanism) (see Objective 4.3)

• Utilize nuisance enforcement to close liquor stores that fail to operate in a way that upholds community health, safety, and welfare

• Pursue a graffiti abatement program to clean up residential and commercial properties
Goal 7. Locate health services throughout the community and especially close to those who need them the most.

Rationale: Easy access to health services is vital for helping residents prevent illness before it arises or worsens.

Policies
- Make it a priority to provide a range of health services (e.g., primary, preventative, specialty, prenatal, and dental care, and substance abuse treatment and counseling) in locations that are accessible to community residents
- Locate new clinics with a goal of creating walkable access for a majority of users’ trips (map total clinic visits by neighborhood origin of patients)
- Work with local transit agencies to develop transit routes that connect residents to health service facilities, especially in the most underserved neighborhoods
- Provide free shuttle service to health services for those who require it or who live in underserved areas

1. For good examples of broadly oriented health language, see Ventura’s general plan and Benicia’s health element.
2. The Healthy Development Measurement Tool (HDMT) is a good collection of health-based rational and findings, as well as measurable health-oriented standards, available at www.TheHDMT.org.
3. South Gate’s general plan includes language on citizen participation in the general planning process (not specific to health-related policies).
4. See the general plans for the cities of Ventura, Sacramento, Azusa, and Oakland.
5. See Ventura’s park standard, and Richmond’s forthcoming park standard.
6. Note that cities and counties do not have legal jurisdiction over schools, but they can enter into joint use contracts with schools.
7. See the general plans for Marin County and Azusa, as well as San Jose’s traffic calming guidelines.
8. See the general plans for Chula Vista, Marin County, and Oakland.
9. See Calistoga’s restrictions on “formula” restaurants, and Carmel-by-the-Sea’s restrictions on liquor stores.
10. See Seattle’s community gardens standard.
11. See Davis’ general plan (chapter 15, Agriculture, Soils and Minerals) for policies on agricultural preservation (does not include a health and nutrition rationale). The city of Madison’s comprehensive plan includes policies supporting rural-urban market connections.
12. The Sacramento Air Quality Management District has written a model air quality element (http://airquality.org/lutran/ModelAQElement.pdf). Concord has adopted language in its general plan to eliminate exposure to secondhand smoke. See Ventura’s general plan for its goal to reduce vehicle miles traveled, and Seattle’s “healthy homes” effort to improve indoor air quality.
13. See San Francisco’s support for inclusive public housing and the San Francisco Department of Health’s Healthy Development Measurement Tool, which include support for HDMT citizen participation and affordable housing. See Sacramento’s design guidelines for mitigating crime, and Benicia’s general plan language emphasizing mental health.
As discussed earlier, writing a more health-oriented general plan must include ways to ensure that the goals are implemented. Establishing indicators to measure progress toward the goals is important, but it’s only one of a number of strategies to ensure full implementation.

The most important document related to general plans is the **zoning ordinance**, which legally must derive from the goals in the general plan. It is primarily through zoning that communities control the mix and density of uses, and by which they can orient development around transit.

Perhaps the second-most important document related to general plans is a community’s **roadway plan**, which maps out street details and circulation priorities. Both zoning and transportation policies can include design guidelines shaping a range of physical characteristics within a community.

Beyond these two primary implementation measures, local governments can also devise **master plans** to set priorities for communitywide planning for recreational amenities such as parks or urban forests; offer **grants or incentives** to shape the distribution of healthy food retailers; enforce **building codes** or offer **incentives** for health-related standards during the **permit review process**; and impose **taxes or fees** to fund health-promoting infrastructure.

Notably, some of the implementation tools discussed in this section may be used on their own – without explicitly supportive general plan policies – as opportunities to bring about change within a community. Remember, while the general plan provides the policy framework from which all other built environment decisions derive, health practitioners and advocates should still take advantage of other timely opportunities to promote healthy communities.
Zoning, Neighborhood Plans, and Development Standards

Zoning is the most fundamental regulatory tool cities and counties use to shape land use and the built environment. As such, it is a key strategy for enhancing community health and livability.

While specific development proposals may trigger zoning amendments on an ongoing basis, zoning ordinances are typically updated more comprehensively when a general plan update is under way. This means that health practitioners and advocates should be thinking during and beyond a general plan update about how zoning ordinances can be used to support health policies.

Zoning for Density, Mixed Use, and Transit Orientation

Many planners, particularly proponents of smart growth and new urbanism, view commonly applied “use-based” zoning codes as a regulatory barrier that prevents the design of more livable neighborhoods. By imposing low-density development with a separation of almost all uses, most local zoning ordinances encourage driving and air pollution, and discourage walking, biking, and transit access. By contrast, denser, mixed-use developments can promote physical activity, provide easier access to healthy food and other vital neighborhood services, and encourage community interactions.

Zoning ordinances can help ensure that residences are within walking distance from common destinations such as shopping areas, transit stops, and parks. They can also influence how much farmland is preserved at the urban edge, whether farmers’ markets and community gardens are permitted uses, and where grocery stores and fast food restaurants can be located. Zoning ordinances can help encourage affordable housing by allowing a mix of residential types (single-family, multifamily town house, and apartment) within a single neighborhood.

Beyond what might be restricted by a zoning ordinance, many municipalities offer “density bonuses,” which allow developers to build more housing units than would otherwise be allowable under existing zoning limits, in exchange for the development of affordable units.

Density, Mixed Use, and Transit Orientation Standards

Sample standards or ways to measure progress:

- Increasing the percentage of residents who walk or bike to work
- Reducing the community’s per capita vehicle miles traveled (VMT)
- Reducing the metropolitan sprawl index (derived from population density, land use mix, strength of downtowns, and street accessibility)
- Reducing the land-use dissimilarity index (a ratio of land uses in a given neighborhood compared with those of the whole community)
- Lowering the retail food environments index for a given neighborhood or region (the number of fast food outlets and convenience stores divided by the number of supermarkets, produce stores, and farmers’ markets)
- Decreasing the food balance score for a given block, census tract, or neighborhood (the distance to the closest grocer divided by the distance to the closest fast food restaurant)
- Pursuing a quarter-mile maximum distance (a five-minute walk) between residential and commercial sites, especially food retailers who accept food stamps
- Pursuing a half-mile maximum distance between residential or commercial sites and a transit stop or bus line
Many communities have adopted ordinances for density and mix and transit-oriented development districts as parts of larger strategies to revitalize older communities and design more livable neighborhoods. Communities have also consolidated their land use and environmental regulations into unified development codes.

**Form-Based Zoning**

Increasingly, jurisdictions are adopting what are known as “form-based” zoning approaches to promote walkable, mixed-use, safe, and pleasant environments. In contrast to traditional zoning, form-based codes permit a wider range of uses of a property but restrict the design of buildings more specifically. In this way, jurisdictions can promote streetscapes that encourage walking and discourage crime, while giving developers more flexibility in mixing residential and commercial uses.

---

**Example of design guidelines for a specific site**

4.3 Medium Density Infill Site

This RM-2 site is located in the Airport Road area. It is a corner site that can be developed as a gateway to the neighborhood. There are a variety of uses around the site including commercial, residential and a utility company yard area. The concept plan features:

- Single family units facing existing single family
- Secondary alley units over garages
- Two-story four flat building at the corner

---

**Site Description**

- **Zoning:** RM-2
- **Site Size:** 96' x 165'
- **Site Area:** 92,400 SF (2.12 acres)
- **Adjacent Zoning:**
  - RM-1
  - TCU
  - TC

**Development Program Summary**

- Primary Single Family Units: 9
- Secondary Alley Units: 7
- Corner Flats: 4
- Total Units: 20
- Density: 10 DU/A
Form-based codes focus on building type, dimensions, façade features, and the location of parking. They also pay special attention to the width of streets and the design of public spaces. They commonly include the following elements:

**Regulating plan:** a plan or map of the regulated area designating the locations where different building form standards apply, based on clear community intentions regarding the physical character of the area being regulated

**Building form standards:** regulations controlling the configuration, features, and functions of buildings that define and shape the public realm

**Public space/street standards:** specifications for the elements within the public realm (e.g., sidewalks, travel lanes, street trees, street furniture)

**Administration:** a clearly defined application and project review process

**Definitions:** a glossary to ensure the precise use of technical terms

Some form-based codes also include *architectural standards* (regulations controlling external architectural materials and quality) and *annotations* (text and illustrations explaining the intentions of specific code provisions).

Proponents argue that form-based codes have numerous advantages over use-based codes. They can be shorter, more visual, and easier for nonplanners to understand. As descriptions of the desired physical outcome, they can help people anticipate the end result of land use regulations – that is, actual physical buildings and development – more clearly and accurately. Form-based codes can replace existing design guidelines that rely on discretionary review panels and often produce inconsistent results. And in some already-urbanized places, the legal basis of form-based codes – the public good – may be more solid than traditional design guidelines, which often rely on aesthetic arguments.

Some detractors of form-based codes argue that “use still matters.” Ground-level retail stores can be especially effective at promoting a walkable environment, but developers may find it more profitable to preserve these areas for residential purposes. In other cases, the property may be used for controversial purposes, such as an auto-parts shop or check-cashing outlet. Jurisdictions may thus benefit by including some traditional use restrictions in an overall form-based code.
Zoning a Pollution Buffer

Beyond promoting less car-reliant environments, zoning ordinances can also help communities separate residential uses from highways and other sources of pollution.

Separating polluting industrial sites from residential areas was an original rationale for zoning laws, but zoning restrictions can go further by limiting the amount of residential and commercial development near freeways (especially within 300 to 500 feet, where air pollution is the greatest). Likewise, communities can create truck routes around neighborhoods, away from schools, hospitals, parks, and other sensitive uses.

Zoning Out Liquor Stores and Fast Food Outlets

Zoning ordinances can help reduce concentrations of liquor stores and fast food outlets. The presence of liquor stores is associated with neighborhood violence, and drive-through fast food outlets deteriorate the pedestrian environment. Both promote unhealthy nutritional choices.

Although the state government has the authority to license liquor stores, local governments have the authority to zone appropriate uses, including alcohol sales. In particular, zoning ordinances can limit the total number and density of liquor stores in an area, including setting a prohibitive buffer around schools or parks to protect the community from increased loitering and litter. Local governments can also zone new liquor stores as a “conditional use,” requiring them to close at certain hours or ensure that appropriate lighting is installed and that the storefront is free of litter and graffiti. Older stores can be similarly regulated through a “deemed approved” ordinance: in areas where there is already an over-concentration of off-site liquor retailers, local government can revoke “grandfathered” business licenses if that business is not operating in a way that upholds community health, safety and welfare. This tool may potentially be applied to existing small stores that carry only unhealthy products like liquor, tobacco, and junk food without offering healthy alternatives.

In low-income communities that suffer from disproportionately high rates of chronic diseases linked to unhealthy diets, reducing the availability of these types of food outlets (coupled with improving access to healthy foods) may be one strategy to improve community health. Fast food outlets can be restricted through “formula” (chain) restaurant or drive-through bans or restrictions. These restrictions may be applied to an entire jurisdiction or just within specific geographic areas, such as close to a school.

Many communities also may wish to reduce outdoor advertisements (such as billboards) for unhealthy foods, alcohol, automobiles, or other symbols of
unhealthy neighborhoods. However, specifically prohibiting a specific type of advertising is highly unlikely to withstand legal challenge due to the First Amendment. Communities can avoid legal missteps by restricting outdoor advertising on all subjects, without focusing on the content of any particular advertisement.

<table>
<thead>
<tr>
<th>Efforts to Limit Liquor Stores and Formula Retail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Restrictions on Formula Retail</strong></td>
</tr>
<tr>
<td><em>Carmel-by-the-Sea</em>, in the mid-1980s, became the first city in the nation to ban “formula” restaurants, which it defined as those “required by contractual or other arrangements to offer standardized menus, ingredients, food preparation, employee uniforms, interior decor, signage or exterior design,” or any that adopt “a name, appearance, or food presentation format which causes it to be substantially identical to another restaurant regardless of ownership or location.” <a href="http://www.newrules.org/retail/carmel.html">www.newrules.org/retail/carmel.html</a></td>
</tr>
<tr>
<td>Since then <em>Pacific Grove</em> and <em>Solvang</em> have also banned formula restaurants, while <em>Calistoga, Coronado</em>, and <em>Arcata</em> have imposed special review requirements or capped the total number permitted. Arcata’s city attorney wrote a memo on the legality of such caps, which have passed judicial scrutiny. <a href="http://www.newrules.org/retail/arcata.html#memo">www.newrules.org/retail/arcata.html#memo</a></td>
</tr>
<tr>
<td>In 2004 <em>San Francisco</em> passed an ordinance requiring neighborhood notification and approval from the planning commission for new “formula” retailers of any kind in most parts of the city. Note that San Francisco’s restriction does not exempt chain grocery stores – a health-promoting example of formula retail – which has led to a delay in approvals for grocery store development. <a href="http://www.newrules.org/retail/sanfran.html">www.newrules.org/retail/sanfran.html</a></td>
</tr>
<tr>
<td><strong>Restrictions on Liquor Retailers</strong></td>
</tr>
<tr>
<td>In 1994 <em>Oakland</em> passed a “deemed-approved” ordinance, allowing the city to hold alcohol retailers with older permits (granted under old state standards) to new standards. If neighbors report nuisances ranging from litter and graffiti to drug dealing and prostitution, the city can require the store to either eliminate the nuisances or face potential revocation of its operating permit. <em>Vallejo, Oxnard, San Diego</em>, and <em>San Francisco</em> have passed similar ordinances.</td>
</tr>
</tbody>
</table>

## Conditional Use Permits

Land uses that affect community health, such as liquor stores and fast food outlets, can be zoned conditionally – that is, permitted only if certain specifications are met. This permitting process can increase scrutiny on uses that could potentially contribute to negative community health outcomes. For example, development within a designated area may be contingent on the inclusion of affordable housing units (for residential), the lease of some square footage to a grocery store (for mixed-use or commercial), the use of green-building techniques, and even the provision of community garden space. However, local governments should be cautioned not to create such restrictive conditions that they effectively prevent all development, rather than using this tool to improve neighborhood quality and livability.

## School Siting

School boards, not city or county governments, have primary authority over school affairs, including where to locate new schools. But planners can work with school officials to make sure these schools are well situated and ensure they will be community assets.

<table>
<thead>
<tr>
<th>School Siting Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample standards or ways to measure progress:</td>
</tr>
<tr>
<td>‣ Increase the proportion of children who walk to school at least once a week</td>
</tr>
<tr>
<td>‣ Pursue a quarter-mile standard for locating elementary schools near the majority of elementary school children</td>
</tr>
</tbody>
</table>
The current California state school siting guidelines call for parcels ranging in size from about six acres for elementary schools and more than 25 acres for high schools. While these guidelines do offer some flexibility, they nonetheless make it difficult to locate new schools within existing urban communities. As a result, school districts often choose to locate new schools on the urban fringe, where large contiguous tracts are available and land is less expensive.

Nationally and in California, there has been a shift from smaller, centrally located neighborhood schools to larger, consolidated suburban schools. Siting schools this way perpetuates sprawl, increasing the burden on local governments to extend infrastructure and services further. More simply, however, it increases the average distance between homes and schools, limiting children’s opportunity to walk or bike, and increases the amount of driving in the community. By some estimates, 30 percent of rush hour traffic in many locales consists of parents driving their children to school, while the proportion of children who walk to school in California has declined from 66 percent in 1974 to just 13 percent in 2000.5

To foster communication between school districts and land use planners, some California communities have developed interjurisdictional “joint-use agreements” that increase access to recreational facilities. Some communities also consider school siting in the land use and public facilities elements of their general plan. These documents can help a community dedicate itself to the following activities:

- **Working with school districts to site new schools in appropriate locations** that can be easily accessed by and integrated into the surrounding community. This is particularly important for elementary schools since they are smaller and generally serve local neighborhoods.

- **Rehabilitating and reusing older neighborhood schools before new schools are constructed**, recognizing that they can serve as community focal points and contribute additional opportunities for physical activity and recreation space.

- **Ensuring that new school sites are designed with continuous, predictable and safe sidewalks and bike paths** that present few barriers to walking and cycling.
Area Plans and Specific Plans

Area plans and specific plans are detailed plans for a small portion of the community. Both apply to a wide range of different geographic spaces, but area plans can be part of a general plan and have the same force of law. Specific plans are subservient to the general plan; they are an implementation tool typically used as part of a development agreement with a specific developer. Both, especially specific plans, are developed more frequently than general plans and can be used either to encourage the revitalization of existing areas of the city or as plans for undeveloped areas.

Specific plans allow for considerable flexibility to tailor land use standards and regulations to a specific neighborhood or area, so long as they are consistent with the general plan (although in practice, since specific plans are used as part of a development agreement, a general plan amendment typically accompanies their application). A specific plan can either replace a local government’s zoning ordinance and design guidelines within the designated area, or provide standards that enhance existing regulations.

