

10

HEALTHY COMMUNITIES

The Healthy Communities Element presents a broad and comprehensive initiative to improve community health. The concept of a “healthy community” also includes household income, addressed in the Economic Development and Fiscal Sustainability Element, and environmental health issues, such as air quality, addressed in the Resource Conservation and Resilience Element. This element focuses specifically on subjects not fully discussed in other elements, in particular the relationships between the built, natural, and social environments and community health and wellness outcomes, such as death, chronic disease, and the effects of drug abuse and crime. Many community partners will help the City achieve improvements in individual, family, and community health, and their roles are explained at the end of this element.

10.1 PLANNING FOR COMMUNITY HEALTH

The World Health Organization defines health as the following:

“A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities.”

With this context in mind, this element first assesses the conditions that affect community health in Fresno, followed by a discussion of local opportunities and strategies for improving public health in the city, as well as detailed objectives and policies towards that goal.

There are four key components that directly affect the health of the Fresno community:

1. Physical health, or the medical well-being of individuals, as seen in rates of disease and death, with special consideration given to disparities in health across populations;
2. Environmental conditions, notably air quality, which can enhance or impede health;
3. Household income, which can affect the financial ability to afford medical care and healthy food, as well as mental and social well-being, and can directly relate to other factors such as safety and access to parks; and
4. Safety, particularly exposure to violent crime, which has direct and indirect impacts on individuals and governments alike, reducing productiveness, opportunities, and quality of life and contributing to poor physical and mental health.

This element also discusses some of the indirect contributing factors that the City can influence, including educational attainment, access to parks and recreation, the availability of healthy food, and transportation options.

The health of the Fresno community can be directly measured in the physical health of its residents. It can also be measured in quantitative factors that contribute directly to

¹ Ottawa Charter for Health Promotion. WHO, Geneva, 1986

health: environmental conditions, income, and safety. Several social and physical factors can also influence community health, including educational attainment; access to social services, parks, recreation, and healthy food; affordable housing and transportation options; and youth engagement.

An analysis of these direct and indirect factors will contribute to the evaluation of Fresno's current public health conditions, with community health broadly defined as physical, emotional, and social well-being. Some of these issues, such as the location and programming of public parks, are within the City's ability to plan and improve. Other issues, however, may require broad-based or indirect efforts in consultation with other public agencies and the private sector. All the issues discussed in the Healthy Communities Element are important to consider in the context of the Fresno General Plan as a comprehensive plan that reflects the interdependence of health outcomes with land use, transportation, and other public policies and practices.

A Healthy California Community²

There are many components considered when planning for healthy communities, including:

- Basic Needs for All
 - Affordable, accessible and nutritious foods and safe drinking water
 - Affordable, accessible, high quality health care
 - Affordable, safe, integrated, and location efficient housing
 - Safe, sustainable, accessible and affordable transportation options
 - Safe, clean environment
 - Access to quality schools
 - Access to affordable, safe opportunities and spaces for physical exercise and fun activities
 - Safe communities, free of crime and violence
- Safe, Sustainable Environment
 - Clean air, soil, and water
 - Green and open spaces
 - Reduced greenhouse gas emissions and other pollutants

² Defining a Healthy Community – CA Planners Roundtable.

- Reduced waste
- Affordable and renewable energy resources
- Nourishes the interrelationship between people, nature and the built environment
- Economic and Social Vitality
 - Living wage, safe and equitable job opportunities to support individuals and families
 - Strong, resilient economy supportive of innovation and entrepreneurial spirit
 - Healthy development of children and adolescents
 - Access to high quality, affordable education from preschool through college and including vocational opportunities
 - Community empowerment through robust social and civic engagement that takes into account diversity and cultural competency
 - Access to opportunities to thrive regardless of income, race, ethnicity, nationality, gender, age, sexual orientation, identity, creed or disability
 - An understanding of the social determinants of health and health equity as strategies to reduce health disparities affecting the most vulnerable populations
 - Opportunities for exercising creativity, artistic expression and fostering imagination
- Efficient Development Patterns
 - Sufficient affordable housing development in appropriate locations
 - Mix of land uses and a built environment that support walking and biking
 - Multimodal, affordable transportation choices
 - Safe public spaces for social interaction
 - Conservation and restoration of open space and preservation of agricultural lands

Relationship to General Plan Goals

This Element provides objectives and policies that support the following General Plan goals:

9. Promote a city of healthy communities and improve quality of life in established neighborhoods.

Emphasize supporting established neighborhoods in Fresno with safe, well maintained, and accessible streets, public utilities, education and job training, proximity to jobs, retail services, and health care, affordable housing, youth development opportunities, open space and parks, transportation options, and opportunities for home grown businesses.

14. Provide a network of well-maintained parks, open spaces, athletic facilities, and walking and biking trails connecting the city's districts and neighborhoods to attract and retain a broad range of individuals, benefit the health of residents, and provide the level of public amenities required to encourage and support development of higher density urban living and transit use.
16. Protect and improve public health and safety.

10.2 HEALTH

Tracking the age and cause of death of local residents against State and national statistics is one simple way of measuring the physical health of the Fresno community. The prevalence of chronic illnesses and health disparities across demographic lines are other important components of evaluating the state of the city's public health. Many health statistics are collected at the county level, so this element relies on that level of data to assess the state of physical health for the city's residents. With 495,000 out of the county of Fresno's 940,000 residents, the city of Fresno makes up 53 percent of the population in the data discussed in this section.

Age and Cause of Death

The median age of death in the county of Fresno, 77.7 years old, is close to that of California (77.9) and the nation (78.2). However, another measure of age of death is years of potential life lost (YPLL) per 1,000 people. This metric computes the estimated number of years of life lost due to premature deaths against a person's theoretical life expectancy. The County of Fresno Department of Public Health performed an assessment in 2009 in partnership with the Central Valley Health Partnership Institute. In an unpublished report, they found the rate of YPLL in the county to be 28.7 years, compared to a statewide rate of 23.1 years. In other words, living in the county results in an average of 5.6 more years of lost potential lifespan per 1,000 residents, compared to the statewide rate, or 24 percent more lost years. Another study in 2011 by the Robert Wood Johnson Foundation used publicly available data for 2005-07 to find a similar disparity between county and the statewide YPLL.

The county's rate of death from cancer is comparable to the State but lower than the national average. Diabetes is a major cause of death for county residents, both

absolutely (fourth highest cause of death) and relatively, resulting in death at a rate 52 percent higher than the statewide average and 43 percent higher than the national average. Indeed, the county's diabetes death rate is one of the worst in California, ranking 56th out of 58 counties, and because diabetes is often created by a lack of exercise and poor diet, these may be major public health issues in Fresno. In addition, county residents die significantly more (a rate greater than 15 percent higher per 100,000 residents) from Alzheimer's disease, stroke, influenza/pneumonia, chronic liver disease and cirrhosis, accidents, motor vehicle accidents, and homicide, compared to the statewide and national average death rates. Overall, the county ranks in the bottom half (29 through 58) for most causes of death.

Chronic Disease-Related Risk Factors

The county ranks quite low in terms of overall health (51 out of 58 California counties) for overall health outcomes.³ The high rates of death in the county from diabetes, influenza/pneumonia, and chronic liver disease and cirrhosis suggest that notable proportions of local residents may be in chronically poor health, as those causes of death tend to be the result of longer term unhealthy living.

