



TO: City Council Members

FROM: *MS* Mike Strong, Associate Planner

DATE: August 22, 2011

SUBJECT: Public Health Element status update with Wellness Advisory Committee meeting summary notes and workshop notes and results.

The purpose of this memo is to share the workshop results, summary meeting notes of the Wellness Advisory Committee, and a brief status on the Public Health Element work program. This memo and attachments will also be posted to our webpage for the public.

Although the City's existing General Plan establishes a vision for the City's future growth and change, it should be updated periodically to reflect community needs, updated technical information, and locally relevant issues. In 2010, the City recently initiated a Comprehensive General Plan Update (CGPU) primarily to strengthen existing policies and address new policy issues that has arisen since incorporation. It was anticipated that the update would address all aspects of development and community enhancement, including housing, traffic, natural resources, open space, safety, recreation, and public facilities, as well as new policy issues such as stormwater cleansing, green building, the arts, and public health, etc..

Subsequent to an iterative, citizen-driven visioning process to create the physical framework for the updated General Plan, the city received grant funding in March 2011 to prepare a stand-alone Public Health Element. In order to ensure that health related goals and policies would reflect what the community would like to achieve in the next 20+ years, the City created a policy development work program from May to August, 2011 to build relationships with stakeholders, conduct original research, assess existing conditions, and create and ultimately draft policy language.

This intensive four-month work program built off of previous General Plan related activities; however, additional outreach was necessary to ensure the goals, issues and opportunities reflect the changing health related needs of the City and its residents. The following outreach events were held to solicit feedback on developing a stand-alone Public Health Element.

- 7 stakeholder interviews;
- Youth Survey (970 respondents – 9 schools);
- Citywide/Adult Survey (304 respondents);
- Senior Survey (74 respondents);
- Wellness Advisory Committee meetings (May 19, June 29, and August 4)
- June 14, 2011 Public Health Element Workshop (over 36 residents attended and offered input on high-level issue identification); and
- July 18, 2011 Public Health Element Workshop (over 53 participants attended and offered input on potential policy approaches).

As part of the Public Health Element work program, the City is currently developing an existing conditions white paper on public health. This document will formally record all survey results and existing conditions analysis/information and help summarize the range of issues and opportunities that will likely determine quality of life and well-being in Encinitas through 2035. Even though most of this analysis has been used throughout the planning process to inform wellness advisory committee members and workshop participants in the development of potential policy approaches, the white paper can be used to track health indicators and monitor progress towards meeting any health related goals. It also can be utilized by the public to better understand the health related issues facing the city throughout the rest of the CGPU planning process.

It is anticipated that this white paper will organize the major issues and opportunities into major themes that generally correspond to the outline of the draft Public Health Element. In response to comments received throughout the process, the initial draft Public Health Element goals and policies are organized under the following five overarching topics:

- City as a Health Leader
- Complete Neighborhoods and Access to Goods and Services
- Environmental Health
- Safe and Active Transportation System
- Supportive Social Services and Facilities

It is anticipated that the draft Public Health Element will be released concurrently with other General Plan elements on September 1, 2011. The white paper report will be released prior to the September 19, 2011 Public Workshop.

Please let me know if you have any questions.

enc. May 19, 2011 Wellness Advisory Committee meeting no. 1 summary notes
 June 29, 2011 Wellness Advisory Committee meeting no. 2 summary notes
 August 4, 2011 Wellness Advisory Committee meeting no. 3 summary notes
 June 14, 2011 workshop notes
 July 18, 2011 workshop results

cc Gus Vina, City Manager
 Patrick Murphy, Planning and Building Director
 Diane Langager, Principal Planner



Public Health Wellness Advisory Committee

May 19, 2011 Meeting Summary Notes

3:30 PM – 6:00 PM at the Poinsettia Room, City of Encinitas Civic Center

Consultant and City staff in attendance:

- Beth Altshuler (Raimi & Associates; Project Consultant)
- Diane Langager (City of Encinitas; Principal Planner)
- Michael Strong (City of Encinitas; Associate Planner)
- Laurie Gartrell (City of Encinitas; Volunteer Intern)

Wellness Advisory Committee (WAC) Members:

1. Lauren Kipp, SDSU Grad student and IBACH intern
2. Jamie Moody, Project Manager and researcher at SDSU
3. Christine Wood – Pediatrician and Co-Chair of the SD County Childhood Obesity Initiative
4. Christine Goodsell, Senior Center Manager, City of Encinitas
5. Lisa Archibald - American Lung Association
6. Ana Goins Ramirez – Latino Campaign Coordinator, Network for a healthy California/UCSD
7. Teri Fazio – Recreation Superintendent, City of Encinitas
8. Julie Lee – Scripps Health
9. Dody Crawford – Executive Director, Downtown Encinitas Mainstreet Association
10. Judy Strang - Executive Director, San Dieguito Alliance
11. Vicki Rubenstein – Recreation Supervisor, City of Encinitas
12. Filipa Rios-CRC (Community Resource Center)
13. Julianna Arnett- Food Policy manager, SD County Childhood Obesity Initiative
14. Nancy Logan – Prevention Specialist, San Dieguito Alliance
15. Leah Ostenberg - Program Manager, Walk San Diego
16. Nancy Perry-Sheridan - Prevention Specialist, San Dieguito Alliance

Meeting Objectives and Outcomes:

- Gain an understanding of the purpose and benefits of a Public Health Element
- Define a Vision for a Healthy Encinitas
- Clarify key health issues and topics of interest
- Provide input on the City's Health Survey efforts
- Confirm the approach of the June 14th Public Health Element Community Workshop

1. Introduction:

City staff provided an overview of the Comprehensive General Plan Update process and the Communities Putting Prevention to Work planning grant program to develop a standalone Public Health Element.