These smaller-scale plans provide an opportunity to address public health because they establish the land use mix, intensity of development, and location of community facilities. They also address street design, streetscape design standards, and (for undeveloped areas) the layout of the street network. A good tool for developing a community “sense of place,” these plans are the progenitor of comprehensive form-based codes (see “Form-Based Zoning” earlier in this section). A creative and innovative specific plan may bridge the gap between monotonous urban development and a healthy, livable neighborhood.

Parking Requirements

The amount, cost, and location of parking has a tremendous impact on the quality of the built environment and the transportation mode choices that individuals make – e.g., whether to walk, bike, carpool, or take transit. This in turn has an impact on public health.

Plentiful and cheap parking encourages driving. In transit-intensive neighborhoods, it increases pollution and congestion, reduces safety and access for pedestrians and cyclists, slows public transit, and drives up business and housing costs. Parking that is ill-placed or poorly designed (e.g., surface lots at big box stores) can adversely affect the streetscape, discouraging pedestrian activity. Strategies to reduce both parking supply and demand are considered one approach to...
mitigate the negative health and environmental effects of traffic and congestion. Similarly, strategies to improve the placement of parking within an area or street environment can indirectly improve the walkability of a street.

Parking standards are typically included in the zoning code. Reducing the minimum amount of parking required for new developments and charging fair market prices for parking can reduce vehicle trips and volumes, resulting in direct and indirect public health benefits:

- Increased physical activity (walking and biking) due to increased public transit use, where transit is a feasible alternative to driving
- Improved air quality (and related health outcomes)
- Reduced traffic injuries and fatalities
- Reduced traffic-related noise and related stresses

Cities can use a variety of parking management tools to counteract the adverse impacts that overly generous parking requirements and below-market parking prices have on the built environment. For example:

**Reduce parking requirements in the codes, especially for infill and transit-oriented development**, where requirements are applied with consideration to specific geographic and demographic factors that affect parking demand at a particular location

**Set parking maximums**, limiting the maximum amount of parking capacity allowed at particular sites or within a particular area, particularly in growing commercial centers

**Allow for shared parking arrangements** where parking spaces are shared by more than one user or use

**Provide or encourage commuter financial incentives**, for example, parking cash-outs where commuters who are offered subsidized parking are also offered the cash equivalent if they use alternative modes of transportation

**Allow on-street parking in pedestrian-rich areas** instead of off-street parking in surface lots (on-street parking encourages lower traffic speeds on the street)

**Locate surface parking behind or on the side of buildings** to maintain a pedestrian-friendly streetscape

**Encourage the development of auto alternatives**, such as walking, biking, and transit, to reduce car use without a negative impact on commerce
Crime Prevention Through Environmental Design

Architectural features and streetscapes can be used to reduce both the opportunity and temptation for committing crimes. Crime Prevention Through Environmental Design (CPTED) includes three basic concepts: defensible space, eyes on the street, and fixing broken windows.

“Defensible space” is an area within which users feel safe because there are clear lines between their territory and public space. Typically it takes the form of enclosed edges – via fencing, landscaping, lighting, or the features of an atrium – that can delineate private property. Potential criminals are more likely to feel vulnerable or trapped in places that are more clearly not public. While some places have taken pains to “harden” building edifices – by putting bars over windows, building intimidating fences, or significantly limiting opportunities to enter a property – it is important not to create barriers to such an extent that they deteriorate the pedestrian environment. Similarly, a neighborhood of disconnected cul de sacs may make a criminal feel more trapped, but such street layouts create barriers to pedestrian and bicycle use.

Pedestrian environments are an important aspect of another primary concept of environmental crime prevention, “eyes on the street.” Urbanist Jane Jacobs coined this term to describe the natural community surveillance that people provide for each other in public spaces. Buildings that face onto the street, windows that prominently overlook the street, and appropriate pedestrian-scale lighting at night all heighten potential criminals’ awareness of being watched. Increasing the amount of pedestrian traffic with greater density and mix of uses, or by channeling pedestrian traffic along certain routes, also encourages the natural surveillance that prevents crime.

<table>
<thead>
<tr>
<th>Crime Prevention Through Environmental Design (CPTED) Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Living by Design has an online resource center for design strategies that prevent crime, including recommended publications, organizations, and tools (<a href="http://www.activelivingbydesign.org/index.php?id=319">www.activelivingbydesign.org/index.php?id=319</a>).</td>
</tr>
</tbody>
</table>

1 Developed by the California Center for Public Health Advocacy (www.ccpha.org).
2 Developed by the Mari Gallagher Research and Consulting Group (www.mari-gallagher.com).
3 Proposed in the San Francisco Department of Public Health’s Healthy Development Measurement Tool (www.TheHDMT.org).
4 The city of Los Angeles has adopted an ordinance that establishes a moratorium on new fast food outlets in certain neighborhoods to allow the city time to develop a long-term plan for attracting healthy food options and restricting fast food. See www.lacity.org/council/cd9/cd9press/cd9cd9press16549945_12122007.pdf (last accessed 3/4/08).
Road Designs and Standards

Multimodal Roadway Plans

Transportation system design plays an important role in how we choose to get around and therefore in the amount of physical activity we get on a day-to-day basis. The key policy document for cities regarding transportation is the roadway master plan.

Too often, the roadway master plan focuses only on moving cars, paying little attention to the needs of other users. Furthermore, the roadway standards in the master plan frequently prescribe the construction of roadways that support driving, to the detriment of other users such as pedestrians, cyclists, and transit vehicles.

Roadway master plans present an opportunity to shift the focus away from efficient vehicular movement and toward smart growth and healthy, livable communities. What follows are some considerations to this end.

Level of service (LOS) standards traditionally measure the level of auto congestion, and as such, prioritize transportation projects that maintain the flow of auto traffic. Because of their focus on cars and trucks, an acceptable LOS may be achieved at the expense of walkability, bikeability, public safety, and mass transit service. (For example, typical approaches to improving LOS include widening roads and creating dedicated turn lanes, which cut off bicyclists’ lanes and deter pedestrians trying to cross the street.) In addition, some LOS modeling for proposed projects relies upon traffic projections that are not modified to account for auto use reductions brought about by other anticipated smart growth developments:

Network and connectivity standards: Low street connectivity leads to traffic bottlenecks and congestion, and discourages walking. Establishing standards for better connectivity can improve walkability and encourage pedestrian activity.

Street standards have often made streets wider than necessary, to accommodate large trucks and emergency vehicles. Wider streets encourage faster driving and, when crashes occur, result in higher rates of serious injury.

Multimodal Roadway Plans Standards

Sample standards or ways to measure progress:

- Map cyclist and pedestrian injuries
- Utilize a pedestrian injury forecasting tool¹
- Improve the pedestrian environmental quality index³
- Establish and implement multimodal level of service standards
These illustrations depict one square mile of two very different street designs. Philadelphia's highly connected street network (left) offers a safer and friendlier environment for pedestrians than Irvine's conventional street design, which lacks connectivity.

or fatality. Conversely, narrower streets enhance walkability, reduce traffic speeds, and reduce the severity of crashes when they occur. Existing wide streets can be narrowed by creating medians, widening sidewalks, and adding on-street parking and bike lanes.

Multimodal streets (or complete streets) provide facilities for all users – cars, trucks, bicycles, transit, and pedestrians. The extent to which each is emphasized can vary from street to street (and along a corridor), but all should include safe facilities for a variety of modes. All should also, at a minimum, include safe pedestrian facilities such as pedestrian crossings and sidewalks separated from the street.

Context Sensitive Street Design (CSSD) is an approach to roadway planning, design, and street operation intended to meet regional transportation goals (such as the movement of traffic) while respecting and enhancing neighborhood quality. CSSD respects traditional street design objectives for safety, efficiency, capacity, and maintenance while integrating community objectives and values relating to land use compatibility, livability, sense of place, urban design, cost, and environmental impacts.

Multimodal Level of Service Standards

The Florida Department of Transportation has developed a Multimodal Transportation Districts and Areawide Quality of Service Handbook (www.dot.state.fl.us/planning/systems/sm/los/pdfs/MMTDQOS.pdf), which includes guidance for developing and implementing level of service standards for pedestrians, cyclists, transit-users, and auto rivers.

The Victoria (British Columbia) Transport Policy Institute has written a Transportation Demand Management Encyclopedia (www.vtpi.org/tdm/tdm63.htm#_Toc121444875), which includes a section on measuring nonmotorized transportation conditions and examples of level of service standards.

Philadelphia, PA

Irvine, CA
Traffic Calming Strategies

Traffic calming refers to a set of design features and strategies used by urban planners and traffic engineers to slow down or reduce traffic, thereby improving safety for pedestrians and bicyclists (and improving air quality when traffic is reduced). Traffic calming creates physical and visual cues that encourage drivers to travel at slower speeds. The term traffic calming also applies to a number of transportation techniques developed to educate the public about unsafe driver behavior.

Some of the most common traffic calming strategies include traffic circles, speed humps, raised circles in the middle of intersections, curb extensions or “pinch points,” raised sections of road designed to reduce speeds, raised crosswalks, median islands, narrow streets, textured paving at intersections, and street trees and planting strips between sidewalks and the street.

Traffic calming can be an effective way to reduce the incidence and severity of crashes. Other benefits can include reducing traffic-related noise, improving the aesthetics and liveliness of a street, and increasing neighborhood interaction.

Since each street and neighborhood is unique, the decision to adopt traffic calming measures should be considered on an individual basis. Traffic calming strategies can be integrated into bicycle and pedestrian master plans, though some cities have incorporated traffic calming policies into their general plans or implemented separate traffic calming programs or procedures.4

Traffic Calming and Emergency Response

Fire departments are often unwilling to support traffic calming measures, if narrow streets or turning radii cannot be navigated by modern fire engines or if speed bumps strain the engine’s frame. But there are a number of traffic calming strategies that can work for emergency response vehicles. Work with fire department to design satisfactory compromises and test drive-throughs, use chicanes or staggered on-street parking along primary response routes, and favor speed cushions over speed bumps on smaller residential streets.

Example of traffic calming and streetscaping design guidelines
Traffic Calming Resources

San Jose’s Traffic Calming Toolkit (www.sanjoseca.gov/transportation/forms/toolkit.pdf) explains the city’s traffic calming program and provides a model for other communities seeking to implement traffic calming measures.

“Traffic Calming and Emergency Response” (www.lgc.org/freepub/PDF/Land_Use/fact_sheets/er_traffic_calming.pdf), a fact sheet from the Local Government Commission, provides guidance on various traffic calming measures and offers solutions to potential conflicts with fire departments.

1 Alameda County Transportation Improvement Agency, at 50, ALAMEDA COUNTYWIDE STRATEGIC PEDESTRIAN PLAN, DRAFT (2006).

2 Developed by the San Francisco Department of Public Health in tandem with the Healthy Development Measurement Tool.

3 Ibid.

Pedestrian Master Plans

A safe, aesthetically pleasing, and comfortable pedestrian environment is key to encouraging people to walk. Hundreds of communities in North America have acknowledged the importance of creating walkable environments by developing pedestrian master plans.

Generally, pedestrian master plans represent a comprehensive framework to identify pedestrian needs and deficiencies, examining potential improvements and prioritizing implementation strategies. They can be developed for an entire city or for a specific area, such as a downtown. Often, they are coupled with bicycle master plans.

The goals of individual pedestrian master plans vary by jurisdiction. They may include:

- Improving pedestrian safety and access by:
  - minimizing exposure to collisions by reducing motor vehicle use
  - minimizing consequences of collisions by reducing vehicle speeds in key pedestrian areas
  - minimizing accident risk at busy intersection and along busy corridors
- Providing new or improved pedestrian amenities including streetscaping
- Improving the pedestrian environment for children, seniors and people with disabilities through universal design principles
- Promoting land uses that enhance public spaces and neighborhood commercial districts
- Educating community residents about the health benefits of walking, collision reduction, walking programs, or other related topics

Pedestrian Master Plan Standards

Sample standards or ways to measure progress:

- Increase the proportion of trips made by foot
- Utilize a pedestrian injury forecasting tool1 with other pedestrian improvement measures to prevent injuries
- Map demand (pedestrian density) and supply (pedestrian facilities) with a tool such as Ped-GriD (Pedestrian Geographic Resources Information Database)2
- Measure the walkability of streets and trails with a pedestrian friendliness index3 and/or pedestrian environment factor4 (which assess sidewalks, ease of crossing streets, street and sidewalk connectivity, and terrain)
Bicycle Master Plans

Like walking, bicycling can be both a recreational activity and a safe, nonpolluting transportation option. Bicycle master plans set out a framework for creating a bicycle-friendly environment. The plans normally provide an overview of existing conditions, an analysis of needs and opportunities, proposed bike routes and improvements, and an implementation strategy.

Bicycle master plans present the opportunity to propose (and implement) concrete changes in the built environment. Concepts that could be incorporated into bicycle master plans include:

Creating a network of bicycle facilities throughout the city that link key destinations (bicycle facilities include multi-use trails, bicycle lanes on roadways, and “bicycle boulevards,” roadways that prioritize bikes through signage and traffic controls)

Working with neighboring cities to connect bicycle networks between jurisdictions

Cycling and walking events and activities, particularly on trails and cycling routes

Launching cycling commute campaigns, which often involve contests as to which workers and worksites commute most by nonmotorized modes

Establishing bicycle parking and clothes-changing facilities at worksites, transportation terminals, and other destinations

Implementing education programs that teach cycling skills

Creating safe bicycle parking throughout the city, particularly at key destinations such as workplaces, retail areas, parks, and schools

---

**Bicycle and Pedestrian Master Plans**

The *Sacramento Transportation and Air Quality Collaborative*’s manual *Best Practices for Pedestrian Master Planning and Design* ([www.sactaqc.org/Resources/Agreements/PedPlanningDesign.pdf](http://www.sactaqc.org/Resources/Agreements/PedPlanningDesign.pdf)) can serve as a guide for developing a pedestrian master plan.

**Sample Plans**

- Marin County Bicycle and Pedestrian Master Plan (2001): [www.co.marin.ca.us/depts/pw/main/MarinCountyPlanCoverrev.cfm](http://www.co.marin.ca.us/depts/pw/main/MarinCountyPlanCoverrev.cfm)
Parks and Recreation Master Plans/
Level of Service Standards

Access to parks and recreational facilities relates to physical activity levels and, by extension, to public health problems including rates of obesity, heart disease, and diabetes. Access refers not only to the location of parks and recreational facilities relative to homes and workplaces, but also to location relative to public transportation. It also refers to cost, hours of operation, and accessibility for vulnerable populations such as low-income residents and those with special needs.

Local governments can use parks and recreation master plans toward positive public health outcomes by eliminating disparities in access to facilities, improving the quality and safety of facilities, and expanding programs and partnerships. Parks and recreation master plans assess the current condition of park and recreation properties, generate and build community interest and participation, create a new and common vision for the future, develop a clear and solid set of recommendations and implementation strategies for programs and services, identify financing mechanisms, and suggest acquisition and/or rehabilitation of parks and facilities. Additionally, the plans can provide design guidelines and development standards for parks, open space, recreation facilities, and trails.

Though each local government needs to tailor its parks and recreation master plan to the community’s specific needs, what follows are some general considerations when developing a parks and recreation master plan:

Create parks in neighborhoods. Parks located where people live provide accessible space for physical activity and green space for residents. Ideally each home should be located within a quarter-mile walking distance of a park and should not require crossing a major thoroughfare.

Create communitywide parks that spotlight unique facilities, natural features or landscapes, and open space. While neighborhood parks provide daily access for residents, parks of six to 60 acres can offer a wide variety of recreation facilities and amenities. These parks are designed for residents who live within a three-mile radius.

Promote joint use of public facilities for physical activity. Public agencies can work together to open facilities to the public – for instance, overcoming obstacles to using schools as recreation facilities outside of school hours.

Enhance the use of existing parks and recreational facilities. Fund a wide variety of programs during all hours of the day to serve all populations (including children, low-income families, the elderly, and people with physical disabilities or limited transportation), and improve the quality and character...
of existing parks through lighting, signage, benches, tables, drinking fountains, and restrooms.

Establish a comprehensive network of multi-use trails and streets that encourages walking, biking, and physical activity, and links residential areas, workplaces, commercial centers, and community facilities.

Create urban gardens or orchards and support their use through garden programs that are accessible to community residents, especially in low-income neighborhoods that suffer from a lack of healthy food access and disproportionately high levels of food insecurity.

Consider the availability of public transportation and pedestrian/cycling routes to access existing or proposed facilities.

Determine funding mechanisms to pay for new or improved facilities. (See “Taxes and Fees” later in this section.)

Notably, plans should also allocate space for both active and passive recreation. A park for passive recreation (e.g., picnics) contributes to mental health, but does not support physical activity as much as more active recreation area used by children, youth, and adults – but both are necessary. Many inner cities have given little attention to developing youth recreation facilities because the families are less often well organized politically in urban cores. There also tends to be a significant shortage of potential recreational sites (exacerbated by the huge increase in recreational activity by girls and women in recent years, which planners had not previously anticipated).