Health Disparities⁴

Health disparities between different racial and ethnic groups can be striking and create radically different qualities of life. Nearly 50 percent of Fresno's population is Latino/of Hispanic origin. Latinos are a population that, as a whole, often has poor health indicators in relation to other ethnicities, as Latinos experience disproportionately high prevalence of and risk factors for asthma, obesity, HIV/AIDS, teenage pregnancy, suicide, and mental health disorders. Factors contributing to poorer health outcomes among the Hispanic population include language and cultural barriers, limited access to preventative care, and lack of insurance.⁵

Obesity

The U.S. Department of Health and Human Services, through its Healthy People Initiative, set national objectives for 2010 for the proportion of the population that is overweight or obese. The target rate was set to 15 percent or less of the adult population to be overweight or obese, but that rate is far exceeded in the county. In 2005, in the county, overweight and obese adults comprised 57 percent of the adult population aged 18 to 64 years, and 65 percent for adults aged 65 and older.

³ Robert Wood Johnson Foundation. 2011 County Health Rankings, Fresno, CA.

⁴ U.S. Centers for Disease Control and Prevention, Office of Minority Health and Health Disparities, 2012.

⁵ In 2012, over 30 percent of Latinos nationwide lacked health insurance (U.S. Census).

Between 2004 and 2009, the rate of students who were overweight in grades 5, 7, and 9, rose from 30.6 percent, 32.0 percent and 27.4 percent to 36.0 percent, 38.5 percent, and 33.7 percent, respectively.⁶ There is a growing body of evidence relating obesity to the consumption of sugar-sweetened beverages. Over 30 years, the average daily caloric intake has increased by nearly 300 calories. In fact, in the county, 53 percent of 2- to 11-year-olds and 69 percent of 12- to 17-year-olds consume at least one soda a day, compared to 24 percent children nationwide.⁷

Smoking

In the county, 14.4 percent of adults report being a smoker, higher than the Healthy People 2020 (HP2020) goal of 12 percent.⁸ Smoking prevalence among county youth ages 12 to 17 is 7.2 percent. When looking at the availability of tobacco products, 17 percent, 35 percent, and 49 percent of students in grades 7, 9, and 11 respectively feel that it is easy to obtain cigarettes.⁹ Undercover tobacco youth purchase surveys found that 33 percent tobacco retailers in the city attempted to illegally sell cigarettes to minors.¹⁰ This rate of illegal tobacco sales to minors is higher than the HP2020 target of less than 5 percent. Also, no cities in the county meet the HP2020 target of having adopted local ordinances that prohibit smoking in multi-unit housing.

Local Health Disparities

The impact of health disparities is critical to justifying the role of planning in improving public health and creating healthy communities. Health disparities are differences in health outcomes (injury, illness, and death) between different groups of people. There is broad agreement in the literature that people who live in more socially and economically disadvantaged areas are in worse health than those living in more prosperous areas.¹¹

A 2011 Community Needs Assessment of Fresno, Madera, Tulare, and Kings counties, undertaken by the Hospital Council of Northern and Central California, found several health disparities by race and ethnic group across the region. In Fresno, Latinos make up almost 47 percent of the city population; yet compared to white residents, Fresno's

⁶ California Department of Education. *California Physical Fitness Report Summary of Results*. 2009-2010; 2004-2005

⁷ California Health Interview Survey, 2005

⁸ California Health Interview Survey, 2009. *Current Smoking Status-Adults and Teens*.

⁹ California Healthy Kids Survey, 2007-09, County Results: Main Report San Francisco: WestEd Health and Human Development Program for the California Department of Education.

¹⁰ Krenz, V.D. Brief Evaluation Report: Tobacco Retailer Licensing Policy in Fresno County. American Lung Association. 2010.

Krenz, V.D. & Allen, Fresno County Tobacco Prevention Program Final Evaluation Report. California: Fresno County Tobacco Prevention Program. 2007

¹¹ *Reducing Health Disparities through a Focus on Communities*. PolicyLink, 2002.

Latino population experiences higher rates of diabetes, hospitalizations, and mortality, and higher rates of death from motor vehicle accidents. Similarly, African-American residents, who make up eight percent of the city population, experience higher hospital use and/or death rates for asthma, cancer, cardiovascular issues, diabetes, homicides, hypertension, and motor vehicle accidents compared to white residents.¹²

In the county, rates of obesity vary greatly by race, with 38 percent of Latinos obese compared to 23 percent of Whites, 22 percent of African-Americans, and just 8 percent of Asians. Only 6 percent of African-Americans in the county undertake vigorous physical exercise at least three times per week, compared to 21 percent of Whites, 24 percent of Asians, and 19 percent of Latinos.¹³

The county has a higher percentage of disabled residents (21.3 percent) than in California as a whole (19.2 percent).¹⁴ This population inherently has greater physical health needs than the rest of the population in the county.

Access to Medical and Health-Related Services

The medical dimension of health encompasses a range of services including primary care, specialty care, home health care, emergency services, mental health services, long-term care, dental care, and alternative care. Access to health care services is an important determinant of community health, since medical monitoring, advice, and care is often essential to preventing disease and improving poor health. In this context, access refers to physical proximity, as well as socioeconomic access.

Physical access to medical services is intertwined with transportation planning, because community members rely on the network of roadways, public transportation services, and walking and biking facilities to get to and from health-related facilities. The location of hospitals, medical clinics, and doctors' and dentists' offices in Fresno are such that parts of the city are underserved for residents in those areas. There are only a few medical facilities west of State Route 99, and a small number of health services in the southeastern section of the city. Northern and central Fresno has the bulk of the city's medical facilities; these are easily accessible from State Route 41, but located far from the poorest populations south of State Route 180.

¹² Hospital Council of Northern and Central California. *Community Needs Assessment*. 2011.

¹³ California Health Interview Survey. CHIS 2007. Adult, Teen, Child Public Use Files. <<http://www.chis.ucla.edu>>. Updated January 2007. As cited in Fresno Downtown Neighborhoods Health Impact Assessment.

¹⁴ Fresno Council of Governments. "Coordinated Human Services Transportation Plan." 2008.

For those families and individuals with the least resources or with physical disabilities that restrict function, public transportation systems are particularly important. To the extent that the Plan can improve the frequency and reliability of public transportation services to medical and health-related facilities within the city, this would support the wider goal of increasing access. The City does have good transit options for reaching medical care, with FAX service provided to all the hospitals in Fresno and to Children's Hospital Central California in Madera; a paratransit service, Handy Ride, also services the hospitals and other medical facilities in Fresno.

Other closely related issues are language barriers and overall health literacy. The current operational definition of health literacy used in Healthy People 2010 is, "the degree(s) to which individuals have the capacity to obtain, process and understand basic health information and services for appropriate health decisions." According to the U.S. Department of Health and Human Services, more than 90 million Americans struggle to understand basic health information. In one study in a public hospital, one-third of English-speaking patients could not read basic health materials, more than a quarter could not read appointment slips, and 42 percent did not understand labels on prescription bottles. The 2000 Census counted 20 million people who speak English poorly and 10 million who speak no English at all. In a 2002 report, the White House Office of Management and Budget estimated the number of patient encounters across language barriers each year at 66 million.¹⁵

¹⁵ U.S. National Library of Medicine National Institutes of Health. *Understanding Health Literacy and its Barriers*. CBM, 2004-1.



Physical and socioeconomic access to health care services is an important determinant of community health.

A related issue is that the county, along with the entire San Joaquin Valley, experiences a relative lack of medical physicians. The county had 2.0 physicians and surgeons per 1,000 residents in 2005, compared to a rate of 2.6 across California, or 23 percent fewer than the statewide average.¹⁶

OPPORTUNITIES FOR IMPROVEMENT

Many of the physical health issues in this section are being addressed by the County of Fresno Public Health Department and local health care providers. However, this Plan puts in place new policies to help provide better access to physical exercise and fresh food, and to invest in efforts to lower the crime rate, in order to reduce the prevalence and impact of preventable disease. This section supports initiatives of the California Endowment in partnering with the communities of central, southeast, and southwest Fresno as part of its Building Healthy Communities campaign.