2. Wellness Advisory Committee (WAC)—Roles and Responsibilities:

Beth Altshuler of Raimi and Associates, provided an overview of the role and responsibilities of the WAC. In general, the community will be providing direction on health issues and opportunities in response to what is heard through the workshop process. The WAC will meet jointly with the City and consultant team over the next three months to 1) help identify health-related issues and opportunities, as well as 2) provide overall guidance and support in developing the draft policies, 3) help build health-related coalitions and strengthen partnerships, and 4) identify ways to conduct on-going education and public outreach. Currently, there are only three meetings scheduled for this element, but if there is a growing interest; there will be more opportunities to meet. Today's meeting will cover the existing conditions (how to define issues and what are the key indicators that need to be analyzed), goal setting, policy framework and planning process. As part of the scope developed through the grant funding process, the City will host two (2) Public Health Element Workshops on June 14, 2011 and July 18, 2011 at 6 PM at the Community and Senior Center. On September 19, 2011, the City will host a Comprehensive General Plan Update Public Workshop which will consist of all work completed on the Public Health Element as well as the overall General Plan Update. The City will present the public draft General Plan to the community and solicit comment and feedback and new/revised policies.

3. Public Health Element Overview and Discussion:

Beth Altshuler of Raimi and Associates, provided an overview of health-related planning. The following briefly summarizes some of the committee's discussion.

How did the City come to do a public health element? By definition, genetics, behaviors, and environment (broad sense) make up this idea of public health. Making the connections between the built environments (such as street design, urban fabric, travel choices, food choices, health indicators, etc.) and health indicators/outcomes will help shape the overall public health and well being of a community. Health indicators/outcomes may include diabetes, obesity, mental health, pollution, etc. Some sub-regional areas are better off than others.

Why not just infuse public health in the [elements] throughout the General Plan? Under the scope of the Communities Putting Prevention to Work project, the City can conduct more in-depth analysis, better outreach, and place more of a visible focus on health related considerations. However, there will be references to Public Health throughout the General Plan. The Public Health Element will add to the infusion of policies. The work program will also enable the City to track and monitor progress towards meeting new health outcomes

4. Existing Health Conditions and Key Health Issues in Encinitas:

Throughout the General Plan Update process, and in all public meetings that have been held for the General Plan, community members and residents have expressed interest in evaluating policies related to active/outdoor living and access to healthy foods as key to their general wellbeing. The current conditions report for the General Plan Update was completed in 2010 and provides a baseline of existing conditions in the City. The report includes a series of technical analyses of key elements of the City that have relevance for the General Plan and identifies opportunities and constraints that should be addressed during the General Plan Update. There is a chapter devoted to public health – providing a broad, informative view of health outcomes in the north coastal region. The following represents some of the key points discussed.

- **Overall health and wellness, food access, mental health and social capital.**
- **General demographics and leading causes of death.** Data was provided for the City and the subregions of the county. In this area (north coastal), the leading causes of death are heart disease and cancers. Adult obesity has increased in North County, but there was also a rise in the County, as well. Half of teens in the region are obese and overweight.
- 10% said that they weren't active in the past week (compared to 14% SD). The closer you live to the park, the more likely you are to be active. Encinitas has a lot of parks. A number of parks in Encinitas (not just public) are presented in the land use/park space map which may be misleading as the only parks that are represented are public parks. There are 326 acres of parkland.
- **Park Level of Service:** The County, and many cities in California have traditionally set a desired level of service standard at 5 acres of parkspace per 1,000 residents; Encinitas has set their benchmark set at 15 acres per 1,000 Encinitas residents.
- **Neighborhood walkability:** This topic identifies a real need to go in and measure all of the streets. Walkscore is an interesting online tool that can be utilized to see what types of amenities are within walking distance from a given intersection. Based on the online results, the Community of Old Encinitas was most walkable (around a score of 76), Olivenhain was the least walkable.
- **Transit:** The Coaster is available but there are not many connecting transit routes. This is a noticeable gap. Unless you live in the downtown areas of these communities, you must be almost entirely car-dependent.
- **Bikeways:** The city has designated clear bike paths and routes.
- **Food access:** Through the California Health Interview Survey (CHIS) survey, the north coastal region has lower use of fast food and higher rates of consuming vegetables and fruits. The City

has 1.9 full service grocery stores per 10,000 residents. There is 1 farmers market, 4 CSA pick ups, 26 fast food chains, 10 liquor stores, 13 conveniences stores. The number of reported liquor stores does not reflect where it is sold and there may be an overconcentration of liquor licenses in parts of the City (estimated to be around 120 Alcoholic Beverage Licensees in the area).

- **Health Care and Social Capital:**
- **Mental health and social capital:** 97% of residents said that they felt safe in the City. If people feel safe then they will walk around more and be more likely to feel good about where they live and how they interact with others.
- **Senior Citizen Health:** The Senior Commission conducted a focus group and senior survey. Transportation, medical care and communication on medical services are key three issues that were identified.
- **Some of the new issues that haven't been addressed are :**
 - Substantial use of drunk driving and under age drinking.
 - Transportation challenges for those that are under 16 and without a car.
 - Social support network needed for households in poverty and the Latino community.
 - Existing agricultural lands and supporting healthy foods.
 - Mind and body connection- people want to think of health as complete (mental, social, physical). The health of the environment is central to human health.

5. **Group Discussion: *Brainstorming and High-Level Vision:***

What is your vision of a healthy Encinitas?

