

SECTION III

Writing a Healthy General Plan

The General Plan as a Tool for Change

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.”¹

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

General plans are the legal bedrock of a local government’s actions, particularly those that influence land use. A general plan with solid health priorities can improve a community’s well-being many decades into the future. The challenge is in developing language specific enough to ensure that the stated goals are pursued, and that local governments continue to adapt over time to growing knowledge and changing circumstances.

California general plans must contain these seven elements:

- ▶ Land use
- ▶ Circulation/Transportation
- ▶ Housing
- ▶ Conservation
- ▶ Open space
- ▶ Noise
- ▶ Safety

Other elements are optional. For more information, see *General Plans and Zoning: A Toolkit on Land Use and Health* (www.healthyplanning.org/toolkits.html)

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.

¹ See GENERAL PLANS AND ZONING: A TOOLKIT ON LAND USE AND HEALTH, available at www.healthyplanning.org/toolkit_gpz.html.

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 separate health element can give special prominence to a community’s health priorities, but all elements of the plan should consider health.

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 polices 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.

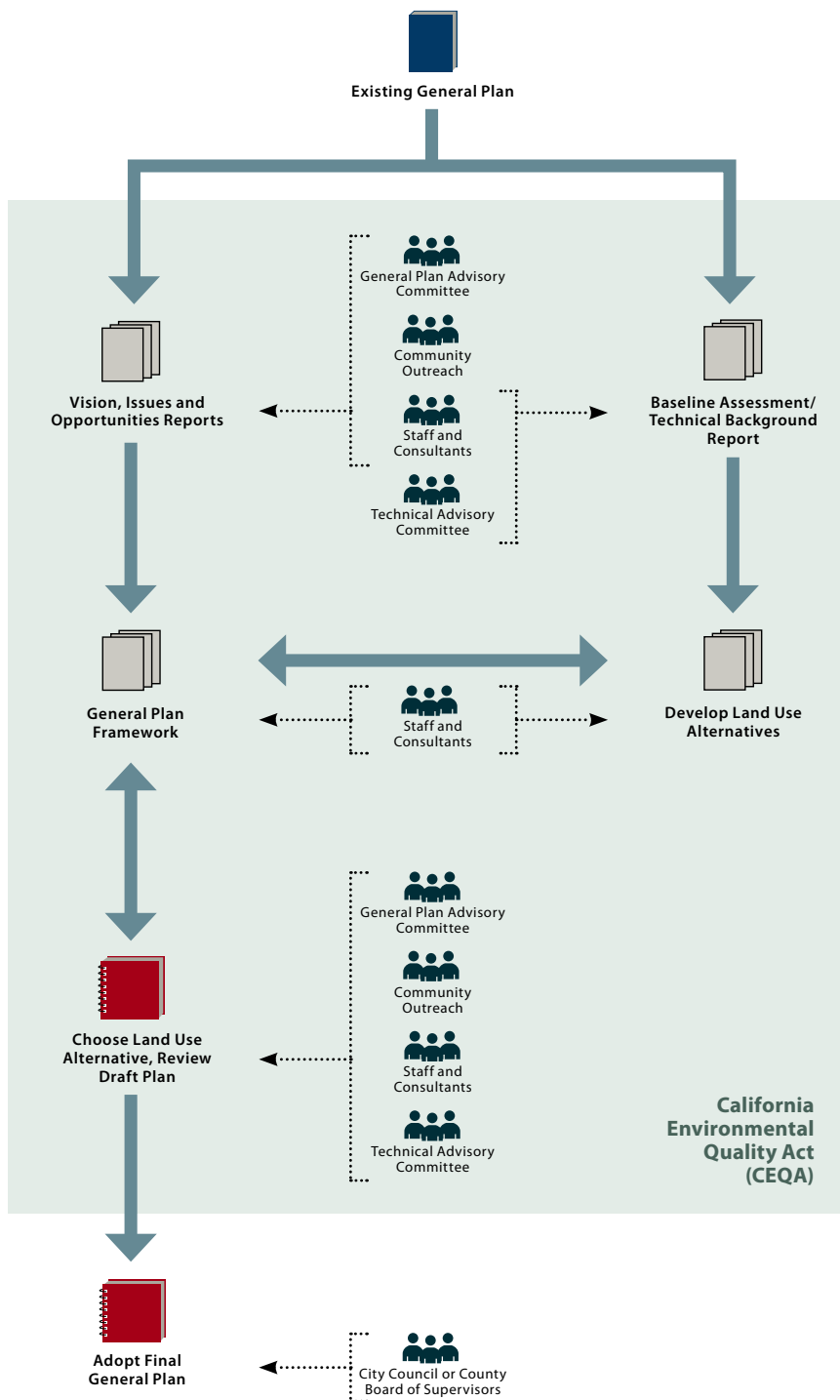
Moreover, many community residents and developers may reference only one element of the general plan. When they see health-related goals alongside land use, transportation, or housing policies, the health objective is more likely to influence their decisions. A transportation engineer might never read 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:

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- ▶ Is there a local elected or appointed official who is championing health issues and their inclusion in land use policy documents?
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- ▶ 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?
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- ▶ 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?
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- ▶ Are there community-based organizations that can assist in the above tasks?
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- ▶ Are the pressing local public health issues more effectively incorporated into existing elements, or will they be better addressed by a separate element?
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Typical General Plan Update Process



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

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

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

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

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

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

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.

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

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

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

Paso Robles' general plan (2003) includes detailed land use and circulation elements that prioritize walkability, mixed use, and development along a transportation corridor. www.prcity.com/government/departments/commdev/planning/general-plan-final.asp

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

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/final

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

Using Standards to Implement Health Goals

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."*