Environmental Conditions

Fresno and the San Joaquin Valley as a whole have poor air quality when measured against federal and State guidelines. The area is in nonattainment (fails to meet

¹⁶ Bengiamin, Marlene, and John Amson Capitman and Xi Change. *Healthy People 2010: A 2007 Profile of Health Status in the San Joaquin Valley*. Central Valley Health Policy Institute, 2008.

standards) for federal standards for PM 2.5 (particulate matter less than 2.5 micrometers in diameter) and State standards for 8-hour ozone, PM 10 (less than 10 micrometers in diameter), and PM 2.5. Fresno also is in extreme nonattainment for federal 8-hour ozone standards and severe nonattainment for State 1-hour ozone standards. Ozone is a highly reactive form of oxygen that attacks lung tissue and is particularly damaging to young children and older adults. Reducing the very high levels of ozone and significant concentrations of particulate matter from Fresno's air would be a major step to improving the health of the community.

Local actions and opportunities for improvement in air quality are addressed in the Resource Conservation and Resilience Element.

Income and Poverty

The San Joaquin Valley is one of the least affluent areas of California. Per-capita income is well below the national average, and poverty, in both urban and rural areas, is a significant problem. Valley residents have among the lowest per capita personal incomes, higher rates of unemployment, and more residents living below the Federal Poverty Level than the average for California as a whole.

According to the American Community Survey, 27.5 percent of individuals in the city were living in poverty, significantly higher than the state average of 15.3 percent. Thirty-eight percent of related children under 18 were below the poverty level.¹⁷

The 2006 Brookings Institution Study listed Fresno as the largest city in the United States with the most concentrated poverty, meaning the degree to which its poor are clustered in high-poverty neighborhoods. High poverty neighborhoods, generally defined as areas where more than 40 percent of people live below the poverty line, are in the central and southwestern part of the city including the Edison, Roosevelt and Lowell communities. Some areas within these communities had between 60 and 70 percent of people living below the poverty line in 2000. For example, the Lowell community, located in Downtown, has a population of nearly 14,000 with approximately 70 percent of individuals living below the poverty line of \$15,219 (the federal poverty threshold for a three-person family in 2004) for a family of three in 2000. Neighborhood poverty increased dramatically on the south and west sides of Fresno between 1980 and 2000, and this disparity has not changed in the past decade. Many factors have contributed to this increase in poverty. Immigrants, for example, are more likely to be poor than native-born residents. Growth patterns have also exacerbated the

¹⁷ 2008 – 2012 American Community Survey 5 – Year Estimates.

concentration of poverty. Housing in the northern part of the city caters to upper-income families, while affordable housing investment has occurred in more distressed neighborhoods.

OPPORTUNITIES FOR IMPROVEMENT

Creating more and better paying jobs in Fresno would help address household poverty; these policy opportunities are addressed in the Economic Development and Fiscal Sustainability Element. Improving the rate of education attainment, a major factor in improving income, is addressed later in this element.

The concentrations of poverty in the central, western, and southern portions of Fresno suggest several opportunities for the City, such as targeting the development of jobs that pay a living wage in and near these neighborhoods, and dispersing low-income households to more mixed income neighborhoods. It is anticipated a subsequent community plan, such as the proposed Downtown Neighborhoods Community Plan, may further refine strategies to improve household income in these areas.

Crime and Safety

The cause-and-effect relationships between community design, crime, and public health are difficult to understand, but some general relationships have been found. Notably, both the reality and the perception of safety are indicators of a neighborhood's overall economic and social health. Safety is necessary in neighborhoods in order to foster common values and to improve quality of life. In contrast, crime in neighborhoods creates fear and distrust among residents. Finally, while chronic disease is a major health challenge, many chronic disease prevention strategies—such as urban design that encourages walking and biking, provision of parks and recreation areas, and attracting grocery stores to neighborhoods—are less effective when fear and violence pervade the environment.¹⁸ Findings about this relationship include:

- Violence and fear of violence cause people to be less physically active and spend less time outdoors, and also alter people's purchasing patterns, limiting access to healthy food;
- Experiencing and witnessing violence decrease motivation and capability of eating healthfully and being active;
- Violence reduces social interactions that would otherwise contribute to community cohesion; and

¹⁸ Cohen, L., et al. "Addressing the Intersection: Preventing Violence and Promoting Healthy Eating and Active Living." Prevention Institute, May 2010 p 1.

- Violence acts as a barrier to investment in community resources and opportunities, including those that support healthy eating and active living.

OPPORTUNITIES FOR IMPROVEMENT

The Plan continues support of the City of Fresno Police Department's efforts to prevent and investigate crime, as covered in the Public Utilities and Services Element. Target ratios of officers per 1,000 residents will be set as part of the budgetary process. A viable local approach to crime reduction and increasing perceptions of safety in Fresno communities requires attention to the physical and social environments that either support or deter crime. The physical features, layout, and design of many aspects of neighborhoods can influence crime prevention and other crime-related outcomes, such as neighborhood deterioration and residents' fear of crime.¹⁹ In addition, the physical design of buildings and streetscapes can help to deter crime, a concept known as Crime Prevention Through Environmental Design, or CPTED, is an approach that suggests design policies for new development and opportunities to reinvest in better design for established neighborhoods.

Educational Attainment

In the United States, the poorest communities are usually also those with the highest proportions of people without a high school diploma. This is because low-income communities often have poorer quality educational systems and lack access to basic resources that would improve student performance. Poverty also places greater pressure on students to leave school early in order to earn money; and, low quality and incomplete education makes it harder to find well-paying employment, increasing the likelihood that these students grow up and continue to live in poverty. A high poverty rate may also relate to the fact that many residents are foreign-born and may have limited English-language skills, precluding them from higher paying jobs.

Not having a high school diploma is associated with several negative health outcomes. In 2002, 28 percent of adult Americans without a high school diploma lacked health insurance, in comparison to 8 percent of people with at least a Bachelor's degree. More to the point, in 2005, 22 percent of adults in the county aged 18 to 64 had no health insurance, compared to a statewide average of 14 percent.²⁰

The rate of educational attainment is not distributed equally across the city. The areas of the city with the lowest rates of high school graduates are in central and

¹⁹ Taylor, R. and A. Harrell. "Physical environment and crime." As presented to the National Justice Institute, 1996.

²⁰ Bengiamin, *et. seq.* 2008.

southwestern Fresno, at times exceeding 53 percent of the adult population. In contrast, northern Fresno has the highest rates of high school diplomas, with more than 88 percent of the population with diplomas in many areas. This distribution is almost identical to the poverty rate, with higher rates of poverty and lower proportions of high school diplomas appearing to correlate. About 20 percent of the adult population in the county has a college degree, compared to 27 percent statewide, and the city and county lag behind the rest of the state in residents with graduate degrees (6 percent vs. 11 percent). Moreover, about 26 percent of adult residents of Fresno have not graduated from high school, compared with less than 20 percent across the state.

Raising educational attainment is not only critical for health outcomes, but it is also essential to increasing opportunities for jobs and employment, as discussed in the Economic Development and Fiscal Sustainability Element.

OPPORTUNITIES FOR IMPROVEMENT

The City has no control over the local public schools or institutes of high education. It can, however, work with these agencies and with private educational institutions on their location and mission. Opportunities may also exist to partner with neighborhood schools as locations for public services and outreach, which may then encourage greater interest in school and opportunities for adult education and pursuit of a General Education Diploma (GED). Joint use agreements for open space and recreation facilities are discussed elsewhere in this element.