- clean air
- smoke free-air
- healthy food
- drug-free youth
- walkable
- safety (walking, riding bike, beach walking)
- healthy schools, preschools, churches, organizations
- green space
- little traffic
- hall property development (Encinitas community park)
- ease of access (to these healthy options)
- transportation to and from facilities of physical fitness and community centers (youth and elderly)
- defibrillator machines
- where design connects people
- Stable social-mental health component
- economic health
- building/maintaing a sense of belonging

- bridging diversity (two distinct communities that need to be connected)
- increase mental health services (a good portion of the mentally ill are homeless; need to be able to bring services to help them people stabilize and stay within and connected to the community)
- increase creative endeavors (under mental health component)
- early intervention services in elementary schools (for obesity, and all issues that you see; drug issues especially in 5th grade)
- education for parents of kids of that age
- healthy food access and healthy policies to increase activity
- thriving community garden centers
- physical access to services and activities (healthy food options and physical fitness centers, etc)
- incentives for healthy options (businesses)
- community gardens (allow access to community gardens to help supplement convenient and healthy food options for insecure food populations)
- engaging health care within the community systems(have them more engaged with community efforts (walkability, etc.)
- more affordable healthcare options
- fostering the connection back to the earth and nature and where the food comes from (relating to the beaches and nature and park space made readily available in Encinitas)
- knowing where your food is coming from and being active in the local food system
- education/nutrition education/cooking classes
- engaging the business community in adopting wellness plans
- gluten free options/special meals and diets
- provide for lower cost options to get diabetic supplies
- facilitate the understanding of the interconnectedness between Sustainable communities and healthy communities.
- vaccinations made more available

What issues are problematic and what should be documented? What things do we not know about but have concerns? What is the City doing and how could the City improve?

- very expensive to live and rent in Encinitas (cost of living)
- traffic (air pollution, pedestrian fatalities, cell phone towers)
- obesity (break down the relationship to Latinos, socioeconomic status, age)
- asthma (missed days of school; missed days of work (for child), missed days of work (for self)
- mental health (trying to get city specific data — people who have been hospitalized, teens, suicide)
- seniors with no family support (living by themselves); volunteer YANO- You Are Not Alone visits, Meals on Wheels, and delivery services
- identify the largest corporations and how they get to the work (commute data) how do they leave and how far do they go (distance, time, mode of travel)

- what partnerships exist between gyms and employers
- how many employees have the EAP data -- Employee Assistance Program
- how many people are travelling from other areas to work in Encinitas and why isn't there more affordable housing for them
- all schools participate in Healthy Kids Surveys (CHKS)
 - This survey asks drug and alcohol use related questions – also asks questions regarding safety at school, if a student has ever ridden with a drunk driver, etc.
- how many students are doubled up with other students (classified as homeless and supposed to input those statistics)
- how many domestic violence reports come out of the city of Encinitas
- school meal participation rates (kids going off campus for fast food and then you know what is available in schools and what is not)
- dollars spent in fast food restaurant versus total food expenses from the city
- location of food and schools
- consumption of fruits and vegetables the schools have free lunch for certain federal income levels. There are also lunch program eligibility rates
- difference in use or popularity of those fast food restaurants that have a drive thru and those that don't have drive thru
- food availability for kids/adults not in school (preschool or seniors). It is recommended that the City look at pediatricians and clinics, north county health services, places a lower income family will go to eat
- kids that are walking to and from school, those getting exercise, look at how much play time they have a day (students)
- disaster preparedness
- separation between public and private parks - there was a joint use agreement with Cardiff Elementary School District that recently expired (this is a good opportunity to address open space, garden space, tennis courts in a coastal area)
- density of senior housing and whether it is walkable or if they have access to grocery or other facilities such as bus stops, shuttles, etc.
- topography is an issue and it should be clearly defined when describing the community
- what are the natural communities and how do you create access between them
- senior citizen accessibility to super markets (perhaps also look at the usage rates of these supermarkets)
- elderly not wanting to cook for one person
- hookah use and education (youth community)
- Encinitas does not license their tobacco retailers or have special educational requirements for alcohol retailers (for example, if they are alcohol vendors are required to be trained, then there might be less youth access)
- maternal and child health

- active travel - there are different needs and reasons to walk. You have to consider how much time people have to give. For people that aren't used to walking, half a mile will be a lot to start with.
- How many groceries do you need? How many people are you feeding?
- What are the incidence of corner markets and convenience stores?
- Bars. How many people are picked up for drunk driving? How many people are actually practicing safe drinking (cabs vs driving). How many incidents?
- Car accident rates
- Air toxins. Encinitas has smoke free parks, oceans/beaches, and dining establishments but not public gatherings (street fairs, gatherings, etc)
- Air quality, individual pesticide use and runoff, collection of pesticides that are not being used (if more people knew than they would discard properly)
- cottonwood creek runoff (new filtration system)
- pesticide on individual properties
- composting will be key (green waste contributes to methane production)

Are there other reports that people are doing that we should pay attention to? Are there other organizations in the area that we can utilize as resources?

- Homelessness from point and count timeframe (CRC)
- **CHIP study** (June 8th) Counties Study – **Charting the Course** data will be made available on the website administered by the County (COI)
- The **San Diego Food Systems Working Kit** will provide a food system assessment - what the foodsystem looks like and how that affects our healthy food eating
- Streets that are safe for everyone, policy called **Safe For All** that will have stats
- **Safe Routes to School**
- **TIMS** (Transportation Injury Mapping System) and other mapping tools that will bring up crash data

6. Community Surveys and Scorecards

City staff provided an overview of the school survey program and scorecards that will be developed for local school (in the Cardiff Elementary School District, San Dieguito Union High School District, and Encinitas Union School District). The objective is to create a comprehensive **Safe Route to School** program and identify priority and need for program funding.