**Urban Forestry Master Plan**

Given the myriad benefits of greenery and green spaces, supporting or maintaining tree cover can be a worthwhile health-promoting strategy.

Tree-planting efforts can generate enthusiastic support within communities, bringing many volunteers out to help. But communities need to have a long-term plan in order to ensure continued benefits from additional tree cover. Young trees need regular support for four to five years, while many diseased trees need to be identified and removed before harming the rest of the forest. A typical community will spend 40 to 50 percent of its tree budget on upkeep and maintenance, 20 to 30 percent of old tree and stump removal, and only 10 to 20 percent on tree planting.6

Communities should consider passing a “tree ordinance” to solidify their commitment to urban forestry. This type of ordinance could call for a communitywide tree inventory to identify deficiencies and maintenance priorities, which could then inform a community forest plan that lays out

---

**Urban Forestry Plan Standards**

Sample standards or ways to measure progress:

- Increase the number of trees relative to population density
- Increase the number of trees per acre
- Increase the percentage of tree canopy coverage along a given corridor or within a neighborhood or development
- Pursue a neighborhood garden standard, such as “one dedicated community garden for each 2,500 households”5
long-term goals and a schedule for regular maintenance. Communities should also match these efforts with a reliable stream of funding. Forming a “tree board” or “tree commission” charged with implementing this plan can help ensure that trees are not neglected.

Street trees provide shade on sidewalks and filter air.

1 Developed by the San Francisco Department of Public Health in tandem with the Healthy Development Measurement Tool.
2 Utilized by the City of Oakland.
3 Utilized by the City of Charlotte, NC.
4 Developed by the 1000 Friends of Oregon.
5 Implemented in Seattle, Washington.
Green Building Codes

Both local and state governments set building codes, but local governments can establish higher standards in many cases – including those that relate to indoor air quality, energy use, and internal building circulation. Cities and counties can improve indoor air quality, for example, by restricting the use of building materials such as carpeting, open concrete, and paints known to emit indoor air pollutants.

Some cities are beginning to incorporate green building guidelines into their building codes. Boston’s Green Building Task Force is working to incorporate Leadership in Energy and Environmental Design (LEED) standards (the nation’s benchmark green building standards) into the city’s zoning code. Under these requirements, all projects larger than 50,000 square feet would have to meet LEED standards for energy efficiency and green building technologies.

In other cases, cities and counties may need to update their existing building codes in order to ensure that certain green building practices can comply. For example, codes may not have standards appropriate for structures built out of straw bales, or buildings that can accommodate green roofs (roofs covered with vegetation). Health departments, for their part, may not have standards for approving the use of harvested rainwater or grey-water irrigation systems.

Local governments can also choose to expedite the permitting process for developers who adopt certain green building standards. In Portland, Oregon, projects pursuing LEED certification move quickly through the review process and receive additional planning support. In Arlington, Virginia, the county has developed a LEED scorecard that all site applicants must fill out: those who achieve one of four LEED building certifications will receive a density bonus and be able to tap into a green building fund.

Other cities, such as Berkeley, California, require that all project proponents work with Build-it-Green, a Berkeley-based nonprofit organization, to determine how to make their project more environmentally friendly. The

What is LEED?
The Leadership in Energy and Environmental Design (LEED) Green Building Rating system is a nationally recognized benchmark for building design, construction, and operation. Developed by the U.S. Green Building Council (www.usgbc.org), LEED recognizes performance in five key areas of human and environmental health: sustainable site development, water savings, energy efficiency, materials selection, and indoor environmental quality.
environmental indicators touch upon project characteristics that influence health outcomes such as indoor air quality, energy use, and transit orientation.

**Leadership in Energy and Environmental Design (LEED) for Neighborhood Developments (ND)**

LEED-ND is a national standard for neighborhood location and design that integrates the principles of green building, new urbanism, and smart growth. A pilot for the rating system was released in early February 2007.

LEED-ND certification provides independent verification that a development’s location, design, and construction meet accepted high standards for environmentally responsible, sustainable development. The system rewards efficient use of land and the building of walkable communities. Credits toward certification are awarded under several categories: smart location and linkage, neighborhood pattern and design, green construction and technology, and innovation and design process.

LEED-ND can help revitalize urban areas, decrease land consumption, decrease the need to drive, decrease polluted stormwater runoff, and build communities where people of a variety of income levels can coexist, and where jobs and services are accessible by foot or transit. Certified neighborhoods can influence public health by encouraging physical activity, improving air quality, and building social capital.

Cities can use LEED-ND in two ways. First, they should encourage all new development projects to pursue certification once the LEED-ND program is released for use. Second, they can use the content of the rating system as a guidepost for new development, reviewing development proposals against the requirements of the rating system and make recommendations for project improvements that improve health and environment outcomes.

**Project Development Review Checklists**

Numerous jurisdictions have created project or development review checklists that address health issues and provide users with a framework in which to evaluate different elements of a development from a public health perspective. Such checklists look at issues such as project location, street design, wastewater management, and air quality.

Checklists can help local government staff work with developers and site master planners to discuss both health concerns and opportunities of a given development. They offer a standardized (yet locally customizable) way to make trade-offs more visible, improve proposals, and engage residents in a discussion about how their communities should grow.
Checklists can be a simplified type of health impact assessment, completed quickly enough that government officials and planners can more easily compare different options. The lists can enter the planning process at the earliest stages – before the layout of a project has been determined – or later, when a development concept is available and the design and layout can be critiqued.

These reviews can take many forms, ranging from informal meetings between the project sponsor and government staff to study sessions with appointed or elected officials. Communities should determine which approach best meets their needs.

Health issues that are often considered in a development review checklist include:

- Access to parks and recreational facilities that provide a range of facilities, including passive and active recreation
- A complete network of sidewalks that are designed for pedestrian comfort – including appropriate width, sidewalks on both sides of the street, planting strips with street trees to provide shade, and safe pedestrian crosswalks
- On-site bicycle infrastructure designed for safety and convenience, and consideration of such issues as road widths, curb cuts and driveways, potential hazards, linkages to bicycle routes outside the site, and the provision of bicycle parking
- A street network that has a high level of connectivity and is not gated or walled-off from adjacent developments
- Street design that supports walking – e.g., narrow streets, street designs that reduce speed, and traffic calming measures such as pedestrian signals, frequent pedestrian crossings, and traffic circles
- Retail (including healthy food) or public services (such as post offices or schools) in close proximity to a majority of residential and employment uses
- A mix of land uses within walking distance (to minimize vehicle miles traveled, while increasing active transportation such as walking and biking)

**Examples of Project Review Checklists**

- **Shasta County’s Public Health Development Checklist** ([www.naccho.org/topics/hpdp/land_use_planning/documents/dvlprvwchecklistPHAB1-07.pdf](http://www.naccho.org/topics/hpdp/land_use_planning/documents/dvlprvwchecklistPHAB1-07.pdf)) assesses how well projects meet certain specific standards, designed for internal discussions between health officials and local planning departments.

- **The National Association of County and City Health Officials (NACCHO)** collaborated with Colorado’s Tri-County Health Department to develop a more detailed project review checklist for health officials ([http://archive.naccho.org/Documents/LandUseChecklist-03-10-03.pdf](http://archive.naccho.org/Documents/LandUseChecklist-03-10-03.pdf)).

- **San Francisco’s Health Development Measurement Tool** ([www.TheHDMT.org](http://www.TheHDMT.org)) is a more quantitative measurement tool enabling the city to identify desired outcomes and then analyze whether the project has met them.
Health Impact Assessments

Health impact assessment (HIA) is a relatively new tool that was created to understand the health implications of various policy and development decisions. According to the World Health Organization, an HIA is “a combination of procedures, methods, and tools by which a policy, program, or project may be assessed and judged for its potential effects on the health of the population and the distribution of these impacts within the population.” While HIA is relatively new in the United States, it has been used widely in Europe, and the World Bank and the World Health Organization now advocate for its use in government decision-making.

HIAs provide a means to better integrate public health professionals and advocates into the planning process, and to ensure that health issues are considered in land use decisions. Similar to environmental impact reports (EIRs), which look at the environmental impacts of proposed developments, HIAs provide a practical framework for identifying health impacts and ways of addressing them.

There are generally five steps to developing an HIA:

**Screening:** Decide which projects, policies, and programs that could influence health can and should be evaluated.

**Scoping:** Identify which health impacts should be included.

**Appraising the health impacts:** Identify not only how many and which people may be affected, but also assess how they may be affected.

**Recommending to decision-makers:** Decide on report formats, length, and depth for the specific audience.

**Evaluating and monitoring:** Assessing what is happening as the project/program/policy is implemented, and evaluate whether the HIA has achieved its objective?

California Environmental Quality Act

The California Environmental Quality Act (CEQA) requires public agencies to conduct an environmental review of government decisions that may adversely affect human health and the environment. For larger projects, this usually results in an environmental impact report, a document that looks at a wide range of topics such as aesthetics, biological resources, air pollution, noise pollution, and traffic and transportation conditions.

The law specifically requires that environmental review identify changes that may adversely impact human health and the environment, either directly or indirectly, and then develop mitigation measures that reduce the significant
impacts. Local jurisdictions can develop relevant indicators and standards for assessing the impact, or follow the standards of significance given in CEQA guidelines (e.g., “potentially significant impact,” “less than significant with mitigation incorporated,” “less than significant impact,” “no impact”).

While the language of CEQA may permit detailed health assessment, in practice, CEQA does not directly examine the potential health impacts of development. Rather, it looks at environmental impacts in the ecological and historic senses. Any analysis of health impacts that does occur within environmental impact reporting has been largely limited to the study of air pollution and toxic chemicals.

However, laws and regulations for an environmental impact assessment enable a health impact assessment (HIA) whenever physical changes in the environment may significantly affect health. CEQA provides an opportunity to conduct HIA or to ensure responsive action to findings of an HIA conducted in parallel with an environmental assessment.

The San Francisco Department of Public Health is one example of a public health department that has been actively using requirements for health analysis within CEQA to consider impacts such as involuntary displacement, housing affordability, residential segregation, open space adequacy, and pedestrian safety. In several cases, this has resulted in the mitigation of adverse impacts through changes in project design. Other cities can similarly use CEQA to address public health impacts of proposed projects.

2 Abridged from Land Use Planning for Public Health: The Role of Local Boards of Health in Community Design and Development, Atlanta Regional Health Forum and Atlanta Regional Commission (2006). Note: Appendix A of the document contains a list of questions to ask at each stage in the HIA process.
Implementing health goals can be a costly effort. Paving new sidewalks, building bike lanes, installing lighting in parks, maintaining street trees, and subsidizing green grocers require a real financial investment. Meanwhile, offering tax breaks or canceling advertising/billboard contracts to promote public health can reduce local government revenue.

While all of these measures may be far cheaper than the eventual cost of the diseases they can prevent, local governments don’t accumulate those benefits directly. Budget pressures can make local government less inclined to pursue health-oriented built environment goals, perceived by some as “amenities.”

Local governments looking to finance health interventions in the built environment can seek financial support through a variety of channels. Grants or loans from foundations and other levels of government are likely to be the least controversial, since they impose no burden on taxpayers or local governments, but they may also come with strings attached and will not be available indefinitely. Other options include partnering with redevelopment agencies to facilitate the use of tax increment financing (TIF) and eminent domain for attracting and developing health-promoting businesses, like grocery stores. Bonds can raise large amounts of money quickly, but they must be paid back and often are subject to voter approval. Taxes and fees can raise steady streams of revenue, but they are likely to be controversial within the community.

Taxes and fees warrant special discussion as financing tools. Since Proposition 13 passed in California in 1978, local governments have needed approval from two-thirds of voters to raise either property or sales taxes. This requirement has significantly curbed the use of taxes to raise revenue, with a few exceptions. For example, Marin County voters agreed to raise the county sales tax from 7.25 percent to 7.75 percent in 2004, with 11 percent of the new revenue dedicated as supplemental funding for Safe Routes to School projects.

In general, fees are an easier option, since they only require 50 percent voter approval. Local governments can require fees from both developers
and property owners, so long as there is a “reasonably commensurate” relationship (i.e., a nexus) between the fee and the problem it is designed to address. Typically developers are required to pay for new roads, sewers, or parks through development agreements; communities can also require them to build health-promoting amenities such as connected sidewalks, bicycle pathways, and street trees.

Cities and counties can also establish an “assessment district” around neighborhoods that will benefit from an infrastructure investment. They can thus invest in a health-related amenity (such as a park) and impose a fee on those expected to benefit. Local governments have assessed “regulatory fees” for liquor stores, billboards, amount of solid waste, and rental housing properties, with the resulting revenue going towards related programs such as police protection, community beautification, recycling programs, and affordable housing.

Taxes and fees can also act as an incentive, in addition to raising revenue. Communities should think about how to tailor fees and taxes to encourage and discourage different behaviors. While grocery stores struggling to deliver fresh produce could receive incentives (grants, loans, or tax breaks) to offset the costs of operating refrigeration units, stores that sell low-nutrient foods could be charged a regulatory fee that would be used to mitigate the harmful health effects of these foods – by funding a community nutrition-education program, perhaps, or by building or maintaining recreational facilities.

Another proposal, touted by Donald Shoup of the University of California at Los Angeles, is to charge users for parking spaces the government currently supplies for free, such as the free street parking in many neighborhood commercial districts. This disincentive can help encourage the use of public transit, walking, and biking instead of driving – helping a community reduce its air pollution and risk of pedestrian accidents while generating revenue that could be used to build sidewalks, for example. Parking revenue can be used in other creative ways to improve community infrastructure in ways that promote public health: Chicago, for instance, plans to use revenue from leasing publicly owned downtown parking garages to improve facilities and install playgrounds at approximately 100 city parks.
Grants and Loans

In addition to the minigrants available for training purposes (see “Getting Started,” Section I), local governments can also pursue grants or loans from foundations, nonprofits, and state and federal governments.

**Grants and Loans**

**Government Grants and Loans**

See [www.grants.gov](http://www.grants.gov) to learn about finding and applying for federal grants.

*The California Blueprint for Bicycling and Walking* ([www.dot.ca.gov/hq/offices/bike/CABlueprintRpt.pdf](http://www.dot.ca.gov/hq/offices/bike/CABlueprintRpt.pdf)) includes a list of state and federal funding resources for local governments to improve walking and biking infrastructure.

The California Department of Transportation’s Division of Local Assistance has created the *Transportation Funding Opportunities Guidebook* ([www.dot.ca.gov/hq/LocalPrograms](http://www.dot.ca.gov/hq/LocalPrograms)) for cities and counties aiming to improve their transportation infrastructure through features including walking and bicycling amenities.

The USDA offers financial support to improve food systems, particularly in low-income communities, through programs including the *Community Food Projects Competitive Grants Program* ([www.csrees.usda.gov/fo/fundview.cfm?fnum=1080](http://www.csrees.usda.gov/fo/fundview.cfm?fnum=1080)).

The U.S. Environmental Protection Agency’s *Smart Growth Implementation Assistance Program* ([www.epa.gov/dced/sgia.htm](http://www.epa.gov/dced/sgia.htm)) to help communities foster economic growth, protect environmental resources, enhance public health, and plan for development. This annual competitive solicitation provides awardees with direct technical assistance from a team of national experts.

**Foundation Support**

The Foundation Center ([http://foundationcenter.org](http://foundationcenter.org)) offers information on foundation support.

The Robert Wood Johnson Foundation’s *Active Living Research* program ([www.activelivingresearch.org/grantsearch](http://www.activelivingresearch.org/grantsearch)) offers a variety of grants to communities to help build evidence related to active living.

The California Endowment ([www.calendow.org](http://www.calendow.org)) grants funding to organizations that support its mission to “expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians,” including opportunities to create healthier built environments. The California Endowment has supported the city of Richmond’s effort to add a health policy element to its general plan update.

Kaiser Permanente’s *Healthy Eating Active Living (HEAL)* Initiative ([http://xnet.kp.org/communitybenefit/index.html](http://xnet.kp.org/communitybenefit/index.html)) seeks to visibly transform the communities in which we live, work, and go to school, so that healthy food is convenient and affordable, and engaging in physical activity is part of one’s daily life.
Conclusion

The general planning process offers a multitude of opportunities to guide local development in ways that help build healthy, sustainable communities. This toolkit was designed to provide a starting point for advocates and practitioners seeking model health language for land use plans, as well as strategies for collecting data and engaging partners to implement policies and plans effectively. It also presents rationale for incorporating health considerations into planning documents through summaries of research linking health outcomes to the built environment.

Local government agencies, community groups, and others can all work together to create patterns of development that improve community health. In addition to producing toolkits like this one, we provide trainings and one-on-one technical assistance on the land use decision-making process. To learn more about the products and services available, visit www.changelabsolutions.org.

We also welcome your feedback on this toolkit. Please feel free to contact info@changelabsolutions.org with any comments or suggestions.
Research on Land Use and Health from Two Different Perspectives

Planners and health practitioners often come to an understanding of the links between health and the built environment from different points of view. While health practitioners approach the issue through the lens of health promotion and disease and injury prevention, planners may begin with features of the built environment, such as transportation systems, neighborhood density and mix of uses, and urban design. Both perspectives can yield valuable insights into potential land use policy solutions that can improve community health and sustainability.