A factor in the city's low rate of educational attainment may also be its lack of appeal to people with a college degree, especially recent graduates in their twenties. Fresno has a shortage of large private employers that offer career development and high salaries and lacks the walkable mixed-use neighborhoods that appeal to this population. The City has the potential to develop these assets, however, particularly by leveraging the presence of a major California State University in the city. Possible strategies are discussed in the Economic Development and Fiscal Sustainability Element.

10.3 ACCESS TO PARKS AND RECREATION

Exercise is critical to achieving positive health outcomes. 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, which itself contributes to the same prevalent causes of death. Recent statistics indicate that almost half of adult Californians (ages 18 and older) fail to meet the

national recommended guidelines for physical activity.²¹ Planners and public health practitioners recognize that community, neighborhood, and transportation system design often influences the extent to which physical activity fits into daily life, with the biggest barriers being long distances, lack of facilities, and safety concerns. When compared with people who were continually sedentary, those who increased their leisure time physical activity had 34 percent lower mortality, and those who were continually active had 45 percent lower mortality. These results did not vary in analyses stratified by obesity and functional limitations.²²

Lack of physical activity is also a significant problem in the county. Only 64 percent of children ages 5 to 17 engaged in vigorous physical activity at least three days per week.²³ County students, in grades 5, 7, and 9, lack cardio-respiratory endurance as evidenced by poor results for aerobic capacity. In 2010, two-thirds of students in grades 5, 7, and 9 did not achieve the standards in all six areas of the physical fitness test.

Access to and motivation to use physical recreation resources improves rates of physical activity, and the associated health benefits. Studies suggest people who live within walking distance (one-fourth mile) of a park are 25 percent more likely to meet their minimum recommended weekly amount of exercise.²⁴ Public parks also serve as places for physical recreation as well as community anchors that can bolster emotional well-being.

Fresno has about 3.28 acres of parkland per 1,000 residents, compared to 5.0 in Visalia and 13.0 in Sacramento (which has 2.5 acres for neighborhood parks; 2.5 acres for community parks; and 8 acres for citywide parks, greenways and open space). In 2012 and 2013, Fresno was ranked last out of the 40 and then 50 largest U.S. cities, respectively, for ParkScore, a measure that takes into account public open space acreage, services, investment, and access.²⁵ The City's parks are also not distributed proportionate to the population. Overall, only 40 percent of residential lots in the city are within walking distance of a public park. The northern, generally less dense, areas of the city are well served by parks, open space, and bike routes. In contrast, the central areas of Fresno south of Shaw Avenue and west of State Route 41 have fewer and smaller parks, despite being some of the denser populated portions of the city.

²¹ Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, Chronic Disease Indicators, Physical Activity Trends for California, 2009.

²² Balboa-Castillo, T. "Physical activity and mortality related to obesity and functional status in older adults in Spain." *American Journal of Preventive Medicine* Vol. 40, Issue 1, 2011.

²³ California Health Interview Survey, 2009. *Vigorous Physical Activity At Least 3 Days Per Week*.

²⁴ Frank, L., et al. "Linking objectively measured physical activity with objectively measured urban form: findings from SMARTRAQ." *American Journal of Preventive Medicine* Vol. 28, Issue 2, 2005.

²⁵ Trust for Public Land: <http://parkscore.tpl.org/rankings.php>

Some schools allow unrestricted access to their grounds outside of school hours, which helps provide recreational access in areas with few parks, especially west of State Route 99. Few of the school grounds east of State Route 99 and south of Herndon Avenue are unrestricted.

OPPORTUNITIES FOR IMPROVEMENT

Priorities for this Plan include (1) to increase the amount of parks and open space available to its residents, and (2) to enhance access to parks and public recreation facilities within the central area of Fresno for those living in established neighborhoods. While the creation of large parks in the older, denser portions of the city would be difficult, there are vacant parcels in key locations to create Pocket Parks with a children's playground and a running path. The Parks, Open Space, and Schools Element addresses the amount and location of future parks and partnerships with neighborhoods needed to secure new parks and maintenance resources.

Another approach that leverages existing assets is to enter into joint use agreements with public schools in underserved areas, as these schools often have outdoor playfields and space and sometimes indoor resources. Many of the areas underserved by parks have schools located in the neighborhood. However, joint use agreements can be obstructed by the need to establish who ensures and pays for security, cleanup, and liability.

10.4 ACCESS TO HEALTHY FOOD

In addition to lack of exercise, poor diet is another major risk factor contributing to chronic disease prevalence. In the U.S., obesity and diet-related chronic disease rates are escalating; people are experiencing rising antibiotic resistance as a result of the treatment of farm animals; food, air, soil, and water are being contaminated from chemicals and pathogens related to agriculture; and natural resources such as fresh water and prime farmland are being depleted. These threats have environmental, social, and economic costs that are growing, cumulative, and unequally distributed. These issues all relate to the food system—what we eat and how it is produced.

Obesity is a particularly important concern for the healthy development of children. Childhood obesity has more than tripled in the past 30 years. The prevalence of obesity among children aged 6 to 11 years increased from 6.5 percent in 1980 to 19.6 percent in 2008. The prevalence of obesity among adolescents aged 12 to 19 years increased from

5 percent to 18.1 percent.²⁶ Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Children and adolescents who are obese are also at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.^{27,28} Finally, obese youth are more likely than youth of normal weight to become overweight or obese adults, and therefore more at risk for associated adult health problems, including heart disease, Type 2 diabetes, stroke, several types of cancer, and osteoarthritis.

County children and adults are more overweight, suffer from diabetes and heart disease, are less physically active and have less access to healthy food and recreational resources than their statewide counterparts. According to the 2009 California Health Interview Survey, the percentage of overweight and obese adults in the county was 34.4 percent and 30.2 percent, compared to 33.6 percent and 22.7 percent statewide, respectively.²⁹

In some communities, healthy food access is a big factor in obesity rates, particularly where there are challenges to both physical proximity and affordability. Residents in communities with a more “imbalanced food environment” (where fast food restaurants and corner stores are more convenient than grocery stores) have more health problems and higher mortality than residents of areas with a higher proportion of grocery stores, other factors held constant.³⁰ Likewise, the presence of a supermarket in a neighborhood is linked to higher fruit and vegetable consumption and a reduced prevalence of obesity.^{31,32} In low-income neighborhoods, the addition of a supermarket has been found to increase residents’ likelihood of meeting nutritional guidelines by one-third.³³

“Food deserts,” defined as large and isolated geographic areas where mainstream grocery stores are absent or distant, are linked to poor food habits and associated

²⁶ Ogden, C.L., et al. “Prevalence of high body mass index in US children and adolescents, 2007–2008.” *Journal of the American Medical Association*, 303(3):242–9, 2010.

²⁷ Daniels, S.R., et al. “Overweight in children and adolescents: pathophysiology, consequences, prevention, and treatment.” *Circulation*, 111:1999–2002, 2005.

²⁸ U.S. Surgeon General. *Overweight and Obesity: Health Consequences*. Rockville: MD, 2001.

²⁹ California Health Interview Survey, 2009. <http://www.chis.ucla.edu/main/DQ3/output.asp?_rn=0.7438928>.

³⁰ Mari Gallagher Research and Consulting Group. “Examining the Impact of Food Deserts on Public Health in Chicago.” 2006.

³¹ Inagami, S., et al. “You are where you shop: grocery store locations, weight, and neighborhoods.” *American Journal of Preventative Medicine* Vol. 31, Issue 1, 2006.

³² Sturm, R., and A. Datar. “Body mass index in elementary school children, metropolitan area food prices, and food outlet density.” *Public Health* Vol. 119, 2005.