City staff also provided information on the citywide surveys that will be administered as part of the Pubic Health Element. The surveys (which will incorporate healthy eating and food options, transportation, transit, general wellness, etc) will be used to indicate where change is needed in communities - both physically (streets, roads, etc) and structurally (school programs, initiatives, etc.).

7. Next steps

The group briefly described the next steps, such as the June 14 workshop and how to involve and engage the community and other interested parties.

The start of the next meeting will change from 3:30 PM to 3PM to better accommodate work and traffic.



Public Health Wellness Advisory Committee

June 29, 2011 Meeting No. 2 Summary Notes

3:00 PM – 5:30 PM at the Poinsettia Room, City of Encinitas Civic Center

Consultant and City staff in attendance:

- Beth Altshuler (Raimi & Associates; Project Consultant)
- Diane Langager (City of Encinitas; Principal Planner)
- Michael Strong (City of Encinitas; Associate Planner)
- Laurie Gartrell (City of Encinitas; Volunteer Intern)
- Nicole Piano (City of Encinitas; Planning Intern)

Wellness Advisory Committee (WAC) Members:

1. Lon Nguyen, San Diego County Sherriff
2. Judy Strang - Executive Director, San Dieguito Alliance
3. Teri Fazio – Recreation Superintendant, City of Encinitas
4. Filipa Rios - CRC (Community Resource Center)
5. Melanie Cohn – San Diego Childhood Obesity Initiative
6. Shelley Saitowitz – San Diego County Health
7. Nancy Perry-Sheridan - Prevention Specialist, San Dieguito Alliance

1. Introduction:

City staff provided an overview of the Comprehensive General Plan Update process and the Communities Putting Prevention to Work planning grant program to develop a standalone Public Health Element.

2. Policy Framework Focused Discussion:

Healthy Food Access: Of the 23 stores that accept SNAP/ Food Stamps, only about 11 of those stores are health food stores. Health food access for lower-income families will remain an issue. These

assistance programs are also highly stigmatized and the barriers of entry (primarily fear) need to be dissipated so to increase program participation.

Local Agriculture: The General Plan is looking for ways to maintain Ag uses in town and not limit growers and their rights. There was some discussion about opportunities for growers that would help expand their options that do not inhibit them to just producing harvest.

Liquor Licensing: Instead of petitioning to limit the number of extended late night alcohol licenses that are distributed in Encinitas (which may correlate to alcohol-related collisions or fatalities), perhaps consider other alternatives.

- Pacific Beach has implemented a Community Court program, where the offender learns of the impact alcohol-related accidents have on the community. There is both a community and business incentive to participate in this program in that business is not lost and the community has a stake in crime prevention and security.
- Incentivize business owners who have a history of being linked to DUI related traffic collisions to participate in a shuttle service that safely transports patrons throughout the community (establishment to home and home to establishment shuttles).
- Inventory bar establishments that originate DUIs or alcohol related collisions. Also, determine the residence of the patron or the motorist receiving the citation? Different strategies would apply to residents or visitors from other neighboring cities and communities.
- The Coastal Enforcement Team specifically works with beaches to help maintain the quality of life and the overall experience that the beaches offer. This is one way of monitoring public intoxication and overall safety on the beaches.

Low Income Housing: There was some discussion about low-income housing requirements and creation of different affordable housing programs.

From a Public Health viewpoint, one issue is third hand smoke in multi-family housing units. The smoke permeates and remains in the stucco, plaster, carpet and plastic of these homes and is then transferred to its residents. First, second, and third hand smoke exposure are all of concern.

Section 8 addresses low income housing but it is a landlord opt-in system with little participation in Encinitas. The WAC members discussed the current system and if and how City should garner partnerships between resource centers and services to increase participation in Section 8. The Encinitas Community Resource Center aids low income residents in the process of receiving such vouchers.

Joint Use and Parks: Interest in creating more joint use opportunities in the City and incorporating community gardens into the structure. Joint Use between schools and the City are also concerns. Solana Beach (Earle Warren) and Carmel Valley are two model agreements to consider.

Tobacco Concerns The WAC identified smoking in public spaces and would like to see restrictions of public venues to be smoke free, such as farmers' markets. This City already has restrictions on beaches. Consider a tobacco retailing licensing fee (6 cities in the county have this). The fee is applied to sting operations for undercover detection of smoking in public spaces.

CPTED: Crime Prevention through Environmental Design. This can be incorporated into the Public Health element under Safety or Parks and Open Space sub-category.

Drug Prevention: Strengthen the partnerships, social cohesion and social networking that facilitate the county and City's prevention as it relates to drugs. Need more active solutions (not education-based programs) that identify drug prevention measures.