This section of How to Create and Implement Healthy General Plans summarizes research linking health outcomes to the built environment. It is divided into what can also serve as two stand-alone documents: one for health practitioners and advocates, in which the research is categorized according to public health issue (e.g., injury prevention, access to healthy food); and one for planners, in which the research is categorized by land use issue (e.g., density, street connectivity). The information is meant to provide rationale to support built environment policy change and to serve as a discussion tool when developing connections between public health practitioners and planners, not as a comprehensive summary of the literature to date.

Research linking health outcomes to the built environment is still emerging, largely because this is a new area of study that requires new tools to measure how development patterns affect health behaviors and outcomes. Such research needs to take into account a wide range of health factors and environmental triggers, as well as the ways in which outcomes may differ among populations such as children, elderly adults, and low-income communities and communities of color. Still, existing research points to a number of good signposts indicating likely connections between the built environment and diverse health issues such as physical activity, access to healthy foods, respiratory illnesses, and injury prevention.
An emerging body of research points to various connections between community design and health issues. This fact sheet – developed to provide rationale for land use policy change – presents a brief summary of existing research, categorized by public health topic. It is intended to help public health practitioners work with planners toward land use policy solutions that improve community health.

Increasing Physical Activity

Recent statistics indicate that 53 percent of Californians fail to meet recommended guidelines for physical activity, putting them at high risk for illness and premature death. Limited physical activity is a primary risk factor for heart disease, cancer, stroke, diabetes, and Alzheimer’s disease – five of the top ten causes of death in California. It is also a primary risk factor for obesity and diabetes, the fastest-growing diseases in the state.

The residents of many California neighborhoods have no option but to drive everywhere: it is likely too far or dangerous to walk or bike to work, the nearest transit stop, a grocery store, or a public park. If communities were designed so that people could walk or bicycle to these destinations, residents would have many more opportunities to incorporate physical activity into their daily lives.

www.changelabsolutions.org
People living in highly walkable, mixed-use communities (where residential, commercial, and office land uses are located near each other) are more than twice as likely to get 30 or more minutes of daily exercise as those living in auto-oriented, single-use areas.⁴

Almost one-third of Americans who commute to work via public transit meet their daily requirements for physical activity (30 or more minutes per day) by walking as part of their daily life, including to and from the transit stop.⁴

People who live within walking distance (1/4 mile) of a park are 25 percent more likely to meet their minimum weekly exercise recommendation.⁵

### Access to Healthy Food Retail

Unhealthy eating habits are a primary risk factor for five of the top ten causes of death in California. Meanwhile, the state has four times as many “unhealthy” food outlets (e.g., fast food chains, restaurants, and convenience stores) as “healthy” food outlets (supermarkets, produce vendors, and farmers’ markets).⁵ The result is what’s known as food deserts, neighborhoods that lack places where residents can buy fresh fruits and vegetables and other healthy foods. Convenience stores, gas stations, and fast food outlets are often the only food retailers available in low-income neighborhoods, where there may be high concentrations of households eligible for food stamps.⁷ Residents who can’t drive are left to either take a bus or taxi to the nearest grocery store—a time-consuming inconvenience that many can’t afford—or rely on “fringe” food outlets such as gas stations or liquor stores. Transportation, land use, and economic development decisions shape neighborhood food access and the food retail environment.

In low-income neighborhoods, each additional supermarket has been found to increase residents’ likelihood of meeting nutritional guidelines by one-third.⁸

Residents in communities with a more “imbalanced food environment” (where fast food and corner stores are more convenient and prevalent than grocery stores) have more health problems and higher mortality than residents of areas with a higher proportion of grocery stores, when other factors are held constant.⁹

The presence of a supermarket in a neighborhood is linked to higher fruit and vegetable consumption and a reduced prevalence of overweight and obesity.¹⁰,¹¹

### Environmental Health

Polluted air is a primary trigger for asthma attacks and a major cause of asthma, bronchitis, lung cancer, leukemia, and other illnesses. Between 2001 and 2005, the adult asthma rate increased by 12 percent in California, and the childhood asthma rate increased by 15 percent.¹² Motor vehicles are often the principal contributors of particulate matter and other pollutants that contribute to the formation of ozone; diesel trucks in particular emit particulate matter air pollutants that have the potential to cause cancer, premature death, and other health effects.¹³-¹⁴ Meanwhile, hundreds of Californians suffer acute bacterial infections and overexposure to chemical contaminants from polluted drinking water each year.¹⁵ Decisions about the location of certain land uses, land use mix and intensity, transportation investments, and design and building guidelines play a role in environmental health.
Outdoor Air Quality

- In general, the more vehicle miles traveled (VMT) in a community, the worse the air pollution.\textsuperscript{16}
- Children living near heavily trafficked roads experience decreased lung function, greater rates of hospitalization for asthma attacks,\textsuperscript{17} and greater risk for all kinds of cancer.\textsuperscript{18}
- Living near heavily trafficked roads greatly increases asthma severity, a burden borne disproportionately by asthma sufferers who are ethnic/racial minorities or from low-income households.\textsuperscript{19}
- Exposure to traffic is related to early death. A study in the Netherlands found that elderly adults living near busy roads had almost twice the risk of dying from cardiopulmonary disease.\textsuperscript{20}
- Places with more pavement and less greenery are more susceptible to the “heat island effect,” which accelerates the formation of ozone and increases the risk of heat stroke.\textsuperscript{21}

Indoor Air Quality

- Californians spend almost 90 percent of their time indoors,\textsuperscript{22} yet indoor air is often more polluted than outdoor air.\textsuperscript{23} This is due to a combination of second-hand smoke, mold growth, allergens from pets and pests, dust, radon, and off-gassing of volatile organic compounds (VOCs) from materials such as carpeting and paints – all coupled with the lack of ventilation that traps unhealthy air inside buildings.\textsuperscript{24}
- Conditions that promote exposure to irritants and allergens such as secondhand smoke, house-dust mites, cockroach antigens, and mold spores are common in low-income housing. Old carpeting acts as a reservoir for allergens, while kitchens and baths (particularly in older housing) often lack adequate ventilation, increasing the problems associated with moisture and mold.\textsuperscript{25} All of these irritants and allergens can cause or aggravate diseases such as asthma.
- Green building practices – for example, the use of low-VOC materials, natural ventilation, and windows instead of artificial lights – can improve indoor air quality.

Water Quality

- Pavement and other impermeable surfaces that do not absorb water accelerate its flow into rivers, preventing the natural filtration and cleaning provided by plants, rocks, and soil. This runoff increases the risk for microbial and chemical contamination of drinking water supplies, especially after heavy rainstorms.\textsuperscript{26}
- By preventing the natural recharge of underwater aquifers, pavement also accelerates the depletion of underground freshwater supplies.\textsuperscript{27}
- Asphalt and cement can be replaced with more permeable surfaces and water filtration buffers to improve water quality.

Injury Prevention

Motor vehicle collisions are the leading cause of accidental death in California, and being hit by a car while walking is the third leading cause of death for children under 12.\textsuperscript{28} For every mile traveled, a pedestrian’s risk of dying is more than 15 times that of drivers, providing a legitimate disincentive for walking.\textsuperscript{29} Many of these injuries and fatalities could be prevented by designing roadways to protect pedestrians and bicyclists.
Roads designed to maximize car traffic – high-speed, unobstructed, and wide multilane roads – are dangerous to pedestrians and bicyclists. Increased traffic collision rates are correlated with increases in total vehicle miles traveled (VMT).  

Crash rates increase exponentially with street width, especially since drivers move faster on wider roads. Pedestrian injuries can be reduced more than sevenfold by slowing traffic down from 30 to 20 miles per hour. Slowing traffic from 40 to 20 miles per hour can reduce a pedestrian’s chance of being killed, if hit, from 85 percent to just 5 percent.

Pedestrian accidents are 2.5 times less likely on streets with sidewalks than on otherwise similar streets.

**Elder and Child Health**

Since neither the youngest nor oldest members of society can drive, car-dependent neighborhoods can hinder children’s development and impede seniors’ ability to maintain social connections and access needed services. Vulnerable populations like children and the elderly may also be even more affected by planning decisions that fail to take health into account, such as locating residential developments near freeways, the persistence of neighborhood “food deserts,” and the creation of urban “heat islands.”

Children with attention deficit disorder have been found to function better than usual after activities in green settings; the “greener” a child’s play area, the less severe his or her attention deficit symptoms. This research suggests that contact with nature may support attentional functioning in a population of children who desperately need attentional support.

Planning for diverse transportation options will only grow in importance as America grays. There are currently about 4.5 million nondrivers over age 75, and projections indicate this figure is likely to grow to about 6 million by 2020.

Safe, walkable streets and paths are especially important to the elderly. Individuals age 50 and older make three-quarters of all trips not taken by private automobile on foot.

Older nondrivers take 65 percent fewer social, family, and religious trips than older people who still drive.

On a given day, those in lower-density neighborhoods are 50 percent more likely to stay home than those living in denser neighborhoods.

**Mental Health and Substance Abuse**

Stress and high blood pressure are associated with increased risk of cardiovascular disease, stroke, obesity and diabetes, and osteoarthritis. Anxiety is also associated with increased risk of aggression, depression, and substance abuse. Attributes of the built environment contribute to both anxiety and calm.

Drivers who commute longer distances tend to have higher blood pressure and report more feelings of being “tense” or “nervous.”

Studies have associated higher rates of depression with abundant graffiti and fewer private gardens.

“Everyday” interactions with nature – such as viewing natural scenes and being in natural environments (including urban park settings) – help reduce anxiety and hasten recovery from illness.
Violence Prevention

Homicide is the leading cause of death among young men in some parts of California, and fear of assault is a leading cause of anxiety. Fear of assault is a major reason people choose not to walk, use recreational facilities, or allow their children to play outside. While many variables influence violence and crime in communities, aspects of the physical environment can both encourage and discourage street crime.

- Residents living in “greener” surroundings report lower levels of fear, fewer incivilities, and less aggressive and violent behavior (controlling for the number of apartments per building, building height, vacancy rate, and number of occupied units per building).50

Chronic Health Disparities/Poverty

Concentrations of health problems develop in certain neighborhoods, where residents experience substandard housing and violence, and where grocery stores and parks are rare.

- Evidence from some California communities shows that life expectancy is 20 years greater in the wealthiest census tracts than in the most impoverished.51

- A study of more than 300 cities in the United States found that those with the greatest income inequality also had the greatest rates of mortality.52

- Relocating residents from public housing projects into neighborhoods with lower concentrations of poverty has been associated with weight loss and a decline in reported stress levels among adults, and reduced rates of injury among male youths.53, 54 (However, research suggests that relocating vulnerable public housing residents to higher-quality housing or safer neighborhoods may not improve their health status without substantial relocation assistance, partly due to poorer initial health status of public housing residents and the stress of forced relocation.55 This may have implications for residents of affordable housing who are displaced due to gentrification or redevelopment.)


5 L. Frank et al., supra note 3.


15 H. Frumkin et al., supra note 13.


18 W. Pearson et al., Distance-Weighted Traffic Density in Proximity to a Home is a Risk Factor for Leukemia and Other Childhood Cancers, JOURNAL OF AIR AND WASTE MANAGEMENT ASSOCIATION (February 2000).


21 Trust for Public Land, PARKS FOR PEOPLE: WHY AMERICA NEEDS MORE CITY PARKS AND OPEN SPACE (San Francisco, 2003).

22 California Environmental Protection Agency, Air Resources Board, INDOOR AIR POLLUTION IN CALIFORNIA, report to the California Legislature (June 2004).


26 H. Frumkin et al., supra note 13, at 123-130.

27 Ibid.

28 California Department of Health Services, Epidemiology and Prevention for Injury Control (EPIC) Branch, PEDESTRIAN INJURIES TO YOUNG CHILDREN, EPICgram (May 2002).

30 Design, Community & Environment et al., supra note 16, at 117.


35 A. Kochera and A. Straight, Beyond 50.05, A Report to the Nation on Livable Communities: Creating Environments for Successful Aging, AARP PUBLIC POLICY INSTITUTE (2005).

36 A. Kochera and A. Straight, Beyond 50.05, A Report to the Nation on Livable Communities: Creating Environments for Successful Aging, AARP PUBLIC POLICY INSTITUTE (2005).


38 Surface Transportation Policy Project, Aging Americans: Stranded Without Options (April 2004).

39 H. Frumkin et al., supra note 13, at 159.


49 P. Gruenewald, Changes in Outlet Densities Affect Violence Rates, ALCOHOLISM: CLINICAL AND EXPERIMENTAL RESEARCH (July 2006).


52 H. Kahn, Pathways Between Area-Level Income Inequality and Increased Mortality in U.S. Men, ANNALS OF THE NY ACADEMY OF SCIENCES (December 1999).


54 San Francisco Department of Public Health, Program on Health, Equity, and Sustainability, Unaffordable Housing: The Cost to Public Health (June 2004).

An emerging body of research points to various connections between community design and health issues. This fact sheet – developed to provide rationale for land use policy change – presents a brief summary of existing research, categorized by built environment issue. It is intended to help planners work with public health practitioners toward land use policy solutions that improve community health.

**Regional Location / Access to Transit**

Communities built at the edges of metropolitan centers are those most likely to encourage a car-dependent lifestyle, marked by long commutes to work and significant distance from retail stores and public amenities. All of this driving contributes to health problems, including air pollution, obesity, and social isolation.

- Regional accessibility – that is, the location of a development relative to existing development or central business districts – has great impact on the amount that people drive, walk, and take transit. Lower-density areas without destinations in close walking distance or frequent transit service correlates with greater vehicle miles traveled (VMT) per capita because people must drive more to do the same activities.\(^1\)

- VMT are directly associated with air pollution, and areas with high levels of VMT per capita also tend to have higher accident and injury rates.\(^2\)
Neighborhood density is positively correlated with the number of minutes of physical activity residents get per day.\textsuperscript{11} As density increases, the amount of physical activity typical residents get each day increases.

For each half mile walked per day, people are about 5 percent less likely to be obese (controlling for age, education, gender, and ethnicity).\textsuperscript{12}

Per capita traffic casualties are many times lower in higher-density urban neighborhoods (where drivers are more alert for pedestrians) than in low-density suburbs.\textsuperscript{13}

Doubling density beyond 30 employees per acre, or 13 residents per acre, is associated with more than a 30 percent decrease in vehicle miles traveled (VMT) and total air pollution.\textsuperscript{14}

Land Use Mix

Even more so than increasing density alone, creating mixed-use development (where residential, commercial, and office land uses are located near each other) reduces the need to drive and increases residents’ opportunities to walk or bike for transportation.

Specific land uses most strongly linked to the percentage of household trips made on foot are educational facilities, office buildings, restaurants and taverns, parks, neighborhood-scale retail establishments, civic uses, and grocery stores.\textsuperscript{15}

Neighborhoods with mixed land uses are associated with shorter trip distance and greater transit ridership, walking, and overall physical activity.\textsuperscript{16, 17, 18, 19}

A doubling of neighborhood mix is associated with a 5 percent reduction in both vehicle miles traveled and traffic accident rates.\textsuperscript{20}

People living in highly walkable, mixed-use communities are more than twice as likely to get 30 or more minutes of daily exercise as people who live in more auto-dependent neighborhoods.\textsuperscript{21}
Community Health as a Goal of Good Design

- Crash rates increase exponentially with street width, especially since drivers move faster on wider roads\(^7\) and more cautiously on narrow streets.\(^8\)
- Pedestrian injuries can be reduced more than sevenfold by slowing traffic down from 30 to 20 miles per hour.\(^9\) Slowing traffic from 40 to 20 miles per hour can reduce a pedestrian’s chance of being killed, if hit, from 85 percent to just 5 percent.\(^10\)
- Traffic calming measures such as speed humps are associated with a 50 to 60 percent reduction in the risk of children’s injury or death when struck by a car.\(^11\) In particular, chicanes (S-shaped curves in the road) are the most effective strategy, reducing collisions by an average of 82 percent.\(^12\)

**Access to Healthy Food Retail**

California has four times as many “unhealthy” food outlets (e.g., fast food chains, restaurants, and convenience stores) as “healthy” food outlets (supermarkets, produce vendors, and farmers’ markets).\(^13\) The result is what’s known as **food deserts**, neighborhoods that lack places where residents can buy fresh fruits and vegetables and other healthy foods. Convenience stores, gas stations, and fast food outlets are often the only food retailers available in low-income neighborhoods, where there may be high concentrations of households eligible for food stamps.\(^14\) Residents who can’t drive are left to either take a bus or taxi to the nearest grocery store – a time-consuming inconvenience that many people can’t afford – or rely on more expensive, “fringe”

---

> One study in the Atlanta area found that residents of the most mixed-use neighborhoods were more than 30 percent less likely to be obese (controlling for age, education, gender, and ethnicity) than residents of neighborhoods with a lower mix of uses.\(^15\)

**Street Connectivity and Street Design**

Cul de sac developments isolate homes and create disconnected, often meandering routes accessible primarily by car. Such “incomplete streets,” which fail to provide connectivity and appropriate pedestrian and bicycle facilities (such as sidewalks and designated bike routes), discourage walking and cycling by creating unsafe environments and forcing longer, indirect routes to destinations. Creating “complete streets” can decrease vehicle miles traveled (VMT) and increase the number of destinations within walking or biking distance.\(^16,17\)

- Traditional grids disperse traffic, resulting in less congestion and fewer VMT. Decreased congestion particularly lowers hydrocarbon emissions, nitrogen oxides, and other pollutants produced during combustion.\(^18\)
- Pedestrian accidents are 2.5 times more likely on streets without sidewalks than on otherwise similar streets.\(^19\)
In low-income neighborhoods, each additional supermarket increases residents’ likelihood of meeting nutritional guidelines by one-third.35

Residents in communities with a more “imbalanced food environment” (where fast food and corner stores are more convenient and prevalent than grocery stores) have more health problems and higher mortality than residents of areas with a higher proportion of grocery stores, when other factors are held constant.36

The presence of a supermarket in a neighborhood is linked to higher fruit and vegetable consumption and a reduced prevalence of overweight and obesity.37, 38

Presence of Greenery

In addition to parks for active recreation, the mere presence of street trees, shrubs, and green open spaces can provide an important mental refuge for people. It is important that all urban environments, regardless of density or location, provide high-quality green spaces such as public parks and trails, street trees, and community gardens.