³³ Morland, K., et al. “The contextual effect of the local food environment on residents’ diet.” *American Journal of Public Health* Vol. 92, Issue 11, November 2002.

negative diet-related health outcomes. The 2007 report “Searching for Healthy Food: The Food Landscape in California Cities and Counties” report found that fast food restaurants and convenience stores were five times more prevalent in the county than supermarkets and produce vendors.³⁴ According to the USDA Food Desert Locator, there are 12 census tracts in the county that are classified as food deserts. The distribution of retail food outlets in the county is: 50 percent fast-food restaurants, 34 percent convenience stores, 12 percent supermarkets, 3 percent produce stores, and 1 percent farmer’s markets.³⁵

Furthermore, 21.6 percent of the population in the county is categorized as “food insecure” compared to 16.6 percent nationwide.³⁶ The county, one of the world’s top producers of fruits and vegetables, exports much of its bounty out of the county. It is not uncommon for produce from the county to be sold to a distributor who ships it out of the county, out of California or out of the U.S. for processing or packaging. The product then finds its way back to Fresno via national supermarket chains at a higher cost.

Full service grocery stores and produce markets are inconsistently distributed around Fresno, with fewer on the city’s edges. The areas west of State Route 99 are largely devoid of grocery options.

³⁴ CA Center for Public Health Advocacy. *Searching for Healthy Food, The Food Landscape in Fresno County*. 2007.

³⁵ United States Department of Agriculture. Food Dessert Locator, Fresno County. 2011.

³⁶ Feeding America. *Food Insecurity & Food Cost In the US, Fresno County*. 2011



While Fresno is surrounded by some of the most productive agricultural land in the world, one in five residents in the county of Fresno is “food insecure,” and less than 10 percent of residential land in the city is within walking distance to a grocery store.

Most city residents would be unable to easily walk to a grocery store, since their locations are spread out. Only 10 percent of residential land in the city is within walking distance of a grocery store or fresh produce market. Farmers markets are also unevenly distributed.

The central areas of Fresno south of Shaw Avenue and west of State Route 41—on both sides of State Route 99—are underserved by grocery stores as well as parks, with fewer and smaller parks than other parts of the city. This quadrant could be considered to be the part of Fresno with the least access to healthy living options. Smaller areas lacking healthy lifestyle access include the neighborhood between McKinley and State Routes 41, 168, and 180; the neighborhood immediately west of the fairgrounds; and the area east of State Route 41 between Herndon, Bullard, and Cedar Avenues.

Urban Agriculture

Urban agriculture is the practice of cultivating, processing, and distributing food in or around a city or town for local consumption. Urban agriculture includes farmers’ markets, farm stands, community gardens, on-site garden produce market stands, and urban farms. Direct access to fresh fruits and vegetables through urban agriculture can improve food security and food safety.

The City became involved in healthy food access issues in 2007 when it was approached by several entities seeking to establish farmer's markets. One of these applicants had received grant funding, only to discover that in order to allow a farmers' market on its property, a rezoning was necessary to comply with land use regulations. As a consequence, the City has made the zoning regulations for farmers' markets more flexible. Additional initiatives for farmers' markets and other types of urban agriculture are presented in this element, and the concurrent Development Code update will offer regulations for integrating healthy community concepts into the City's regulations, consistent with General Plan policies and programs.

Another facet of urban agriculture is community gardens, which are on the rise in Fresno and in cities around the country. A community garden is a piece of land gardened by a group of people, utilizing either individual or shared plots on private or public land for the purpose of providing fresh produce and plants for the cultivators personal use as well as satisfying labor, neighborhood improvement, sense of community and connection to the environment. The land may produce fruit, vegetables, and/or ornamentals. They typically occur on a small-scale in urban and suburban areas and may be found in neighborhoods, schools, connected to institutions such as hospitals and churches, and on residential housing grounds. The benefits include:

- Recreational and community-building opportunities for residents;
- Inexpensive access to fresh, healthy produce – which can serve as part of the solution to food deserts and other public health issues related to diet, including obesity;
- Business opportunities for residents to sell goods that they may grow, e.g. at farmers' markets; and
- Productive use for vacant or underutilized land.



Farmers markets provide residents with access to fresh, local produce.

OPPORTUNITIES FOR IMPROVEMENT

This Plan reflects the City's recent efforts to commit to several broad approaches to address these issues, including:

- The 2007 Fresno Green Strategy includes a policy to “encourage all city facilities (including schools) to serve at least 20 percent locally grown and organic foods beginning in 2009.” While this policy was intended mostly as an economic development strategy, it has the possibility to improve healthy food access.
- As part of a multi-jurisdictional working group dedicated to improving health by improving the built environment, the City adopted a “Resolution Supporting the Collaborative Efforts of the City of Fresno Development and Resource Management Department and the County of Fresno in their efforts to Incorporate Public Health Strategies into Local Land Use, Transportation and Community Design Planning.”
- Additional partnerships with the County of Fresno include Walkability Workshops in underserved neighborhoods, participation in Farmers Market and Community Garden conferences, and now, work on healthy communities in the General Plan and Development Code updates.
- The City also has been working with The California Endowment in partnership with the communities of central, southeast, and southwest Fresno as part of its Building Healthy Communities campaign.

Transportation Options

Transportation system design is related to health outcomes in a number of ways. For instance, while streets are designed to meet safety standards, negligent use by drivers, bicyclists and pedestrians can result in increased collisions or injuries. Statistics have shown traffic collisions and fatalities are substantially higher when vehicles are traveling faster, which naturally occurs on unobstructed and wide multi-lane roads. However, pedestrian injuries can be reduced more than seven-fold by slowing traffic down from 30 to 20 miles per hour, and slowing traffic from 40 to 20 miles per hour can reduce a pedestrian's chance of being killed, if hit by a vehicle, from 85 percent to just five percent. Reasonable road widths can naturally support efforts to reduce vehicle speed. Additionally, there is also a correlation between vehicle miles traveled (VMT) and traffic collision rates. Regardless of speed, the lower the VMT, the less likely there will be a traffic collision. A design emphasis of this Plan and the Complete Neighborhoods concept is to reduce VMT. Decreasing the VMT also has the added benefit of reducing air pollution, which has a major impact on local health conditions in Fresno.

By exchanging some of those vehicle trips for non-motorized trips, a community can realize health benefits. For instance, there is evidence that for each half-mile walked per day, people are about five percent less likely to be obese (controlling for age, education, gender, and ethnicity). Almost one-third of Americans who commute to work via public transit meet their daily requirements for physical activity by walking as a part of their daily life, including to and from the transit stop.³⁷ This kind of access to routine physical activity is critical for individuals and families who lack the funds to support gym memberships or access to other private facilities.

Transit

Public transit provides travel options for people who cannot or choose not to drive, and can be a crucial means of accessing health services as well as jobs and education. The Fresno Area Express (FAX) serves about 17.5 million annual passenger trips. Figure HC-1: Public Transit shows the location of bus stops in the city and a quarter-mile radius from each, representing a normal walking distance. FAX's service area is fairly extensive, with 60 percent of residential and 94 percent of commercial land in Fresno within walking distance of a bus stop.

³⁷ Besser, L. and A. Dannenberg, "Walking to public transit: steps to help meet physical activity recommendations." American Journal of Preventive Medicine, Vol. 32, Issue 4, November 2005.

Bicycling

The City of Fresno has a long-standing policy that biking is an important activity for many reasons including exercise and health. The City Council adopted the Bicycle, Pedestrian, & Trails Master Plan (BMP), which serves as an administrative and implementing guide, to increase the miles of bike lane (along roadways) and bike paths (separate rights-of way) available to bike riders. Bicycle safety is a significant concern addressed in the BMP, which will be addressed by continuing to build safe bike routes and through education.