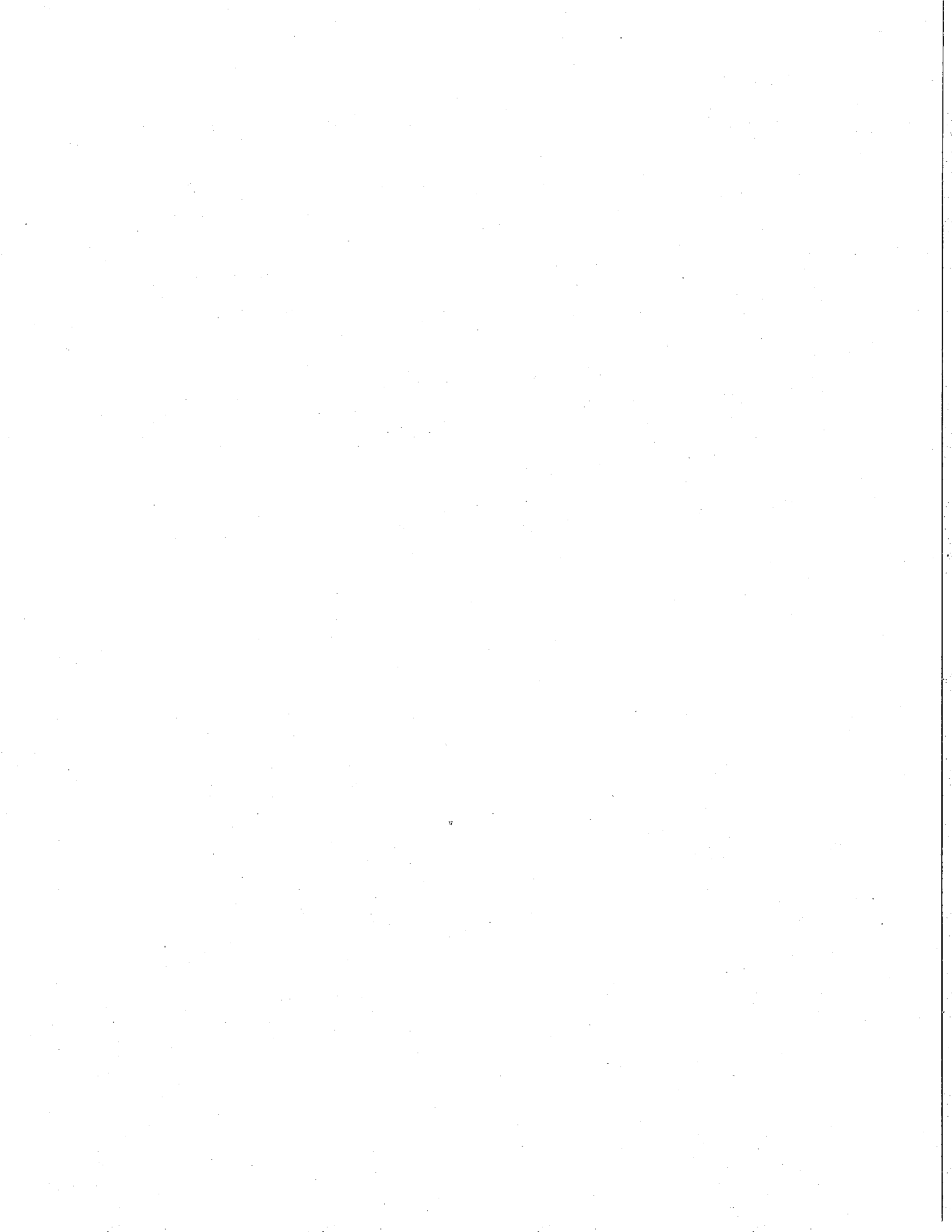
Drug-free housing is one policy that has been adopted by the county but it is difficult to identify problematic behavior (functioning drug abusers). The landlords and the eviction process are problematic and bureaucratic.

- The after-care and after-care support, and different alternative programs that can help maintain a drug free space.
- After care meetings.
- Need *immediate* accessibility that really helps with substance abuse. Managed-Care program. The willingness fluctuates daily so you need to have a viable resource. County-run programs: assess, call, and get into a program. Partner with county on this venture. Similar to PERT (Psychological Emergency Response Team).

6. Next steps

The group briefly described the next steps, such as the July 18, 2011 workshop and how to involve engage the community and other interested parties.

The start of the August 4, 2011 meeting will start at 3:00 PM.





Public Health Wellness Advisory Committee

*August 4, 2011 Meeting No. 3 Summary Notes
3:00 PM – 5:30 PM at the Poinsettia Room, City of Encinitas Civic Center*

Consultant and City staff in attendance:

Beth Altshuler (Raimi & Associates; Project Consultant)
Laurie Gartrell (City of Encinitas; Volunteer Intern)
Nicole Piano (City of Encinitas; Planning Intern)
Michael Strong (City of Encinitas; Associate Planner)

Wellness Advisory Committee (WAC) Members:

1. Judy Strang - Executive Director, San Dieguito Alliance
2. Vicki Rubenstein – Recreation Supervisor, City of Encinitas
3. Christie Goodsell – Senior Center Manager
4. Kathleen Farrier – Walk San Diego
5. Linsey Cox – County of San Diego Health
6. Allyson Ruth – County of San Diego Health
7. Filipa Rios - CRC (Community Resource Center)
8. Melanie Cohn – San Diego Childhood Obesity Initiative
9. JuliAnna Arnett – Childhood Obesity Initiative
10. Rita Kreig – Equinox Center

1. Introduction:

After a brief round of introductions, City staff provided information on the Comprehensive General Plan Update planning process and the Communities Putting Prevention to Work planning grant program to develop a standalone Public Health Element.

2. Public Health Element Outreach and July 18, 2011 Workshop Results:

Staff facilitated a brief overview of the July 18, 2011 Public Health Element Workshop as it related to the rest of the outreach process and community-based planning. The process has been iterative, and each step has built on previous comments and/or input. Whereas the June 14, 2011 workshop was designed to get feedback on high-level health related issues and opportunities, the July 18, 2011 workshop was a way for the City and consultant team to solicit direct feedback on potential policy approaches that should be addressed in the update. At the July 18, 2011 workshop, workbooks consisting of ten specific goal related questions on policy considerations were distributed to attendees/participants. The workshop featured small-group table discussions, allowing opportunity to discuss and critique personal and community issues. While most potential policy approaches received general support, several policies received considerable amounts of discussion.