Street trees and open space help filter pollutants from the air and mitigate the “heat island effect” caused by bare pavement.44

The presence of trees reduces self-reported feelings of stress.45

The presence of shared natural or open spaces has been associated with stronger social ties among neighbors.46

Children with easier access to green space in their own neighborhoods have exhibited better ability to concentrate in school.47

Access to Recreational Facilities

Lack of physical activity is a primary risk factor in five of the top ten causes of death in California: heart disease, cancer, stroke, diabetes, and Alzheimer’s disease. It is also a primary risk factor for obesity and diabetes, the fastest-growing diseases in the state.39 Yet only 47 percent of Californians meet the recommended guidelines for physical activity.40 Convenient, safe access to recreational facilities is directly correlated to an increase in the amount that people exercise.

Creating new places for physical activity or improving their accessibility can increase the proportion of residents who exercise three times a week by 25 percent.41

People who live within walking distance (1/4 mile) of a park are 25 percent more likely to meet the minimum weekly exercise recommendation of 30 minutes three times a week.42

In a study of adolescent girls (whose physical activity levels tend to decline substantially during puberty), those who lived near more parks – particularly parks with amenities that are conducive to walking and other physical activity – engaged in more extracurricular moderate/vigorous activity than girls who lived near fewer parks.43
Affordable Housing

Concentrations of affordable housing, either in public housing projects or in lower-income neighborhoods, exacerbate residents’ health problems by increasing the concentration of poverty.

- A lack of affordable housing within communities may compromise the health of low-income residents as they spend more on housing costs and less on health care and healthy food. It can also put residents at greater risk of exposure to problems associated with poor-quality housing (mold, pests, and lead and other hazardous substances), and cause stress and other adverse health outcomes as a result of potential housing instability.

- Relocating residents from public housing projects into neighborhoods with lower concentrations of poverty has been associated with weight loss and a decline in reported stress levels among adults, and reduced rates of injury among male youths. However, research suggests that relocating vulnerable public housing residents to higher-quality housing or safer neighborhoods may not improve their health status without substantial relocation assistance, partly due to poorer initial health status of public housing residents and the stress of forced relocation. This may have implications for the health of low-income residents who are displaced due to gentrification or redevelopment.

- Community development strategies to improve or develop neighborhood amenities that have the potential to improve health outcomes may be especially important in neighborhoods where low-income and affordable housing is located, since low-income populations face increased vulnerability to health problems. For example, creating walkable communities facilitates healthy exercise, and adding retail establishments increases access to fresh fruits and vegetables.


9 L. Frank, supra note 3, at 90.

10 Interview with Dan Burden, Walkable Communities (March 2007).


12 L. Frank, supra note 3, at 90.


14 Design, Community & Environment et al., supra note 1, at 116-117.

15 Lawrence Frank and Company, Inc., A Study of Land Use, Transportation, Air Quality, and Health (LUTAQH) in King County, WA, EXECUTIVE SUMMARY (2005).


20 Design, Community & Environment et al., supra note 1, at 117 (2006).

21 L. Frank et al., supra note 11.

22 L. Frank, supra note 3.

23 L. Frank and P. Engleke, supra note 16.

24 Ibid.


27 P. Swift et al., Residential Street Typology and Injury Accident Frequency, originally presented at the CONGRESS FOR THE NEW URBANISM, Denver, June 1997 (updated summer 2006).


Smokefree Housing Ordinance
A Model California Ordinance Regulating Smoking in Multi-Unit Residences
(with Annotations)

Revised December 2012 (Originally issued April 2005)

Developed by ChangeLab Solutions

This material was made possible by funds received from the California Department of Public Health, under contract #CG 09-11182

ChangeLab Solutions is a nonprofit organization that provides legal information on matters relating to public health. The legal information provided in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state.

© 2012 ChangeLab Solutions
INTRODUCTION

ChangeLab Solutions developed this Model Ordinance to help California cities and counties limit exposure to secondhand smoke in multi-unit residences such as apartment buildings, condominium complexes, senior housing, and single resident occupancy hotels. By creating nonsmoking living environments in multi-unit residences, communities can provide an opportunity for everyone to live smokefree – even people who can’t afford to live in a single-family home.

The Ordinance’s comprehensive design limits exposure to secondhand smoke by restricting smoking in common areas (indoors and outdoors), creating smokefree buffer zones, and prohibiting smoking in individual units. Communities may choose to include some or all of the options offered in the Model Ordinance, depending on the jurisdictions’ policy objectives. ChangeLab Solutions can help adapt this Model Ordinance to meet an individual community’s needs.

To assist cities and counties in creating smokefree multi-unit housing, this Model Ordinance includes:

- Extensive findings based on the latest scientific information documenting the health risks associated with tobacco use and exposure to secondhand smoke;
- Restrictions on smoking in the indoor and outdoor common areas of all types of multi-unit residences, with the option to create designated outdoor smoking areas that meet specific criteria;
- Smokefree buffer zones that can expand to include neighboring property and/or balconies and patios of adjacent units to limit drifting secondhand smoke from entering nonsmoking areas;
- Prohibitions on smoking inside the units of multi-unit residences, including apartments and condominiums;
- Recommended procedures for designating nonsmoking units by landlords and homeowners’ associations; and
- Robust enforcement mechanisms including no-smoking lease terms and options for private individuals and organizations to enforce the smokefree housing provisions.

This Model Ordinance is very broad and can be used to limit smoking in all types of multi-unit dwelling places – from hotels to long-term health care facilities – as well as apartments and condominiums. Some of the comments in the Model Ordinance describe how to narrow
the scope of the smoking restrictions, should that be necessary.

In addition, this Model Ordinance provides a step-by-step approach to designating nonsmoking units, including a recommended implementation process that allows tenants and landlords to become familiar with the new smoking restrictions over a 12-month period. Implementing a smokefree housing law by using a reasonable phase-in period followed by a certain date on which everyone is required to abide by the law is generally perceived to be the most fair and effective approach – balancing public health needs against the potential inconvenience the ordinance puts on tenants who smoke and landlords who must implement the new policy.

Please note: while this Ordinance is not written specifically for communities with rent control laws, there are no legal restrictions that would prevent those cities from adopting a smokefree housing law. However, it is highly recommended that in such jurisdictions the city attorney and rent control board be included in selecting and adopting the specific provisions for a smokefree housing law.

This Model Ordinance offers a variety of options. In some instances, blanks (e.g., [ ____ ] ) prompt you to customize the language to fit your community’s needs. In other cases, the ordinance offers you a choice of options (e.g., [ choice one / choice two ] ). Some of the ordinance options are followed by a comment that describes the legal provisions in more detail. Some degree of customization is always necessary in order to make sure that the ordinance is consistent with a community’s existing laws. Your city attorney or county counsel will likely be the best person to check this for you.

ChangeLab Solutions has also developed other ordinances to create smokefree outdoor areas, such as parks, beaches, dining patios, and public events. If you would like to adopt a comprehensive or more customized approach, some aspects of other ordinances can be combined with this ordinance. If you have questions about how to adapt this or other ChangeLab Solutions’ ordinances for your community, please contact us for assistance at (510) 302-3380 or submit your question via our website at www.changelabsolutions.org/tobaccoquestions.
AN ORDINANCE OF THE [ CITY / COUNTY OF ____ ] PROHIBITING SMOKING IN AND AROUND MULTI-UNIT RESIDENCES AND AMENDING THE [ ____ ] MUNICIPAL CODE

The [ City Council / County Board of Supervisors ] of the [ City / County of ____ ] does ordain as follows:

SECTION I. FINDINGS.

The [ City Council / County Board of Supervisors ] of [ ____ ] hereby finds and declares as follows:

WHEREAS, tobacco use causes death and disease and continues to be an urgent public health threat, as evidenced by the following:

- Tobacco-related illness is the leading cause of preventable death in the United States,\(^1\) accounting for about 443,000 deaths each year;\(^2\) and
- Scientific studies have concluded that tobacco use can cause chronic lung disease, coronary heart disease, and stroke, in addition to cancer of the lungs, larynx, esophagus, and mouth;\(^3\) and
- Some of the most common types of cancers, including stomach, liver, uterine cervix, and kidney cancers, are related to tobacco use;\(^4\) and

WHEREAS, secondhand smoke has been repeatedly identified as a health hazard, as evidenced by the following:

- The U.S. Surgeon General concluded that there is no risk-free level of exposure to secondhand smoke;\(^5\) and
- The California Air Resources Board placed secondhand smoke in the same category as the most toxic automotive and industrial air pollutants by categorizing it as a toxic air contaminant for which there is no safe level of exposure;\(^6\) and
- The California Environmental Protection Agency included secondhand smoke on the Proposition 65 list of chemicals known to the state of California to cause cancer, birth defects, and other reproductive harm;\(^7\) and

WHEREAS, exposure to secondhand smoke causes death and disease, as evidenced by the following:

- Secondhand smoke is responsible for as many as 73,000 deaths among nonsmokers.
each year in the United States;\textsuperscript{viii} and

- Exposure to secondhand smoke increases the risk of coronary heart disease by approximately thirty percent;\textsuperscript{ix} and

- Secondhand smoke exposure causes lower respiratory tract infections, such as pneumonia and bronchitis in as many as 300,000 children in the United States under the age of 18 months each year;\textsuperscript{x} and exacerbates childhood asthma;\textsuperscript{xi} and

WHEREAS, the U.S. Food and Drug Administration conducted laboratory analysis of electronic cigarette samples and found they contained carcinogens and toxic chemicals to which users and bystanders could potentially be exposed;\textsuperscript{xii} and

WHEREAS, tobacco use and exposure to secondhand smoke impose great economic costs, as evidenced by the following:

- The total annual economic burden of smoking in the United States is $193 billion;\textsuperscript{xiii} and

- From 2001-2004, the average annual health care expenditures attributable to smoking were approximately $96 billion;\textsuperscript{xiv} and

- The medical and other costs to nonsmokers due to exposure to secondhand smoke were estimated at over $10 billion per year in the United States in 2005;\textsuperscript{xv} and

- The total annual cost of smoking in California was estimated at $475 per resident or $3,331 per smoker per year, for a total of nearly $15.8 billion in smoking-related costs in 1999 alone;\textsuperscript{xvi} and

- California’s Tobacco Control Program saved the state and its residents $86 billion in health care expenditures between the year of its inception, 1989, and 2004, with savings growing yearly;\textsuperscript{xvii} and

WHEREAS, smoking is the primary cause of fire-related injuries and deaths in the home, as evidenced by the following:

- Cigarettes, cigars, pipes and other smoking materials are the leading cause of fire deaths in the United States,\textsuperscript{xviii} causing an estimated 142,900 smoking-related fires, 780 deaths, 1,600 injuries, and $606 million in direct property damage in 2006;\textsuperscript{xix} and

- One in four fatalities from home fires caused by smoking is NOT the smoker whose cigarette started the fire, and 25% of those deaths were of neighbors or friends of the smoker;\textsuperscript{xx} and

- Smoking in a residence where long-term oxygen therapy takes place is very dangerous
as oxygen is a fire accelerant, and 27% of fatalities due to smoking during long-term oxygen therapy occurred in multifamily dwellings; \(^{xxi}\) and

- The United States Fire Administration recommends that people smoke outdoors; \(^{xxii}\) and

WHEREAS, nonsmokers who live in multi-unit dwellings can be exposed to neighbors’ secondhand smoke, as evidenced by the following:

- Secondhand smoke can seep under doorways and through wall cracks; \(^{xxiii}\) and

- Persons living in apartments near smokers can be exposed to elevated pollution levels for 24 hours a day, and at times, the particulate matter exposure can exceed the U.S. Environmental Protection Agency’s 24-Hour Health Based Standard; \(^{xxiv}\) and

- The Surgeon General has concluded that eliminating smoking in indoor spaces is the only way to fully protect nonsmokers from secondhand smoke exposure and that separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot completely prevent secondhand smoke exposure; \(^{xxv}\) and

WHEREAS, most Californians do not smoke and a majority favor limitations on smoking in multi-unit residences, as evidenced by the following:

- Nearly 87% of Californians and 91% of California women are nonsmokers; \(^{xxvi}\) and

- 74% of Californians surveyed approve of apartment complexes requiring at least half of rental units be nonsmoking; \(^{xxvii}\) and

- 69% of Californians surveyed favor limiting smoking in outdoor common areas of apartment buildings and 78% support laws that create nonsmoking units; \(^{xxviii}\) and

- 62% of California renters feel that there is a need for laws to limit smoking in apartments; \(^{xxix}\) and

WHEREAS, a local ordinance that authorizes residential rental agreements to include a prohibition on smoking of tobacco products within rental units is not prohibited by California law; \(^{xxx}\) and

WHEREAS, there is no Constitutional right to smoke; \(^{xxxi}\) and

WHEREAS, California law prohibits smoking in virtually all indoor places of employment reflecting the state policy to protect against the dangers of exposure to secondhand smoke; \(^{xxi}\) and
WHEREAS, California law declares that anything which is injurious to health or obstructs the free use of property, so as to interfere with the comfortable enjoyment of life or property, is a nuisance;xxxiii and

WHEREAS, local governments have broad latitude to declare nuisances and are not constrained by prior definitions of nuisance;xxxiv and

NOW THEREFORE, it is the intent of the [ City Council / County Board of Supervisors ] in enacting this ordinance, to provide for the public health, safety, and welfare by discouraging the inherently dangerous behavior of smoking around non-tobacco users; by protecting children from exposure to smoking where they live and play; and by protecting the public from nonconsensual exposure to secondhand smoke in and around their homes.

SECTION II. [ Article / Section ] of the [ City / County of ____ ] Municipal Code is hereby amended to read as follows:

Sec. [ ____ (*1) ]. DEFINITIONS. For the purposes of this [ article / chapter ] the following definitions shall govern unless the context clearly requires otherwise:

(a) “Adjacent Property” means any Unenclosed Area of property, publicly or privately owned, that abuts a Multi-Unit Residence [ , but does not include property containing detached single-family homes / , but does not include property containing only residential structures ].

COMMENT: This definition is used to describe the reach of nonsmoking “buffer zones” around Multi-Unit Residences. It defines where Smoking is prohibited when buffer zones reach beyond the property lines of the Multi-Unit Residence and extend onto neighboring property (see Section *3 “Nonsmoking Buffer Zones”).

Four options are available, listed below from the strongest to the weakest protections.

Option one—Include Everything: Include all adjoining property, public and private, by omitting all bracketed language. With this option, a smokefree buffer zone might encompass a portion of the backyard of a single-family residence.

Option two—Include Everything but Single-Family Homes: Include all adjoining property, public and private, except single-family residences by including only the single-underlined language.
Option three—Include Everything but Residential Property: Include all adjoining property, public and private, except residential property (e.g., single-family residences or Multi-Unit Residences) by including only the double-underscored language. This option still includes, for example, outdoor areas of businesses, parking lots, and some places not open to the general public such as members-only clubs.

Option four—Exclude Everything: Do not include any adjoining property in the buffer zones, in which case the entire definition should be deleted.

(b) “Common Area” means every Enclosed Area or Unenclosed Area of a Multi-Unit Residence that residents of more than one Unit of that Multi-Unit Residence are entitled to enter or use, including, for example, halls and paths, lobbies and courtyards, elevators and stairs, community rooms and playgrounds, gym facilities and swimming pools, parking garages and parking lots, shared restrooms, shared laundry rooms, shared cooking areas, and shared eating areas.