Walking

Walking delivers myriad physical and social benefits. Being able to walk to a job, the store, a park, or simply for recreation provides physical exercise, eliminates travel expenses, and can provide social cohesion and sense of place. While walking is almost always an option, as a practical matter an unpleasant environment or a perception of risk can discourage this activity. For example, walking can be discouraged by the unavailability of sidewalks in certain locations, negligent use of roadways by high-speed automobile traffic, visually uninteresting or unpleasant surroundings, the presence or threat of crime, and long distances between destinations. The City has options for addressing some of these negative factors including through land use designations, development standards, streetscape design, and police services as funding becomes available.

Creating additional safe walking and biking routes to schools for children is an important part of the city's circulation system and a priority for this Plan. Providing these features will allow for physical activity opportunities, help with school attendance, and bolster the role of schools as community resources.

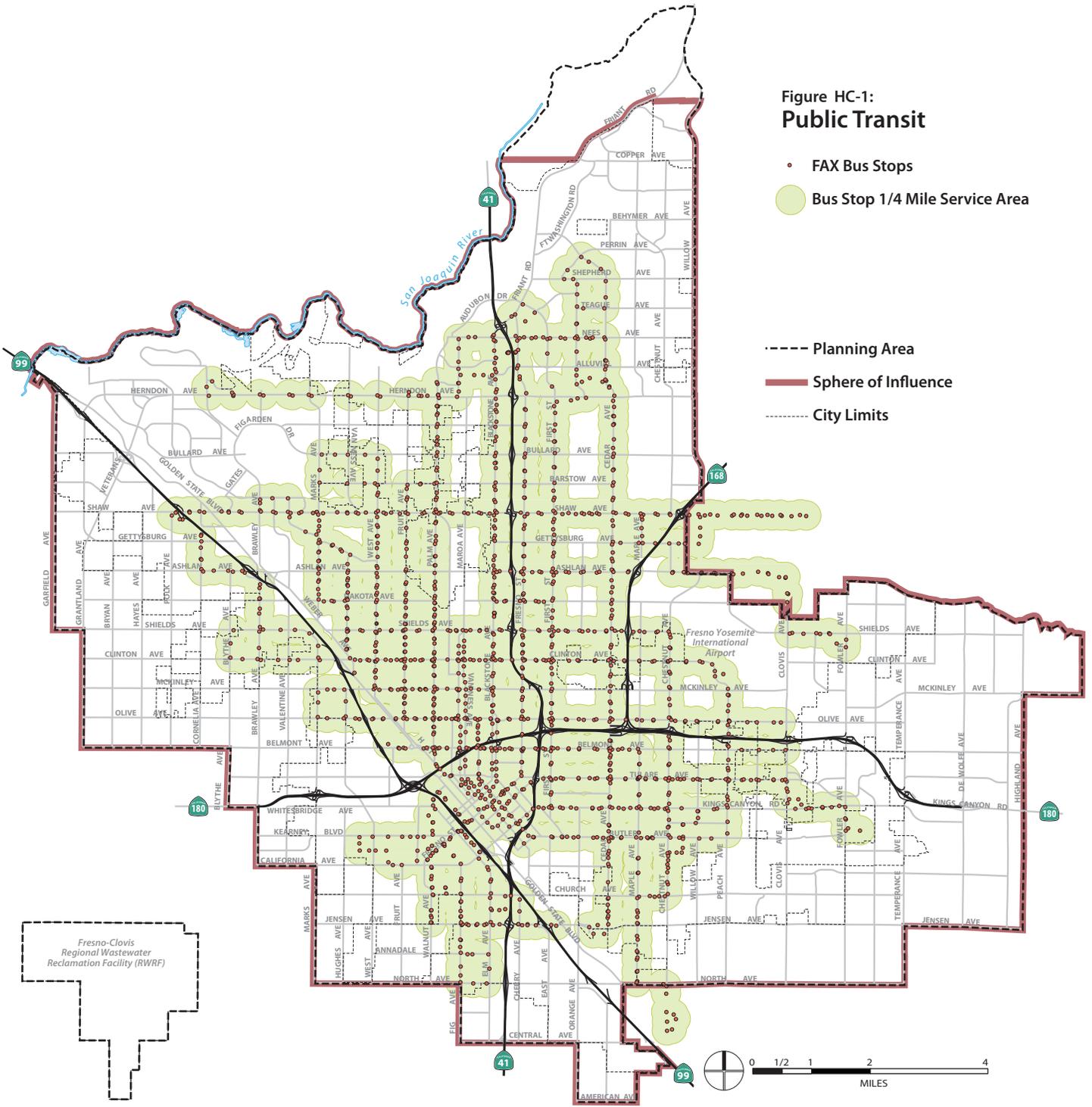
OPPORTUNITIES FOR IMPROVEMENT

This Plan's transportation and mobility policies are intended to further improve the safety and efficiency of the system for all users; this will promote a better environment for walking, biking and the use of transit. This Plan also supports opportunities to increase the number of persons who bicycle to work—or bicycle mode split—from just less than one percent of total commuters to work, to a much greater proportion. Completion of the city's planned bicycle lane and path network will make travel around Fresno by bicycle more feasible. The Mobility and Transportation Element addresses many of these issues.

Figure HC-1:
Public Transit

- FAX Bus Stops
- Bus Stop 1/4 Mile Service Area

- Planning Area
- Sphere of Influence
- City Limits



Source: City of Fresno Public Transportation (FAX), 2014.

Safe and Affordable Housing³⁸

Housing can have direct and indirect effects on community health. Physical housing characteristics have been linked directly to several adverse health outcomes. For example, the presence of dampness and mold leads to increased risk of respiratory and other illnesses, while dilapidated and abandoned housing increases the risk of accidental injury among residents and is associated with increased emotional stress. Lead exposure from lead-based paint is one of the largest environmental health hazards facing children throughout the nation, and yet about three-quarters of the nation's housing stock built before 1978 contains some lead-based paint. Population density and overcrowding have also been associated with increased chances of contracting infections and sustaining injury. Based on findings such as these, it follows that well-constructed and managed housing can avoid health problems associated with allergens, neurotoxins, other indoor air quality issues, disease exposure and stress due to overcrowding, and neighborhood safety issues as well.

Not only is there evidence that poor quality housing directly causes negative health effects, but affordable and higher quality housing may have indirect health benefits, too. Affordable housing may improve health outcomes by freeing up resources for nutritious food and health care, and may reduce stress by providing families with greater residential stability, self-esteem, and sense of security and control over their environments.³⁹ Home ownership in general has been associated with reduced morbidity and mortality risk.⁴⁰

To really get at solutions for ensuring housing affordability beyond those already identified in the Housing Element, Fresno may also need to think about factors addressed by other General Plan elements that contribute to the lack of affordability. For example, family budgets must also factor in the cost of transportation when considering where to live. Compact, mixed-use communities with a balance of housing, jobs, and stores and easy access to transit have lower transportation costs because they enable residents to meet daily needs with fewer cars, the single biggest transportation cost factor for most households. So, efforts to increase walkability of neighborhoods, a key theme in this Plan, may also result in overall increases in affordability for Fresno residents.

³⁸ The Housing Element adopted in 2008 is in a companion volume of this General Plan.

³⁹ Center for Housing Policy. "The positive impacts of affordable housing on health; a research summary." 2007.

⁴⁰ Filakti, H., and J. Fox. "Differences in mortality by housing tenure and by car access from the opcs longitudinal study." *Population Trends*. 81:27-30, 1995.