City staff also provided an overview of the three surveys administered including youth, adult ("citywide") and senior-specific surveys in the planning process. There were 378 total participants in the citywide and adult surveys. The youth survey was the third survey which generated 970 student participants at 9 participating public schools. The youth survey was primarily designed to help develop a comprehensive Safe Routes to Schools Scorecard Program. However, health related questions were also included. Results from the youth surveys can be used in tandem with other citywide and senior survey findings.

In terms of developing a Safe Routes to School Scorecard, youth survey results from each school will be utilized to help define existing school programs that are currently available, a needs assessment and priority funding options. For example, the City will be able to approximate the number of students that currently walk, bike or skateboard to and from school and how many don't because they don't feel safe. The survey will also identify the number of students that would want to participate in other walking or biking programs if they don't participate already. Through other resources, the City will also be looking at other site profile indicators like missing sidewalks or better bike lanes. Ultimately, each scorecard will be utilized by staff as a planning tool to help fund specific school related projects (the overarching goal is geared toward encouraging alternative student transportation). It was noted by staff that when addressing the pedestrian and bicycle environment, you also address community safety, accessibility, etc. City staff presented an example of what a Safe Routes to School Scorecard would look like by utilizing Ocean Knoll Elementary School as a case

study. Staff also identified some preliminary findings and potential school-specific programs to make walking and biking fun, safe and convenient.

3. Policy Framework Focused Discussion:

While working/incorporating the Public Health Element into the existing General Plan Update process, City Staff must ensure consistency throughout the plan.

- The language throughout the entire document must be consistent through each Element. Along with an internal consistency check, staff has also worked to shift policies throughout the document so that each mentioned policy has an appropriate location.
- Issues and topics mentioned by the Community will find a place within the plan.
- Throughout the Public Health element development, the original list of Public Health topics has been condensed to five comprehensive issues. Within these five topics, there are over 100 policies within the Public Health element.

The group then discussed the draft element framework, based on workshop comments, previous General Plan related-visioning, etc. and helped discuss initial goal and policy directives. The comments received during this discussion were generally clarifying comments.

The Public Health Element will be structured according to the following overarching topics. Please note that the following structure is what was presented to the group. The exact topic and goal language may change as a result of additional input received prior to the draft Plan's release for public comment.

- **City as a Health Leader.**
GOAL 1: Encourage, innovate, and model best practices in the community health field.
GOAL 2: Support community health collaboration, education, and communication.
- **Complete Neighborhoods and Access to Goods and Services.**
GOAL 3: Create a land use and urban design pattern that results in complete neighborhoods and encourages physical activity and promotes healthy living.
GOAL 4: Support the creation of diverse, affordable and high-quality housing
GOAL 5: Provide opportunities for community gardens and local food production.
GOAL 6: Improve access to health food retail for all residents.

GOAL 7: Increase the number and distribution of childcare facilities throughout the City.

- **Environmental Health.**

GOAL 8: Protect community members from the harmful effects of pollution and hazardous materials, hazardous waste, and environmental contamination.

GOAL 9: Reduce the negative public health impacts of tobacco smoke.

Goal 10: Encourage Healthy Homes and Businesses in Encinitas.

- **Safe and Active Transportation System.**

GOAL 11: Create a complete, multi-modal transportation system to increase opportunities for physical activity and create a healthy environment.

GOAL 12: Improve the safety of the transportation system.

- **Supportive Social Services and Facilities.**

GOAL 13: Promote access to affordable and high-quality health care and mental health services.

GOAL 14: Minimize the harmful impacts of substance abuse on individuals, their families, and the larger community.

GOAL 15: Offer a broad range of recreational and cultural programs and services that meet diverse community needs and promote them.

4. **Next steps:**

This was the third and final Wellness Advisory Committee meeting. However, it was noted that what will make the planning process successful is continued stakeholder participation throughout the comment period and outreach process. Many stakeholders may be called on again to help implement some of the Plan's policies and put them into action.

The group briefly described the next steps, including how to involve or engage the community in the policy review process and comment period. The next public workshop will be held on September 19, 2011 for the release of the Draft General Plan.

A Healthy WorksSM program made possible by funding from the U.S. Department of Health and Human Services, through the County of San Diego and the San Diego Association of Governments.



June 14, 2011
Public Health
Element Workshop
Summary Notes
6:00 – 9:00 pm
Community and Senior Center

I. Workshop Objectives and Outcomes:

- Understand the relationship between health and planning.
- Define a vision for a healthy Encinitas.
- Identify the most important health issues and assets in Encinitas.
- Share ideas for improving health in the City.
- Complete the Community Survey.

II. Workshop Summary:

The workshop was divided into two parts: presentations and small group discussions. The first part of the event included welcoming introductions and presentations by City staff and the consultant team. In general, the presentation focused on the planning process, trends in public health, and identifying health-related indicators in Encinitas.

In the second half of the workshop, participants sat in groups of 6 to 10 people. Facilitators led participants through a series of questions on different topics. The list below identifies the topics provided for group discussion. Each group voted on three topics to discuss during the small group exercise, covering various assets, challenges and ideas for improvements.