COMMENT: Note that California Labor Code section 6404.5 (the state smokefree workplace law) may already prohibit Smoking in indoor Common Areas if the Multi-Unit Residence has employees, such as maintenance workers, property managers, or others who work on-site.

The definition of Common Areas does not include balconies, patios, or decks associated with individual Units because these are not shared areas. Balconies, patios, and decks are included in the definition of Unit.

(c) “Common Interest Complex” means a Multi-Unit Residence that is a condominium project, [ a community apartment project, ] [ a stock cooperative, ] [ or a planned development ] as defined by California Civil Code section 1351.

COMMENT: This definition is used to distinguish owned multi-unit housing (e.g., condominiums and townhomes) from other types of Multi-Unit Residences, such as apartments that are leased, which are defined in the term “Rental Complex” (see below). The distinction between all types of Multi-Unit Residences and those that are owned is necessary if a community decides to regulate smoking in less than 100% of existing Units in Multi-Unit Residences (see Sections *5 and *6). This distinction is necessary because of the logistical difficulty in determining which owner-occupied Units should be nonsmoking and which should allow Smoking.

The list of optional Common Interest Complexes includes other types of housing that, like condominiums, have covenants, conditions, and restrictions (CC&Rs) and are managed by a homeowners’ association.
(d) “Enclosed Area” means an area in which outside air cannot circulate freely to all parts of the area, and includes an area that has:

(1) any type of overhead cover whether or not that cover includes vents or other openings and at least [three (3)] walls or other vertical boundaries of any height whether or not those boundaries include vents or other openings; or

(2) [four (4)] walls or other vertical boundaries that exceed [six (6)] feet in height whether or not those boundaries include vents or other openings.

**COMMENT:** The number of walls and the height threshold can be customized to meet the needs of your community, and changing these numbers will affect the scope of the ordinance. Reducing the number of walls in this definition would broaden the definition of Enclosed Area, which would result in narrowing the definition of Unenclosed Area. For the purposes of this ordinance, the distinction between “enclosed” and “unenclosed” is primarily relevant to establishing designated Smoking areas (see Section *2) and nonsmoking buffer zones (see Section *3).

An area that is partially covered by anything would be analyzed under subparagraph (1), whereas only areas that are totally uncovered would be analyzed under subparagraph (2). It can be difficult to apply Labor Code section 6404.5 to areas that are surrounded by lattice, hedges, and other nonsolid structures. For purposes of this ordinance any vertical boundary, regardless of composition, constitutes an “other vertical boundary” for application of this definition.

**NOTE:** If the Municipal Code already has Smoking restrictions, it may contain a definition of “enclosed.” Review the Code and make any necessary modification to existing definitions and/or operative provisions to ensure consistency with the new definition.

(e) “Landlord” means any Person who owns property let for residential use, any Person who lets residential property, and any Person who manages such property, except that “Landlord” does not include a master tenant who sublets a Unit as long as the master tenant sublets only a single Unit of a Multi-Unit Residence.

**COMMENT:** The Municipal Code may already contain a definition of “Landlord.” If so, the definition provided here can be omitted, although sublessors should specifically be excluded.
(f) “Multi-Unit Residence” means property containing two (2) or more Units except the following specifically excluded types of housing:

(1) a hotel or motel that meets the requirements set forth in California Civil Code section 1940(b)(2);

(2) a mobile home park;

(3) a campground;

(4) a marina or port;

(5) a single-family home;

(6) a single-family home with a detached or attached in-law or second unit when permitted pursuant to California Government Code sections 65852.1, 65852.150, 65852.2 or an ordinance of the [City / County] adopted pursuant to those sections; and

(7) _______.

COMMENT: Because the definition of Unit in this ordinance is so broad and includes all types of dwelling places—from rooms in a hotel to tents at a campground—a community may want to limit the types of dwelling places covered by the smokefree housing ordinance. The optional language provides examples of the types of exceptions that communities are likely to consider.

Note that the definition of Multi-Unit Residence without any exemptions would include the following types of dwelling places: apartments, condominium projects, townhomes, stock cooperatives, and co-housing; affordable housing (for seniors, for disabled tenants, for Section 8, etc.); long-term health care facilities, assisted living facilities, hospitals, and family support facilities; hotels, motels, single room occupancy (“SRO”) facilities, dormitories, and homeless shelters; mobile home parks, campgrounds, marinas, and ports; single-family homes and single-family homes with an in-law unit.

(g) “New Unit” means a Unit that is issued a [certificate of occupancy / final inspection] more than 180 days after [insert effective date of ordinance] [and also means a Unit that is let for residential use for the first time more than 180 days after [insert effective date of ordinance]].
COMMENT: This definition is used to differentiate between Units that are already built when the ordinance is adopted and Units constructed afterward. The distinction is important because, under this ordinance, all Units built after the ordinance is adopted are required to be nonsmoking, whereas Smoking could be allowed in some Units of existing multi-unit housing.

The definition incorporates a trigger date of 180 days after the ordinance takes effect so as to “grandfather” buildings already under construction.

The certificate of occupancy or final inspection is probably the most administrable way to distinguish between existing and New Units. However, a community could distinguish between Units for which land use entitlements have or have not issued or Units which have or have not been occupied by a tenant for the first time.

To include existing housing that may become available to the rental market after the ordinance is adopted, such as an in-law cottage that had previously never been rented, add the optional clause at the end of the definition.

Note that the term “New Unit” is a subset of “Unit,” so whenever the term Unit is used in the ordinance, it includes all New Units.

(h) “Nonsmoking Area” means any Enclosed Area or Unenclosed Area of a Multi-Unit Residence in which Smoking is prohibited by: (1) this [chapter/article] or other law; (2) by binding agreement relating to the ownership, occupancy, or use of real property; or (3) by designation of a Person with legal control over the area. In the case of a Smoking prohibition established only by private agreement or designation and not by this [chapter/article] or other law, it shall not be a violation of this [chapter/article] for a Person to engage in Smoking or to allow Smoking in that area unless: (1) the Person knows that Smoking is not permitted; or (2) a reasonable Person would know that Smoking is not permitted.

(i) “Person” means any natural person, partnership, cooperative association, corporation, personal representative, receiver, trustee, assignee, or any other legal entity including government agencies.

COMMENT: The Municipal Code may contain a definition of “person”; review any existing definition of “person” in the Municipal Code to determine whether to include this definition in your ordinance.

This definition includes most businesses. In addition, it includes the City and County.
(j) “Rental Complex” means a Multi-Unit Residence for which fifty percent (50%) or more of Units are let by or on behalf of the same Landlord.

**COMMENT:** This definition is used to distinguish traditional rental housing (e.g., apartments, SROs) from other types of Multi-Unit Residences, such as condominiums that are owner-occupied. The distinction between all types of Multi-Unit Residences and those that are leased is necessary if a community decides to regulate smoking in less than 100% of existing Units in Multi-Unit Residences (see Section *6). This distinction is necessary because of the logistical difficulty in determining which owner-occupied Units should be nonsmoking and which should allow Smoking.

(k) “Smoke” means the gases, particles, or vapors released into the air as a result of combustion, electrical ignition or vaporization, when the apparent or usual purpose of the combustion, electrical ignition or vaporization is human inhalation of the byproducts, except when the combusting or vaporizing material contains no tobacco or nicotine and the purpose of inhalation is solely olfactory, such as, for example, smoke from incense. The term “Smoke” includes, but is not limited to, tobacco smoke, electronic cigarette vapors, marijuana smoke, and crack cocaine smoke.

**COMMENT:** This is a special definition that is more limited than the common understanding of what “smoke” is. For example, smoke from a fireplace or a barbeque grill is not “Smoke” for the purposes of this ordinance because the smoke generated by those activities is not produced for the purpose of inhaling it. The limitation placed on “Smoke” by this definition is important to avoid unintended consequences, such as inadvertently prohibiting the burning of incense or use of barbeque grills.

This definition includes e-cigarettes. It also marijuana, but Smoking marijuana for medical purposes can be excluded from the prohibitions of this ordinance should a community decide to include Section *11(b).

(l) “Smoking” means engaging in an act that generates Smoke, such as, for example: possessing a lighted pipe, a lighted hookah pipe, a lighted cigar, an operating electronic cigarette or a lighted cigarette of any kind; or lighting or igniting a pipe, a hookah pipe, a cigar, or a cigarette of any kind.

**COMMENT:** This definition includes marijuana, but Smoking marijuana for medical purposes can be excluded from the prohibitions of this ordinance should a community decide to include Section *11(b).
(m) “Unenclosed Area” means any area that is not an Enclosed Area.

(n) “Unit” means a personal dwelling space, even where lacking cooking facilities or private plumbing facilities, and includes any associated exclusive-use Enclosed Area or Unenclosed Area, such as, for example, a private balcony, porch, deck, or patio. “Unit” includes without limitation: an apartment; a condominium; a townhouse; a room in a long-term health care facility, assisted living facility, or hospital; a hotel or motel room; a room in a single room occupancy (“SRO”) facility; a room in a homeless shelter; a mobile home; a camper vehicle or tent; a single-family home; and an in-law or second unit. Unit includes a New Unit.

**COMMENT:** This definition is intentionally extremely broad. It is designed to capture all conceivable “dwelling spaces” as the examples illustrate. However, because of the way that this model ordinance is designed, any limitations on the types of housing covered by the ordinance should be added to the defined term “Multi-Unit Residence” and not here. For example, some “mobile homes” in mobile home parks may be included in this definition and even cited in the examples but, nevertheless, “mobile homes” can be specifically excluded from the ordinance under the definition of “Multi-Unit Residence.”

Sec. [ ___ (2) ]. NO SMOKING PERMITTED IN COMMON AREAS EXCEPT IN DESIGNATED SMOKING AREAS.

**COMMENT:** If your Municipal Code already has Smoking restrictions, it may contain a provision for smokefree Common Areas of multi-unit housing. Review the Code and make any necessary modification to existing definitions and/or operative provisions to ensure consistency with new ordinance language.

(a) Smoking is prohibited in all Common Areas pursuant to Section [ ___ (9) ] except that a Person with legal control over a Common Area, such as, for example, a Landlord or homeowners’ association, may designate a portion of the Common Area as a designated Smoking area provided that at all times the designated Smoking area complies with paragraph (b) below.

(b) A designated Smoking area:

(1) Must be an Unenclosed Area.

(2) Must be located at least twenty-five (25) feet from any Enclosed Area that is a Nonsmoking Area. A Person with legal control over a Common Area in which
a designated Smoking area has been designated shall modify, relocate or eliminate that designated Smoking area so as to maintain compliance with the requirements of this subsection (b) as laws change, as binding agreements are created, and as Nonsmoking Areas on neighboring property are established.

**COMMENT:** This clause limits where a designated Smoking area can be located in order to prevent drifting Smoke from entering smokefree areas. As written, it includes areas on neighboring property that are designated as nonsmoking by contract (e.g., a smokefree lease term for a rental unit next to, but not part of, the Multi-Unit Residence) and areas on neighboring property designated by a property owner or lessee as nonsmoking (e.g., a neighboring business or homeowner).

(3) Must be at least twenty-five (25) feet from Unenclosed Areas primarily used by children and Unenclosed Areas with improvements that facilitate physical activity including, for example, playgrounds, tennis courts, swimming pools, and school campuses.

(4) Must be no more than [ten percent (10%)] of the total Unenclosed Area of the Multi-Unit Residence for which it is designated.

(5) Must have a clearly marked perimeter.

(6) Must be identified by conspicuous signs.

(c) No Person with legal control over a Common Area in which Smoking is prohibited by this [chapter/article] or other law shall knowingly permit the presence of ash trays, ash cans, or other receptacles designed for or primarily used for disposal of Smoking waste within the area.

(d) Clear and unambiguous “No Smoking” signs shall be posted in sufficient numbers and locations to make Common Areas where Smoking is prohibited by this [article/chapter] or other law obvious to a reasonable person. The signs shall have letters of no less than one inch in height or contain the international “No Smoking” symbol (consisting of a pictorial representation of a burning cigarette enclosed in a red circle crossed by a red bar). Such signs shall be maintained by the Person or Persons with legal control over the Common Areas. The absence of signs shall not be a defense to a violation of any provision of this [article/chapter].
Sec. [ ____ (*3) ]. NONSMOKING BUFFER ZONES.

(a) Smoking is prohibited in Unenclosed Areas of Multi-Unit Residence, including balconies, porches, decks, and patios, within twenty-five (25) feet in any direction of any doorway, window, opening, or other vent into an Enclosed Area that is a Nonsmoking Area.

COMMENT: This section addresses the problem of Smoking so close to a “nonsmoking” area that Smoke easily drifts into it. This restriction even applies to Smoking on exclusive-use balconies, porches, decks, and patios of Units where Smoking would otherwise be allowed, if these areas are within 25 feet of a nonsmoking Unit. A community can make all exclusive-use outdoor areas nonsmoking. To do so, include the optional subsection (d) below.

(b) Smoking is prohibited in Unenclosed Areas of Adjacent Property within twenty-five (25) feet in any direction of any doorway, window, opening, or other vent into an Enclosed Area that is a Nonsmoking Area.

COMMENT: To create the most comprehensive smokefree buffer zone, include this option. This subsection creates a smokefree buffer zone that extends to Unenclosed Areas on neighboring property that is within 25 feet of any doorway, window, etc., of the Multi-Unit Residence. This comprehensive provision can be fine-tuned by selecting a version of the “Adjacent Property” definition to exempt certain types of neighboring property, such as property containing detached single-family homes, while still prohibiting Smoking on other private property, such as bar patios and loading docks. If this option is not included in your community’s ordinance, the defined term “Adjacent Property” in Section *1 should be deleted.

(c) Subsections (a) and (b) above do not apply to a Person who is Smoking in the restricted buffer zone area for less than a minute while actively passing on the way to another destination, and who does not enter the buffer zone area while Smoking more than twice per day.

COMMENT: This optional exemption for a passerby who is Smoking (e.g., Smoking while walking or driving by) is a common component of entryway Smoking bans. However, such an exemption could prove problematic in the multi-unit housing context because a Person who is Smoking could claim to be just passing through but in fact be intentionally violating the ordinance. The timing restriction is an attempt to limit this problem but does not eliminate it completely. Without this exemption, a Person who is Smoking in a buffer zone while passing through it will be in violation of the law.
[ (d) Notwithstanding any other provision of this [ article / chapter ], Smoking is prohibited in all exclusive-use Unenclosed Areas associated with a Unit, such as, for example, a private balcony, porch, deck, or patio. ]

COMMENT: This optional subsection prohibits Smoking in all exclusive-use outdoor areas that are associated with a Unit even if Smoking is permitted within the Unit (i.e., it is not a designated nonsmoking Unit). By doing so, this subsection unambiguously addresses the problem of Smoke drifting from the balcony or patio of one Unit into a neighboring Unit, a top complaint from residents living in multi-family housing. On the other hand, it might have the effect of leading people to increase their Smoking in the Unit, despite public health and fire safety advice to only engage in Smoking outside.

Sec. [ _____ (*4)] . SMOKING RESTRICTIONS IN NEW UNITS OF MULTI-UNIT RESIDENCES.

(a) All New Units of a Multi-Unit Residence are hereby designated nonsmoking Units, including any associated exclusive-use Enclosed Areas or Unenclosed Areas, such as, for example, a private balcony, porch, deck, or patio; and including without limitation New Units in a Rental Complex and New Units in a Common Interest Complex.

(b) Smoking in a designated nonsmoking Unit is a violation of this [ article / chapter ] as provided in Section [ _____ (*9) ].

COMMENT: As written, this section applies to all New Units of a Multi-Unit Residence. While the percentage of nonsmoking New Units required is a policy choice and may be modified, 100% nonsmoking Units is recommended. If your community chooses to require a lesser percentage, substitute the following provision:

(a) Up to one hundred percent (100%), but no less than [ ninety percent (90%) ], of New Units of a Multi-Unit Residence, including, for example, any associated exclusive-use Enclosed Areas or Unenclosed Areas, such as a private balcony, porch, deck, or patio, shall be permanently designated as nonsmoking Units by the Person or Persons causing the construction of the New Units.

(b) Smoking in a designated nonsmoking Unit shall be a violation of this [ article / chapter ] as provided in Section [ _____ (*9) ].

(c) Designated nonsmoking Units shall not share a ventilation system with a Unit in which Smoking may be allowed. To the maximum extent practicable, nonsmoking Units shall be grouped together vertically and horizontally and physically separated from Units.
where Smoking may be allowed. Where possible, all units where Smoking may be allowed shall be in a single building of a multi-building Multi-Unit Residence.

(d) The designations required by subsection (a) above shall be permanent; shall be submitted in accordance with Section [ ___ (*10) ]; and shall be submitted by the Person who controls the Multi-Unit Residence in which the New Unit is located prior to any sale or lease of a New Unit and before a New Unit is occupied. The submitted designations must contain a description of each designated nonsmoking Unit sufficient to identify the Unit and must be accompanied by a diagram depicting the location of the designated nonsmoking Units in relation to all other Units.