OPPORTUNITIES FOR IMPROVEMENT

One of the City's primary planning considerations is to address the need for increasing the affordable housing opportunities for low- and moderate-income households, with special emphasis on persons with disabilities, people experiencing homelessness, large families, persons living in substandard housing, and persons paying rent that exceeds 50 percent of their monthly income. As part of the implementation of the Housing Element, programs are identified each year to improve both the quantity and quality of the affordable housing stock in the city. Other considerations include upgrading the city's infrastructure needs in low- and moderate-income neighborhoods, initiating programs to reduce crime, undertaking a code enforcement program and reducing homelessness.

Given its limited budget and fiscal capabilities, the City is working in close partnership with agencies such as the Fresno Housing Authority to contribute to the creation and rehabilitation of safe, affordable housing. The relatively low cost of land and ample supply of housing in the area also means that the market generally provides a supply of affordable housing on its own, although Fresno's incomes are well below the state average and what is considered affordable in some parts of the state may not be in Fresno. This General Plan designates areas for higher densities and calls for by-right zoning to implement higher densities in the Development Code update consistent with the City of Fresno Housing Element. New policies to improve housing overlap with other issues, such as supporting housing that better serves an aging population and implementing the State's newest building code, the CALGreen Code.

The Housing Element will not be updated as part of this Plan, but efforts are already underway to perform a comprehensive update. This Plan includes a Housing Element Consistency chapter that addresses consistency of the General Plan with the previously adopted Housing Element. Thus, all of the mandatory elements required by State law are included in this Plan. The approved Housing Element's goals and policies are incorporated by reference. Goals and policies developed for this Plan are consistent with the approved and current Housing Element.

Youth Engagement and Empowerment

Engaging the younger members of our community is important to shaping the city's direction. They offer a valuable voice and direction as the future stewards of our community. Soliciting youth feedback and input in designing public programming or infrastructure (parks, schools, etc.) that directly serve youth can provide significant benefits to institutions and neighborhoods. Youth are an important constituency when

it comes to long-term care of investments (brick and mortar and time); if they help design and build something, they have proven they will take care of it.⁴¹

OPPORTUNITIES FOR IMPROVEMENT

Fresno has a Youth Engagement Team (YET) that is a collaborative network of 14 youth serving organizations. The idea is that young people should have a voice in their communities, with the chance to be advocates for change and to participate in the decision-making process on issues that affect them. Tasks undertaken include researching and documenting local issues, creating campaigns to shift community attitudes, drafting suggestions for and working with local governments to enact policy change, and learning leadership skills necessary to inspire others to get involved. Through the YET work in collaboration with the Building Healthy Communities campaign, youth and adult partnerships are currently working to engage youth in policies surrounding transportation, education equity and urban land use. Some of these initiatives and partnerships include:

- **Students United to Create a Climate of Engagement, Support and Safety (SUCCESS)** led by Youth Leadership Institute. The goal of SUCCESS project is to ensure equal learning opportunities for all students in the Fresno Unified School District (FUSD) through creating healthy school climates that support positive youth development. Currently, the SUCCESS team is working on recommendations to improve FUSD discipline policies and procedures to ensure behavior is addressed fairly and effectively. The goal of the program is to measure school attendance and reduce the number of school days missed due to suspension and expulsion.
- **Summer Night Lights (SNL)**, led by the City of Fresno Parks, After School, Recreation and Community Services (PARCS). The SNL program aims to address youth violence prevention in key neighborhoods in Fresno where youth violence is most prevalent, by offering support services and measuring local violent crime data. SNL currently operates at Romain Park and Holmes Park. The underlying goal is to reduce the violence in the areas of these two parks, as measured by Fresno Police Department crime data, particularly violent crimes involving youth.
- **Fresno Youth Council for Sustainable Communities**, led by the Center for Multicultural Cooperation. The California Center for Civic Participation, Center for Multicultural Cooperation and the Wangari Maathai Center, have established Youth Councils for Sustainable Communities in Fresno, Sacramento and the Bay Area. The purpose is to ensure that youth are engaged in important decisions that will

⁴¹ Comments from leaders at the Fresno Youth Leadership Institute – September 30, 2011.

help transform communities into thriving, healthy places that preserve the environment and provide economic opportunities for all people.

- **Fresno Boys and Young Men of Color**, led by Stone Soup Fresno. Stone Soup Fresno is working to ensure boys and young men of South East Asian heritage are included in local research and policy efforts to improve local health, education and economic outcomes for boys and young men of color.

Furthering the engagement of the Fresno’s youth in these civic activities is a cost effective way for the City to reduce crime, increase educational attainment, and improve a number of health indicators across all populations. This Plan includes specific policies to support the YET program and also provides clear opportunities with its own departments, such as PARCS, and expand collaborative efforts with local schools.

Building Healthy Communities Initiative

The City has been coordinating with community groups to address priorities of residents in south Fresno – generally those neighborhoods south of State Route 180. One such group, The California Endowment, has launched a “Building Healthy Communities Initiative.” The Building Healthy Communities Initiative addresses a broad range of land use and social issues, which include:

- Ensure that the built environment is clean, well maintained and conducive to health in all city neighborhoods and includes adequate and equitable provision of sewer and water within a reasonably priced homeownership market.
- Establish effective education and job training for area youth that is both academic and trade oriented.
- Ensure that underserved neighborhoods are included in strategies for job creation, including opportunities for home grown business development.
- Actively seek opportunities to create and maintain safe parks of all sizes in every city neighborhood to provide families with spaces to interact with their neighbors and promote physical activity.
- Create opportunities both public and private for the Downtown neighborhoods that include entertainment, stores (retail, food, clothing etc.), parks, recreation centers and after school programs, especially for youth.
- Acknowledge and address attitudes within the government institutions, economic systems and law enforcement culture toward immigrant and ethnic minority communities that perpetuate inequality.
- Develop a system of transportation that responds to the needs of the most vulnerable sectors of the community, including focused bus routes for specific

geographic areas of need and/or particularly vulnerable subgroups (e.g. the elderly, disabled and farm workers).

- Provide accessible healthcare services beyond emergency care.
- Establish an equitable system of public safety that supports community while also reducing crime.

Although these matters are not identified policies of this Plan, it is a stated policy of this Plan to coordinate with community groups such as those engaged in The California Endowment Building Healthy Communities Initiative to address community land use priorities.

10.5 OBJECTIVES AND POLICIES

The vision for this element strives to:

- Increase access to medical and health services for underserved areas and populations at greater risk for poor physical health.
- Design new development and redevelopment to promote physical activity, access to fresh and healthy food, and deter crime.
- Continue programs to improve regional air quality.
- Expand access to infrastructure and community programs that facilitate healthy living, such as parks, recreation facilities, bike paths, and community gardens.
- Support transportation and housing options that are affordable, reliable, effective, and safe.

OBJECTIVE

- HC-1** Work with neighborhood associations of local residents, businesses, and institutions on neighborhood and community health initiatives.

IMPLEMENTING POLICIES

- HC-1-a** **Neighborhood Associations.** Promote the establishment of formal and self-sufficient "neighborhood associations" of local residents, businesses and institutions who are committed to working together and with others in Fresno to achieve the health, safety, recreation, employment, business development, property maintenance and other goals of their neighborhoods.

Commentary: Neighborhood associations can help coordinate with the City on setting priorities and obtaining feedback on programs and projects that are implemented.

HC-1-b **Local Health Workshops.** Work with health providers, schools, religious institutions, neighborhood associations and others to develop and maintain a program of regular health workshops (and mobile health clinics) operated by medical service providers and hosted in local neighborhood facilities such as schools, parks, religious institutions, businesses, and parking lots.