1. Complete neighborhoods and access to goods and services
2. Jobs, housing and a healthy economy
3. Healthy air and water environments
4. Parks, recreation, and open spaces
5. Community facilities, institutions, and public infrastructure
6. Safe, accessible, and sustainable transportation
7. Supportive social services and environments

Buddy Cards

Each participant was asked to think of issues outside of their own paradigm. In order to better understand the relationship between public health and the built environment and to get workshop participants to think about the larger picture nine different “buddy cards” were provided at each table. Each “buddy” represents a socio-economic perspective that may have different health-related or transportation-related challenges - such as 75 year

old that lives alone, 8 year old with asthma, and nanny who lives with a family in New Encinitas, etc.

Each participant selected a “buddy card” from the table’s bag. As part of the group discussions, participants were asked to speak about his or her own personal health issues and also speak to those of his or her “buddy” who represents someone who may not have been able to make the meeting.

Reporting Back

Each group shared three challenges and the three corresponding ideas or goals that will address those challenges. The following list conveys the broad discussion items identified by workshop participants during the report back session. The full list of group comments will be kept on file with the City of Encinitas Planning and Building Department. Comments will also be posted online at www.encintas2035.info for the duration of the project.

Issue: Providing access with transportation – bus system is not complete.

Address this with a shuttle service system and promote public transit equality – efficient and affordable systems.

Issue: Access to natural resources.

Address this challenge through our ecosystems. Education is basis for everything. It connects problems to solutions.

Issue: People aren’t able to get around in the City. The railroad tracks are a barrier.

In response to the discussing the existing network for bikes and peds, the solution is to provide better east-west connections and evaluate opportunities to improve I-5 crossings and at-grade/grade-separated pedestrian crossings at the railroad. Provide a website for destination car-pool connections.

Issue: Access to local and healthy foods.

Address access by converting old flower growing sites to organic and edible gardening opportunities.

Issue: Encinitas’ five communities have different priorities on connections based on community character.

Address this with place-based strategies and coordinated street-by-street design solutions.

Issue: Seniors and the youth are not able to get around to recreational facilities.

Address this inequality by creating a network of parks or satellite facilities.

Issue: Facilities need to accommodate changing needs and parks need to reflect compatibility with different park users.

Be flexible in facility design to accommodate the changing needs of park visitors. Monitor demand and changing needs. Additional satellite park facilities can add overall value to the network. Create opportunities for more off-leash dog parks.





Public Health Element Policy Development Workbook Results

Monday, July 18, 2011 - Public Workshop

At the July 18, 2011 Public Workshop, participants were asked to review important information about the following topics related to health in Encinitas:

1. Community Facilities, Institutions, and Public Infrastructure
2. Complete Neighborhoods and Access to Goods and Services
3. Healthy Air and Water Environments
4. Jobs, Housing, and a Healthy Economy
5. Parks, Recreation and Open Spaces
6. Safe, Accessible, and Sustainable Transportation
7. Supportive Social Services and Environments

Workshop participants sat at small-group tables and discussed and critiqued personal and community issues. Participants were given workbooks to record their responses, and this document provides the results from the workshop.



Funding for this work program is made available by Healthy WorksSM. Healthy WorksSM is a countywide initiative promoting wellness. Healthy WorksSM is administered by the County of San Diego Health and Human Services Agency and is funded by the American Recovery and Reinvestment Act of 2009. The County partnered with SANDAG to implement several initiatives made available to local agencies, tribal governments, community programs, and school districts to promote and incorporate public health considerations into local planning efforts.



1. Community Facilities, Institutions, and Public Infrastructure

Community	Households (HH) within 1km (0.6 miles) of an Elementary School		
	Total HH	HH Count within 1km	% of Total HH
Cardiff-by-the-Sea	4,770	2,930	61.4%
Leucadia	6,012	2,387	39.7%
New Encinitas	7,047	4,968	70.5%
Old Encinitas	5,265	2,055	39.0%
Olivenhain	1,797	675	37.6%
Citywide	24,891	13,015	52.3%
San Diego County			42.8%

EXISTING CONDITIONS

- **Elementary School Access:** About 52 percent of Encinitas households are within 1km (0.6 miles) of a public elementary school compared to 43 percent of households in the county (see table above).
- **Public Schools:** There are high quality public schools in Encinitas, all with Academic Performance Index (API) scores above the state standard of 800. The dropout rate for Encinitas high schools is nearly 20 times *less* than the San Diego County average. However, the average Encinitas high school student dropout rate is six times *higher* for Hispanic students than for White students.
- **Youth Healthy Body Composition:** The probability of a fifth grader to have an unhealthy Body Mass Index (BMI) in Encinitas is approximately half of the probability in San Diego County. Among 5th graders in Encinitas, Hispanic student are three times more likely to have an unhealthy BMI. The BMI probability rates are similar for 7th and 9th graders in Encinitas.
- **Medical Care:** Encinitas has 2.3 hospital beds per 1,000 persons compared to 2.0 in the County, 2.1 in California, and 3.6 nationwide. About 75 percent of survey respondents rated the accessibility of healthcare and health services in Encinitas "very good" or "good".