Sec. [ ____ (*5) ]. NONSMOKING DESIGNATIONS FOR EXISTING UNITS OF A COMMON INTEREST COMPLEX.

**COMMENT:** This subsection prohibits Smoking inside all existing Units in a Common Interest Complex, such as condominiums, but provides an opportunity for the homeowners’ association to hold an election to allow Smoking in some of the existing Units. A potential incentive for a Common Interest Complex to establish 100% nonsmoking Units is that no action is required to set this standard. Action is only required if the Common Interest Complex wishes to “opt out” of the 100% default established in subsection (a).

If your community wants to prohibit Smoking in all existing Units of Common Interest Complexes regardless of owner preferences, omit subsection (c) and the reference to it in subsection (a) ("provided, however, that a lesser percentage of Units may be designated nonsmoking Units if a Common Interest Complex fully complies with subsection (c) below."). On the other hand, if your community wants to regulate only Rental Complexes and not Common Interest Complexes, delete this entire Section (*5).

(a) All Units of a Common Interest Complex that are not New Units, including any associated exclusive-use Enclosed Areas or Unenclosed Areas, such as, for example, a private balcony, porch, deck, or patio, are hereby designated nonsmoking Units as of [insert effective date of ordinance + 1 year ]; provided, however, that a lesser percentage of Units may be designated nonsmoking Units if a Common Interest Complex fully complies with subsection (c) below.

(b) Smoking in a designated nonsmoking Unit is a violation of this [ article / chapter ] as provided in Section [ ___ (*9) ].

(c) By a vote of the membership as provided in subsection (1) below, a Common Interest Complex may choose to designate fewer than one-hundred percent (100%) of existing Units as nonsmoking Units by fully complying with the requirements
stated in subsections (1) - (4) below. Otherwise subsection (a) above shall apply.

(1) A vote by the membership on the threshold question of allowing less than one hundred percent (100%) of Units to be designated nonsmoking Units must take place before [insert effective date of ordinance + 270 days].

**COMMENT:** The recommended timeframe of 270 days (or nine months) is suggested as a reasonable amount of time to organize and hold the homeowners’ association election while adhering to the legally required guidelines.

(2) Up to one hundred percent (100%), but no less than [eighty percent (80%)] of Units that are not New Units, including, for example, any associated exclusive-use Enclosed Areas or Unenclosed Areas, such as, for example, a private balcony, porch, deck, or patio, shall be permanently designated as nonsmoking Units.

(3) Where possible, best efforts shall be made to group nonsmoking Units together, both horizontally and vertically, and physically separate them from Units where Smoking may be allowed.

(4) No later than [insert effective date of ordinance + 1 year] the final designations must be made and the following must be submitted in accordance with Section [___ (*10)]:

(i) a description of each designated nonsmoking Unit sufficient to readily identify the Unit; and

(ii) a diagram depicting the location of the designated nonsmoking Units in relation to all other Units.

Sec. [___ (*6)]. NONSMOKING DESIGNATIONS FOR EXISTING UNITS OF A RENTAL COMPLEX.

**COMMENT:** This subsection prohibits Smoking inside all existing Units in a Rental Complex, but provides an opportunity for a Landlord to allow Smoking in some of the existing Units. A potential incentive for a Landlord to establish 100% nonsmoking Units is that only limited action is required by a Landlord to set this standard. Substantial action is required if the Landlord wishes to “opt out” of the 100% default established in subsection (a).
If your community wants to prohibit Smoking in all existing Units of Multi-Unit Residences regardless of Landlord preference, omit subsection (d) entirely and all references to subsection (d) in subsections (a)–(c).

(a) All Units of a Rental Complex that are not New Units, including any associated exclusive-use Enclosed Areas or Unenclosed Areas, such as, for example, a private balcony, porch, deck, or patio, are hereby designated nonsmoking Units as of [insert effective date of ordinance + 120 days]; provided, however, that a lesser percentage of Units may be designated nonsmoking Units if a Landlord fully complies with subsection (d) below.

(b) Smoking in a designated nonsmoking Unit is a violation of this [article / chapter] as provided in Section [ ____ (*9) ].

(c) Except if a Landlord fully complies with subsection (d) below, at least sixty (60) days before [insert effective date of ordinance + 120 days], the Landlord shall provide each tenant with:

(1) a written notice clearly stating that all Units, including the tenant’s Unit, are designated nonsmoking Units and that Smoking in a Unit will be illegal as of [insert date specified in Sec. *9(c) ]; and

(2) a copy of this [article / chapter].

(d) A Landlord may choose to designate fewer than one-hundred percent (100%) of existing Units that are not New Units of a Rental Complex as nonsmoking Units by fully complying with the requirements stated in subsections (1) - (7) below. However, subsection (a) above shall apply whenever a Landlord takes no action or only partially complies with the requirements of this subsection.

COMMENT: This subsection provides a step-by-step approach to designating nonsmoking and Smoking-allowed Units in Rental Complexes. This ordinance contains a recommended implementation process that allows tenants and Landlords to become familiar with the new Smoking restrictions over a 12-month period. Here is a timeline illustrating the implementation schedule:
Implementing a smokefree housing law by using a reasonable phase-in period followed by a certain date on which everyone is required to abide by the law is generally perceived to be the most fair approach—balancing public health needs against the potential inconvenience the ordinance puts on Smoking tenants and Landlords who must implement the new policy. For legal reasons, a 12-month phase-in period strikes a good balance between the potential legal rights of tenants under existing agreements and the legal authority of Landlords to modify those agreements as this ordinance requires.

Your community may want to provide additional recommendations or guidelines for Landlords on what other steps a Landlord might want to take when designating nonsmoking Units. These could include conducting a tenant survey to determine who would like to live in a nonsmoking Unit, holding a house meeting to discuss the new policy, and/or hosting cessation classes for tenants.

Alternative approaches to the 12-month phase-in period could include multiple-year phase-in periods based on tenant turnover, waivers to smokers who request them, and permanent grandfathering. A 12-month phase-in approach, however, is a more effective strategy. Please contact TALC for assistance if an alternative to the phase-in period is desired.

(1) The Landlord shall permanently designate up to one hundred percent (100%) of Units, but no less than eighty percent (80%) of Units, including, for example, any associated exclusive-use Enclosed Areas or Unenclosed Areas, such as, for example, a private balcony, porch, deck, or patio, as nonsmoking Units by the Landlord.

(2) To the maximum extent practicable, nonsmoking Units must be grouped together both horizontally and vertically and physically separated from Units where Smoking may be allowed. Where possible all Units where Smoking may be allowed shall be in a single building of a multi-building Multi-Unit Residence.

(3) No later than [insert effective date of ordinance + 120 days] a Landlord who chooses to designate fewer than 100% of the Units of a Multi-Unit Residences
as nonsmoking shall submit the following in accordance with Section [___ (*10) ]:

(i) a description of each designated nonsmoking Unit sufficient to identify the Unit; and

(ii) a diagram depicting the location of the designated nonsmoking Units in relation to all other Units.

(4) At least sixty (60) days before submitting the nonsmoking Unit designations required by subsection (3) above, the Landlord shall provide each tenant with:

(i) a written notice of the proposed designations, clearly stating that Smoking in a Unit which is designated as a nonsmoking Unit will be illegal as of [insert date specified in Section *9(c)], and inviting comments on the proposed designations of nonsmoking Units within the requisite timeline;

(ii) a diagram depicting the location of the designated nonsmoking Units in relation to all other Units; and

(iii) a copy of this [article / chapter].

**COMMENT:** This subsection requires Landlords to provide tenants notice of proposed nonsmoking designations before the designations are final. The intent is to allow tenants to provide comments to the Landlord so that the Landlord can accommodate tenant wishes, if possible. Note, however, that the Landlord is not obligated to make changes based on tenants’ comments. Existing law prohibits a Landlord from making designations adverse to a tenant’s interests for a discriminatory or other illegal purpose.

A copy of this ordinance is required to accompany the notice of a nonsmoking Unit designation so that tenants may assess for themselves their full rights and obligations. Alternatively, the ordinance can be reworded so that a summary of tenants’ rights and obligations is required instead of (or in addition to) a copy of the ordinance itself. If this approach is adopted, steps should be taken to ensure the accuracy and appropriateness of any summary, as summaries are inherently incomplete.

(5) A Landlord may modify the proposed designations based upon comments received from tenants.
(6) At least thirty (30) days before submitting the final designations of nonsmoking Units required by subsection (3) above, the Landlord shall provide all tenants written notice of the final designations clearly stating that Smoking in a designated nonsmoking Unit will be illegal as of [insert date specified in Section *9(c)], and a copy of the final documents that will be submitted pursuant to Section [___(*10)] of this [article/chapter]. These final designations may differ from the proposed designations on which tenants were invited to comment.

(7) A Unit in a Rental Complex for which a Landlord is required to submit information pursuant to Section [___(*10)] of this [article/chapter] but for which such information, for any reason, is not fully and timely submitted is hereby designated as a nonsmoking Unit as of [insert effective date of ordinance + 120 days].

Sec. [___(*7)]. REQUIRED AND IMPLIED LEASE TERMS FOR ALL NEW AND EXISTING UNITS IN RENTAL COMPLEXES.

**COMMENT:** This section requires that Smoking restrictions be included as part of the lease. Note that the term “Unit” includes the defined term “New Unit,” so whenever the term Unit is used in the ordinance, it includes all Units, both existing and new.

By including these provisions in lease agreements, Landlords may enforce the Smoking restrictions just like any other condition in the lease, such as common provisions regarding noise, use of laundry facilities, and damage to common areas. Further, by including the “third-party beneficiary” provision, other tenants will be able to enforce a lease’s Smoking restrictions. The Landlord and other tenants become an alternate enforcement authority for the Smoking restrictions in addition to possible local government enforcement of the law (see Section *12 Enforcement) and optional private citizen enforcement (see Section *13 Private Enforcement).

Note also that after a Landlord amends an existing rental agreement or enters into a new lease to include these required terms, Smoking in violation of those terms becomes illegal pursuant to Section *9, and not just a material breach of the lease.

(a) Every lease or other rental agreement for the occupancy of a Unit in a Rental Complex, including, for example, New Units and existing Units, entered into, renewed, or continued month-to-month after [insert effective date of ordinance], shall include the provisions set forth in subsection (b) below on the earliest possible date when such an amendment is allowable by law when providing the minimum legal notice.
COMMENT: This provision calls for the Landlord to amend a rental agreement at the first opportunity. It is also designed to provide tenants with adequate legal notice of the pending change in their lease terms. The overall objective is to insert the new terms into every lease within one year after the effective date of ordinance (assuming leases are for one year or less).

(b) Every lease or other rental agreement for the occupancy of a Unit in a Rental Complex, including, for example, New Units and existing Units, entered into, renewed, or continued month-to-month after [insert effective date of ordinance], shall be amended to include the following provisions:

COMMENT: The following subsections contain both an explicit directive regarding the legal effect the required clause must achieve followed by an example clause based on the directive. Because leases vary in terms, format, and language, it is not possible to provide verbatim wording that can be easily dropped into any lease. These clause requirements provide a Landlord with needed flexibility to conform an existing lease while using terms consistent with the rest of the lease. In many cases, a Landlord can probably just use the example language provided with minimal changes.

(1) A clause providing that as of [insert effective date of ordinance + one year], it is a material breach of the agreement to allow or engage in Smoking in the Unit unless the Landlord has supplied written notice that the Unit has not been designated a nonsmoking Unit and no other prohibition against Smoking applies. Such a clause might state, “It is a material breach of this agreement for tenant or any other person subject to the control of the tenant or present by invitation or permission of the tenant to engage in smoking in the unit as of [insert effective date of ordinance + one year] unless landlord has provided written notice that the unit has not been designated a nonsmoking unit and smoking in the unit is not otherwise prohibited by this agreement, other agreements, or by law.”

(2) A clause providing that it is a material breach of the agreement for tenant or any other Person subject to the control of the tenant or present by invitation or permission of the tenant to engage in Smoking in any Common Area of the property other than a designated Smoking area. Such a clause might state, “It is a material breach of this agreement for tenant or any other person subject to the control of the tenant or present by invitation or permission of the tenant to engage in smoking in any common area of the property, except in an outdoor designated smoking area, if one exists.”
(3) A clause providing that it is a material breach of the agreement for tenant or any other Person subject to the control of the tenant or present by invitation or permission of the tenant to violate any law regulating Smoking while anywhere on the property. Such a clause might state, “It is a material breach of this agreement for tenant or any other person subject to the control of the tenant or present by invitation or permission of the tenant to violate any law regulating smoking while anywhere on the property.”

(4) A clause expressly conveying third-party beneficiary status to all occupants of the Rental Complex as to the Smoking provisions of the agreement. Such a clause might state, “Other occupants of the property are express third-party beneficiaries of those provisions in this agreement that concern smoking. As such, other occupants of the property may seek to enforce such provisions by any lawful means, including by bringing a civil action in a court of law.”

**COMMENT:** Declaring other residents third-party beneficiaries grants people living in the Rental Complex limited rights to enforce the Smoking restrictions in leases. Without the declaration, other residents usually have no legal right to enforce the lease terms (because they are not a “party” to the agreement) and the power to enforce the terms of the lease rests solely with the Landlord.

(c) Whether or not a Landlord complies with subsections (a) and (b) above, the clauses required by those subsections shall be implied and incorporated by law into every agreement to which subsections (a) or (b) apply and shall become effective as of the earliest possible date on which the Landlord could have made the insertions pursuant to subsections (a) or (b).

**COMMENT:** This is a back-up provision to ensure that the Smoking-related terms are included by law, even if the Landlord fails to comply with subsections (a) or (b).

(d) A tenant who breaches a Smoking provision of a lease or other rental agreement for the occupancy of a Unit in a Rental Complex, or who knowingly permits any other Person subject to the control of the tenant or present by invitation or permission of the tenant, shall be liable for the breach to: (i) the Landlord; and (ii) any occupant of the Rental Complex who is exposed to Smoke or who suffers damages as a result of the breach.
COMMENT: This provision provides other tenants legal standing to seek damages or possibly an injunction against someone Smoking in violation of a lease term.

There are two additional enforcement mechanisms in this ordinance:

Section *12 "Enforcement" provides for traditional enforcement by local government officials.

Section *13 “Private Enforcement” grants any member of the public the right to enforce the ordinance. Thus, a Landlord, a tenant, or a member of the public could bring a lawsuit to enforce the ordinance in either Superior Court or small claims court if Section *13 is included.

(e) This [article / chapter] shall not create additional liability in a Landlord to any Person for a tenant’s breach of any Smoking provision in a lease or other rental agreement for the occupancy of a Unit in a Rental Complex if the Landlord has fully complied with this Section and Section [__(*6)].

COMMENT: This provision expressly states that the Landlord is not the guarantor of the ordinance’s enforcement. That is, the Landlord is not contractually required to enforce the no-Smoking lease terms and other residents cannot force the Landlord to act against a tenant who violates one. Including this provision can be extremely important in efforts to gain Landlord support for the ordinance.

(f) Failure to enforce any Smoking provision required by this [article / chapter] shall not affect the right to enforce such provision in the future, nor shall a waiver of any breach constitute a waiver of any subsequent breach or a waiver of the provision itself.

COMMENT: This is a technical legal provision designed to prevent a court from inferring a permanent waiver of a Smoking-related provision from a pattern of lax enforcement.

Sec. [____ (*8)]. ADDITIONAL DUTIES OF A LANDLORD OF A RENTAL COMPLEX WITH LESS THAN ONE HUNDRED PERCENT (100%) NONSMOKING UNITS.

A Landlord of a Rental Complex with less than one hundred percent (100%) nonsmoking Units shall provide to every prospective tenant, prior to entering into a new lease or other rental agreement for the occupancy of a Unit in a Rental Complex, a copy of the designation documents submitted pursuant to Section [__(*6)] describing each designated
nonsmoking Unit with an accompanying diagram depicting the location of nonsmoking Units in relation to all other Units and any designated Smoking areas.

**COMMENT:** This section requires the Landlord to notify prospective tenants of the location of nonsmoking Units to Units where Smoking may be permitted. It does not require the Landlord to inquire as to any tenant's personal Smoking habits. Instead, the Landlord merely identifies for prospective tenants which Units allow Smoking and which do not.

If the community decides to make 100% of existing Units in Rental Complexes nonsmoking with no Landlord election, this Section can be omitted.

Sec. [ ____ (*9) ]. SMOKING PROHIBITED BY LAW IN CERTAIN AREAS.

**COMMENT:** This section consolidates the actual Smoking prohibitions. Rather than state that Smoking is prohibited numerous times in various sections of the ordinance, those sections simply refer the reader to this Section *9. One benefit of consolidation is a uniformity of the Smoking prohibitions between sections.

(a) Smoking in a Common Area, on or after [ insert effective date of ordinance ], other than in a designated Smoking area established pursuant to Section [ ____ (*2) ], is a violation of this [ article / chapter ].

(b) Smoking in a New Unit, on or after [ insert effective date of ordinance ], is a violation of this [ article / chapter ].

(c) Smoking in a designated nonsmoking Unit, on or after [ insert effective date of ordinance + 1 year ], is a violation of this [ article / chapter ].

(d) No Person shall engage in Smoking in any Nonsmoking Area.

**COMMENT:** Note that whenever a lease contains a no- Smoking term, this provision makes Smoking in such a Unit against the law in addition to being a violation of the lease. This provision also applies to any nonsmoking rules or CC&Rs for a Common Interest Complex.

Thus, when a Landlord amends an existing rental agreement or creates a new one to include the lease terms required by Section *7, Smoking in violation of those lease terms then becomes illegal, not just a lease violation.

(e) No Person with legal control over any Nonsmoking Area shall permit Smoking in
the Nonsmoking Area, except as provided in Section [ ___ (*7)(e) ].

**COMMENT:** This provision makes Smoking in a nonsmoking area or Unit against the law, even if an area is made nonsmoking only by a lease term (rather than an ordinance, for example). It also makes a tenant responsible for Smoking by his or her guests. The exception refers back to the subsection limiting a Landlord’s liability for a tenant’s breach of a no-smoking term.

(f) Notwithstanding any other provision of this [ article / chapter ], the use of any cessation product specifically approved by the United States Food and Drug Administration for use in treating nicotine or tobacco dependence within the Enclosed Area of a Unit is not a violation of this [ article / chapter ].

(g) Notwithstanding any other provision of this [ article / chapter ], the use of non-combustible products, such as electronic cigarettes, personal vaporizers, or personal inhalers within the Enclosed Area of a Unit is not a violation of this [ article / chapter ].

Sec. [ ____ (*10) ]. PROCEDURES AND REQUIREMENTS FOR MANDATED SUBMISSIONS.

(a) Submissions required by this [ article / chapter ] must be received by [ insert the municipal office or official who will administer the record-keeping requirements of the ordinance ] on or before any applicable due date. The submissions shall include all material and information required by this [ article / chapter ] and such other materials and information as [ insert the designated municipal office or official ] deems necessary for the administration and enforcement of this [ article / chapter ].

**COMMENT:** The community should fill in the blanks with the appropriate office, official, or department that can accommodate the record-keeping requirements of this ordinance and that can handle the anticipated requests from the public for access to the information. Communities will likely differ as to which department is best suited to fill this role.

(b) All material and information submitted pursuant to this [ article / chapter ] constitute disclosable public records and are not private or confidential.
Sec. [ ____ (*11) ]. SMOKING AND SMOKE GENERALLY.

(a) The provisions of this [article / chapter] are restrictive only and establish no new rights for a Person who engages in Smoking. Notwithstanding (i) any provision of this [article / chapter] or other provisions of this Code, (ii) any failure by any Person to restrict Smoking under this [article / chapter], or (iii) any explicit or implicit provision of this Code that allows Smoking in any place, nothing in this Code shall be interpreted to limit any Person’s legal rights under other laws with regard to Smoking, including, for example, rights in nuisance, trespass, property damage, and personal injury or other legal or equitable principles.

COMMENT: The subsection spells out that the intent of this ordinance is to create new smokefree areas and to enhance the right of nonsmokers to smokefree environments. This ordinance does not provide smokers with any “safe harbors” from existing laws that might already impose potential liability for Smoking.

Subsection (a) does not expand traditional nuisance law in any way, and should generally be included in all ordinances based on this model. Subsection (c) below does potentially expand traditional nuisance law.

(b) Notwithstanding any other provision of this [article / chapter], Smoking marijuana for medical purposes as permitted by California Health and Safety Code sections 11362.7 et seq. is not prohibited by this [article / chapter].

(c) For all purposes within the jurisdiction of the [City / County of ____], nonconsensual exposure to Smoke [occurring on or drifting into residential property] is a nuisance, and the uninvited presence of Smoke on [residential property] is a nuisance and a trespass.

COMMENT: The declaration in subsection (c) that Smoke is a nuisance extends far beyond the residential context, unless limited by including the optional language in brackets. Once Smoke is declared a nuisance, nuisance abatement laws can be used to address Smoke around doorways, at businesses, in public venues, and anywhere else it may occur. However, declaring Smoke a nuisance is particularly helpful in the housing context because it eliminates the need to prove that some particular level of exposure has occurred and then to prove that such exposure is an unjustified intrusion or hazard.

California Government Code section 38771 explicitly authorizes cities to declare nuisances by ordinance. Counties may declare a nuisance pursuant to the broad police power set forth in the California Constitution, article XI, section 7.
Sec. [ _____ (*12) ]. PENALTIES AND ENFORCEMENT.

(a) The remedies provided by this [ article / chapter ] are cumulative and in addition to any other remedies available at law or in equity.

COMMENT: The following provisions are designed to offer a variety of options to the drafter and to the enforcing agency. Drafters may choose to include some or all of these options. Once the ordinance is enacted, the enforcing agency will have the discretion to choose which enforcement tools to use in any given case. As a practical matter, these enforcement options would not be applied in a single case, although multiple remedies might be used against a particularly egregious violator over time.

(b) Every instance of Smoking in violation of this [ article / chapter ] is an infraction subject to a [ one hundred dollar ($100) ] fine. Other violations of this [ article / chapter ] may, in the discretion of the [ City Prosecutor / District Attorney ], be prosecuted as infractions or misdemeanors when the interests of justice so require. Enforcement of this chapter shall be the responsibility of [ _____ ]. In addition, any peace officer or code enforcement official also may enforce this chapter.

COMMENT: The first sentence establishes the penalty for the core type of violation: Smoking where it is prohibited. The fine amount can be modified but cannot exceed $100 for a first infraction. (See California Government Code section 36900.) It is separated from the main enforcement provision that follows so that law enforcement officers can simply write a ticket for illegal Smoking. The second sentence, sometimes called a “wobbler,” affords the prosecuting attorney discretion whether to pursue a violation as an infraction (like a parking ticket) or a misdemeanor (a crime punishable by up to a $1,000 fine and/or six months in County Jail). Alternatively, violations can be set as either an infraction or a misdemeanor in all circumstances. Misdemeanors are more serious crimes for which a jury trial is available to defendants. Fines and other criminal penalties are established by the Penal Code and are typically reflected in the general punishments provision of a local code.

This provision also designates a primary enforcement agency, which is recommended, but remains flexible by permitting any enforcement agency to enforce the law.

(c) Violations of this [ article / chapter ] are subject to a civil action brought by the [ City / County of _____ ], punishable by a civil fine not less than [ two hundred fifty dollars ($250) ] and not exceeding [ one thousand dollars ($1,000) ] per violation.
COMMENT: This provision provides civil fines for violating the ordinance. It requires that a traditional civil suit be filed by the city or county (possibly in small claims court). The fine amounts can be adjusted but cannot exceed $1,000 per violation. (See California Government Code section 36901.)

(d) No Person shall intimidate, harass, or otherwise retaliate against any Person who seeks compliance with this [article / chapter]. Moreover, no Person shall intentionally or recklessly expose another Person to Smoke in response to that Person’s effort to achieve compliance with this [article / chapter]. Violation of this subsection shall constitute a misdemeanor.

(e) Causing, permitting, aiding, or abetting a violation of any provision of this [article / chapter] shall also constitute a violation of this [article / chapter].

COMMENT: This is standard language that is typically included in a city or county code and may be omitted if duplicative of existing code provisions.

(f) Any violation of this [article / chapter] is hereby declared to be a public nuisance.

COMMENT: By expressly declaring that a violation of this ordinance is a nuisance, this provision allows enforcement of the ordinance by the city or county via the administrative nuisance abatement procedures commonly found in municipal codes.

Note that this declaration merely says that violating the ordinance qualifies as a nuisance (e.g., when Smoking in a nonsmoking area, the violation is the nuisance, not the Smoke). It is not the same thing as a local ordinance declaring Smoke a nuisance. Please see Section *11(c) for the declaration that nonconsensual exposure to secondhand is a nuisance.

(g) In addition to other remedies provided by this [article / chapter] or otherwise available at law or in equity, any violation of this [article / chapter] may be remedied by a civil action brought by the [City Attorney / County Counsel], including, without limitation, administrative or judicial nuisance abatement proceedings, civil or criminal code enforcement proceedings, and suits for injunctive relief.

COMMENT: It is common to provide that the local government’s lawyers may go to court to seek injunctions and other penalties in addition to fines. The express provision for injunctive relief lowers the showing required to obtain a preliminary or permanent injunction as described in IT Corp. v. County of Imperial, 35 Cal.3d 63 (1983).
A public agency should think carefully about the nuisance abatement procedure it chooses in enforcing this ordinance after it is adopted. A local government may provide for treble damages for the second or subsequent nuisance abatement judgment within a two-year period, as long as the ordinance is enacted pursuant to Government Code section 38773.7. Treble damages are not available, however, under the alternative nuisance abatement procedures in Government Code section 38773.1 and Health & Safety Code section 17980. Government Code section 38773.5 establishes a procedure for nuisance abatement where the cost of the abatement can be collected via the property tax roll as a special assessment against the property on which the violation occurs.

[(h) Any Person, including a legal entity or organization, acting for the interests of itself, its members, or the general public may bring a civil action for injunctive relief to prevent future such violations or sue to recover such actual or statutory damages as he or she may prove. ]

**COMMENT:** If Section *13 “Private Enforcement” is not included, consider including this simple provision, which provides a far more limited type of private enforcement. If Section *13 is included, this provision should be omitted.

[(i) Except as otherwise provided, enforcement of this [article / chapter] is at the sole discretion of the [City / County of ___.] Nothing in this [article / chapter] shall create a right of action in any Person against the [City / County of ___] or its agents to compel public enforcement of this [article / chapter] against private parties. ]

**COMMENT:** This is an optional provision, which makes clear that a City or County cannot be liable to any Person for failure to enforce the Smoking restrictions in this ordinance.

Sec. [____ (*13)]. PRIVATE ENFORCEMENT.

**COMMENT:** This “Private Enforcement” provision makes it possible for any member of the public to sue violators of this ordinance. This “private right of action” section provides an avenue for private persons to file suit. Such a right was curtailed after the passage of Proposition 64 in November 2004, which prohibited the use of California Business and Professions Code section 17200 by private persons to file suits on behalf of the public. However, nothing in Proposition 64 prohibits local governments from creating a private right of action to enforce violations of local law.
Note that although this section is titled “Private Enforcement,” the city or county itself can also use these provisions if it deems them preferable to other enforcement options or if it seeks to impose additional sanctions.

For further explanation of the rationale behind and potential impact of this provision, please see TALC’s memorandum entitled “The Benefits of Adding a Private Right of Action Provision to Local Tobacco Control Ordinances” available from our website at www.changelabsolutions.org/publications/private-right-action-provision-benefits-adding.

If this “Private Enforcement” provision is not included, consider including the optional language in Section *12(h).

(a) Any Person, including a legal entity or organization or a government agency, acting for the interests of itself, its members, or the general public may bring a civil action to enforce this [article/chapter]. Upon proof of a violation, a court shall award the following:

**COMMENT:** This provision allows a Person to sue a violator if the Person has been personally harmed or if the Person wants to act as a private attorney general by holding the violator accountable on behalf of the general public.

(1) Damages in the amount of either:

(i) upon proof, actual damages; or

(ii) with insufficient or no proof of damages, $[500] for each violation of this [article/chapter] (hereinafter “Statutory Damages”). Each day of a continuing violation shall constitute a separate violation. Notwithstanding any other provision of this [article/chapter], no Person suing on behalf of the general public shall recover Statutory Damages based upon a violation of this [article/chapter] if a previous claim brought on behalf of the general public by another Person for Statutory Damages and based upon the same violation has been adjudicated, whether or not the Person bringing the subsequent claim was a party to the prior adjudication.

**COMMENT:** This provision allows for the collection of damages even if it is difficult or impossible to prove the actual amount of damages resulting from a given violation. Statutory damages can add up to a substantial sum because each day of a continuing violation is a separate violation. However, if an action is brought in small claims court, the total amount of damages sought must fall below $5,000 (or $7,500 if the small claims suit is brought by a natural person).
So, when considering the amount at which to set statutory damages, it is worth considering whether a typical case brought under the ordinance will involve a claim for less than $5,000 (or $7,500). Note that this provision protects a person from being sued multiple times on behalf of the general public for the same violation and must do so to prevent the ordinance from being challenged as unconstitutionally punitive.

(2) Exemplary damages, where it is proven by clear and convincing evidence that the defendant is guilty of oppression, fraud, malice, retaliation, or a conscious disregard for the public health.

**COMMENT:** Exemplary damages are also known as *punitive damages*. They are designed to punish and deter a defendant in a tort case who has acted in an outrageous manner.

(b) The Person may also bring a civil action to enforce this [article / chapter] by way of a conditional judgment or an injunction. Upon proof of a violation, a court shall issue a conditional judgment or an injunction.

**COMMENT:** In order to get an injunction, a plaintiff would have to sue in another division of superior court and not the small claims division. However, a plaintiff could seek a conditional judgment in small claims court. Note that the difference between an injunction and a conditional judgment is that with the former, the defendant is directly ordered to do something (or to refrain from doing something). With a conditional judgment, however, the defendant is given a choice between fulfilling certain conditions (e.g., ceasing the illegal conduct) or suffering a different judgment (e.g., paying monetary damages). (See 1 Consumer Law Sourcebook: Small Claims Court Laws and Procedures (California Department of Consumer Affairs 2005.) A conditional judgment could serve as an alternative to damages, or it could be in addition to damages. For example, a small claims court could order some monetary damages along with a conditional judgment giving the defendant a choice between stopping the violations or paying even more money.

(c) Notwithstanding any legal or equitable bar against a Person seeking relief on its own behalf, a Person may bring an action to enforce this [article / chapter] solely on behalf of the general public. When a Person brings an action solely on behalf of the general public, nothing about such an action shall act to preclude or bar the Person from bringing a subsequent action based upon the same facts but seeking relief on his, her or its own behalf.
COMMENT: This is an important clause, so exercise care when considering whether to modify or eliminate it. This clause accomplishes two distinct goals: First, the clause permits a Person with a special relationship to a particular defendant to sue the defendant even though the Person might otherwise be prohibited from doing so. Attorneys often refer to such prohibitions as legal and equitable bars. For example, a tenant may be required to arbitrate—not litigate—any disputes, such as a dispute involving Smoking in a Multi-Unit Residence. Under this clause, a tenant may be required to arbitrate any personal claims (e.g., damages for personal injury from Smoke) but can nevertheless sue the tenant violating the ordinance in court as a representative member of the general public. In such a circumstance, the Person could only make the claims that every member of the general public could make (e.g., sue for Statutory Damages on behalf of the general public for a violation of this ordinance).

Second, the clause permits a Person who first sues solely on behalf of the general public to sue the same defendant later on any personal claims (although such personal claims might still be subject to legal or equitable bars as described above). Normally, repetitive suits based upon essentially the same facts and circumstances are prohibited. Attorneys often use the terms res judicata, collateral estoppel, or issue or claim preclusion for such prohibitions. Under this clause, however, a tenant subjected to Smoking in a Multi-Unit Residence can first sue the tenant violating the ordinance solely on behalf of the general public, receiving the statutory damages amount for each violation. If the tenant is made ill by the Smoke, she can sue the violating tenant later for personal injury.

This clause is not intended to modify well-established legal rules concerning when a plaintiff may bring personal claims. Rather, it simply reflects the reasoning that when a Person brings a claim solely on behalf of the general public, the plaintiff is acting as a private attorney general; thus, the existence of personal claims is irrelevant and such claims are unaffected.

(d) Nothing in this [article / chapter] prohibits a Person from bringing a civil action in small claims court to enforce this [article / chapter], so long as the amount in demand and the type of relief sought are within the jurisdictional requirements of that court.

COMMENT: This clause is legally superfluous, but is serves to flag for plaintiffs and courts that small claims court would be an appropriate forum for resolving disputes under this provision.

SECTION III. CONSTRUCTION, SEVERABILITY.

It is the intent of the [City Council / Board of Supervisors] of the [City / County] of [_____________] to supplement applicable state and federal law and not to duplicate or
contradict such law and this Ordinance shall be construed consistently with that intention. If any section, subsection, subdivision, paragraph, sentence, clause or phrase of this Ordinance, or its application to any person or circumstance, is for any reason held to be invalid or unenforceable, such invalidity or unenforceability shall not affect the validity or enforceability of the remaining sections, subsections, subdivisions, paragraphs, sentences, clauses or phrases of this Ordinance, or its application to any other person or circumstance. The [City Council / Board of Supervisors] of the [City / County] of [____] hereby declares that it would have adopted each section, subsection, subdivision, paragraph, sentence, clause or phrase hereof, irrespective of the fact that any one or more other sections, subsections, subdivisions, paragraphs, sentences, clauses or phrases hereof be declared invalid or unenforceable.

**COMMENT:** This is standard language. Often this “boilerplate” is found at the end of an ordinance, but its location is irrelevant.

---