1. Community Facilities, Institutions, and Public Infrastructure

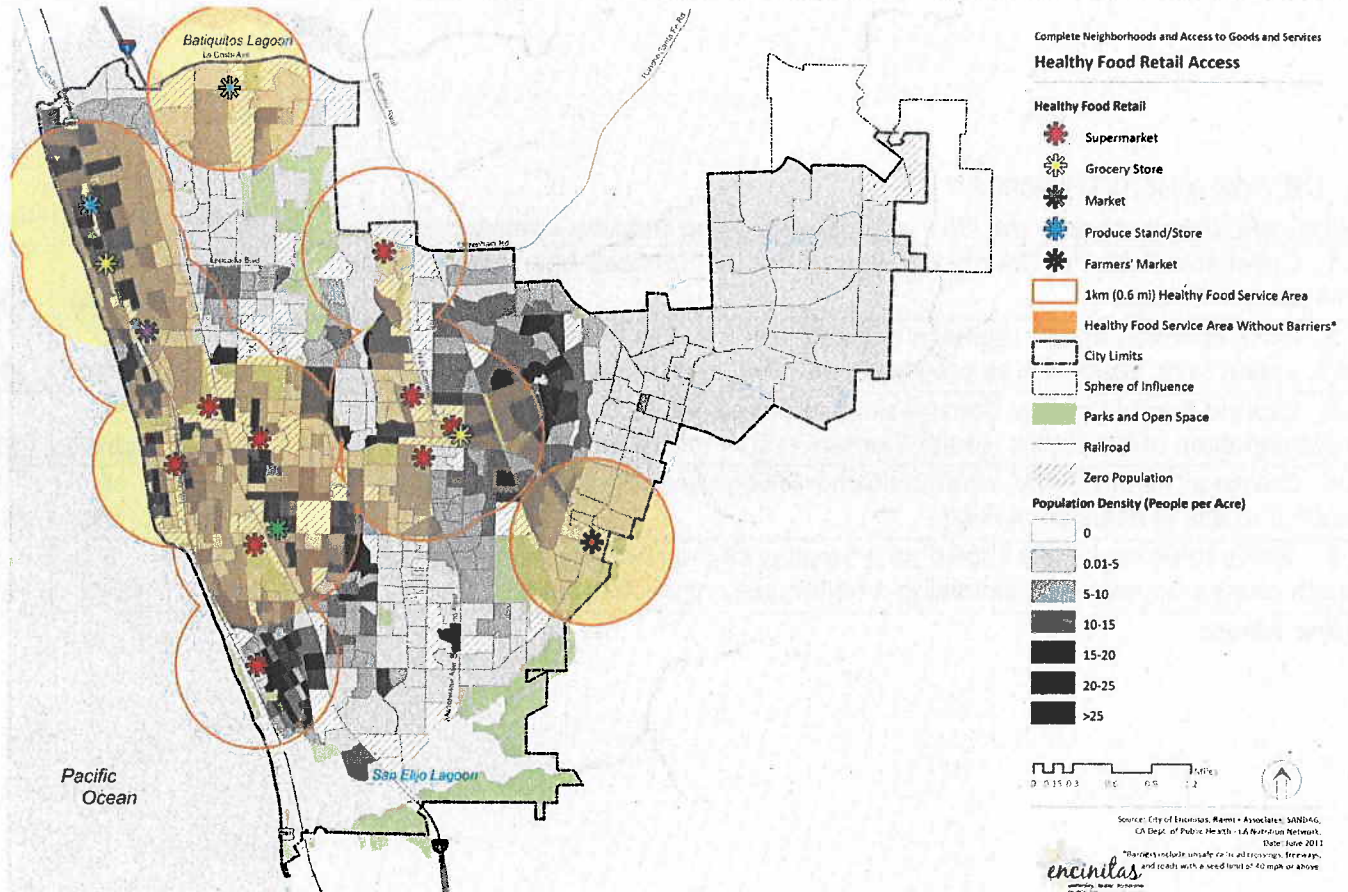
A. CITY AS A HEALTH LEADER

What role, if any, should the City play in promoting healthy communities?

	AGREE	NOT SURE	DISAGREE
A.1. Collaborate with the County Health and Human Services Agency to track and analyze health data.	33 (85%)	4 (10%)	2 (5%)
A.2. Host, sponsor, and/or organize citywide public health events such as health fairs, senior fairs, youth fitness programs, lectures, and/or workshops.	31 (86%)	3 (8%)	2 (6%)
A.3. Expand the role of City Commissions to advise the Council on the implementation of the Public Health Element and other health-related issues.	27 (71%)	7 (18%)	4 (11%)
A.4. Create a "health policy" whereby Commissions and City Council consider health impacts in decision making.	31 (81%)	4 (11%)	3 (8%)
A.5. Strive to be regionally known as a "healthy city" by actively addressing public health related issues and maintaining a high-quality of life standard.	31 (86%)	3 (8%)	2 (6%)

Other ideas:

2. Complete Neighborhoods and Access to Goods and Services



Community	Total Households (HH)	HH within 1km (0.6miles)	% of Total HH
Cardiff-by-the-Sea	4,770	224	4.7%
Leucadia	6,012	1,610	26.8%
New Encinitas	7,047	3,248	46.1%
Old Encinitas	5,265	3,996	75.9%
Olivenhain	1,797	224	12.5%
Citywide	24,891	2,627	10.6%

EXISTING CONDITIONS

- **Community Gardens:** Encinitas currently has no community gardens. However, all elementary schools have a garden on-site. Some Home Owner's Associations (HOAs) restrict food gardening in front yards. Over 80% of survey respondents feel that the City should provide more opportunities for community gardening, local growing programs, and farmers' markets in Encinitas.
- **Healthy Food Retail:** Sixty-nine percent of households live within 1 km (0.6 miles) of at least one of the 16 healthy food sources in town (compared to 59% in SD County. 61% of all survey respondents said they would be more likely to eat fruits and vegetables if they knew they were grown locally.
- **Affordability and Food Security:** Of the 21 stores in Encinitas that accept SNAP/CalFresh (food stamps) only half of them are considered healthy. Less than 14% of households in Encinitas eligible for food stamps are enrolled in the SNAP/CalFresh programs.
- **Unhealthy Food:** 53% of survey respondents think there should be a limit on the amount and/or location of convenience stores, drive-thrus, and/or fast food.