HC-1-c **Neighborhood Care Facilities.** Support public agencies and private sector groups who provide care facilities in neighborhoods and job centers through new partnerships and incentives, and create opportunities to provide healthy, secure environments for Pre-K children, older adults, and people with disabilities.

HC-1-d **Cultural Sensitivity.** Work with providers to ensure that additional health care services are offered in a way that is culturally sensitive and linguistically appropriate for the diverse communities in Fresno.

Commentary: The City will encourage collaborative partnerships between the County of Fresno Health Department; California State University, Fresno; medical professionals; community-based agencies; service providers; schools; and local agencies.

OBJECTIVE

HC-2 Create complete, well-structured, and healthy neighborhoods and transportation systems.

IMPLEMENTING POLICIES

HC-2-a **Healthy Neighborhoods.** Promote the design of Complete Neighborhoods whose physical layout and land use mix allow for walking to local stores and services, biking, and transit use; foster community pride; enhance neighborhood identity; encourage public safety; are family-friendly; and address the needs of residents of all ages and abilities.

Commentary: Related policies are in the Urban Form, Land Use and Design Element.

HC-2-b **Supportive Housing.** Continue to promote the availability of group housing facilities, emergency residential shelters, and similar housing

arrangements throughout the city consistent with State and federal law.

HC-2-c Prevent Crime through Design. Incorporate Crime Prevention Through Environmental Design (CPTED) principles and best practices into project review procedures for new development and major renovations.

HC-2-d Mobility for Carless Population. Improve multi-modal mobility for populations that do not have access to a car by connecting neighborhoods to major destinations, including parks; civic facilities; educational institutions; medical facilities; employment centers; shopping destinations; and recreation areas.

Commentary: Details and related policies in the Transportation and Mobility Element describe how this will be accomplished with a variety of modes.

HC-2-e Bike and Pedestrian Network. Continue to promote alternative modes of transportation through development and maintenance of a citywide pedestrian and bicycle network.

OBJECTIVE

HC-3 Create healthy, safe, and affordable housing.

IMPLEMENTING POLICIES

HC-3-a Universal Design. Work with residential developers to update the City of Fresno Universal Design Standard to facilitate incorporation of lifecycle design principles in new residential development and make these options available to purchasers, to help community members stay in their homes and neighborhoods as they age.

Commentary: This idea is valuable to the concept of creating Complete Neighborhoods. Another common term is “visitability,” referring to the desire for friends or family of any age or physical ability to be able to visit the home. A life cycle or “visitable” house includes fixed accessible features (wider doors and halls, open floor spaces, clear traffic patterns, etc.), what many people understand to be “universal design” principles. Lifecycle housing also provides for adaptable features, such as wall reinforcement for later installation of grab bars, or removable base cabinets for future knee space, to accommodate wheelchairs.

HC-3-b **Housing-Related Illness Assessment and Testing.** Support efforts to provide community assessment and testing programs for housing-related illnesses (i.e. blood lead levels, respiratory health, and skin conditions).

Commentary: Work collaboratively with the American Lung Association to support assessment and testing of housing related illnesses through best practice program, such as the Master Home Environmentalist Program.

HC-3-c **Housing Services.** Publicize housing programs and help residents make the connection between federal, State, County, City, private, and community-based housing services and local government resources related to rehabilitation and affordable housing improvements.

Commentary: Recommendations from the National Center for Healthy Housing's "Housing and Health: New Opportunities for Dialogue and Action" will help the City implement this policy.

HC-3-d **Green Standards for Affordable Housing.** Provide appropriate incentives for affordable housing providers, agencies, non-profit, and market rate developers to use LEED and CALGreen Tier 1 or Tier 2 standards or third-party equivalents.

Commentary: The City will publicize the health, environmental, and long term economic and maintenance benefits of applying LEED, CALGreen for third-party equivalents to projects in Fresno.

HC-3-e **Health Services and Medical Facilities in Underserved Neighborhoods.** Publicize existing health programs and help residents make the connection between County and community-based health services and medical facilities. Work with hospitals and the County of Fresno Health Department to increase siting and development of medical clinics and medical facilities.

HC-3-f **New Drive-Through Facilities.** Incorporate design review measures in the Development Code to reduce vehicle emissions resulting from queued idling vehicles at drive-through facilities proximate to residences.

Commentary: This action will help the City achieve the health benefits associated with improved neighborhood air quality through reduced auto-related emissions.

- HC-3-g Residential Compatibility.** Consider developing a program with community stakeholders to address compatibility of industrial and heavy commercial uses and zoning with established neighborhoods.

OBJECTIVE

- HC-4** Improve property maintenance.

IMPLEMENTING POLICIES

- HC-4-a Business Maintenance Standards.** Update property maintenance standards, codes, and enforcement provisions to include businesses.

Commentary: Updated maintenance standards will provide additional enforcement options related to certain types of businesses, such as "corner stores," which due to their nature and location have significant impacts on a healthy environment.

- HC-4-b Local Business Assistance.** Assist local store owners in established neighborhoods in identifying low-cost solutions to comply with physical accessibility requirements under the Americans with Disability Act. Provide financial assistance to qualifying businesses.

Commentary: The City will use multi-lingual outreach to include and support small business owners not fluent in English.

- HC-4-c Residential Maintenance Standards.** Consider the development of a residential housing inspection program to provide a structured review, evaluation and correction process to prevent substandard housing.

Commentary: This improvement program will be initiated in targeted neighborhood areas with high concentrations of substandard and poorly maintained residential properties.

- HC-4-d Cooperative Compliance Monitoring.** Work with "neighborhood resident associations" to monitor and enforce basic property maintenance standards to ensure neighborhood cleanliness and safety, and prevent blight-causing conditions.

- HC-4-e Code enforcement.** Conduct resident outreach, including to diverse populations, to assess the accessibility and adequacy of the City's code enforcement procedures and modify them as needed.

HC-4-f **Chronic Violators.** Design and implement procedures to address chronic code violations at single properties.

OBJECTIVE

HC-5 Promote access to healthy and affordable food.

IMPLEMENTING POLICIES

HC-5-a **Healthy Grocery Incentives.** Adopt regulations and incentives in the Development Code for locating healthy food grocery stores to increase communitywide healthy food access, with an emphasis on the attraction of grocery stores to established neighborhoods deficient in grocery stores and access to healthy and fresh food.

- Establish definitions and standards for “healthy food grocery stores” in order to ensure that businesses meeting that description have access to incentives developed with them in mind.

***Commentary:** Criteria is to be established and should consider including in the store: (1) dedicate at least 50 percent of retail space for a general line of food and non-food grocery products intended for home preparation, consumption, and use; (2) dedicate at least 30 percent of retail space for perishable goods that include dairy, fresh produce, fresh meats-poultry-fish, and frozen foods; and/or (3) dedicate at least 500 square feet of retail space for fresh produce.*

- Provide flexibility for established neighborhoods with corner stores and markets to meet the intent of a healthy grocery store, but with a lower square footage of produce area;
- Offer incentives for suitable sites that could be developed as healthy food grocery stores (with a focus on neighborhood areas with little or no access);
- Expedite permit processing as resources are available for healthy food grocery store development;
- Enable potential new healthy food grocers to consolidate parcels and/or make necessary improvements; and
- Allow for grocery stores that use less space, require less parking, and focus on the day-to-day needs of nearby residents.

HC-5-b **Food Assistance Awareness.** Support local agencies and community groups in increasing community awareness of and participation in

existing federal food assistance programs, such as the Women, Infants, and Children (WIC) nutrition program and the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps).

HC-5-c Refrigeration Assistance for Local Stores. Work with philanthropic and community institutions to create a revolving fund granting zero-interest loans to neighborhood convenience stores for the purchase of refrigeration and other fixtures necessary to allow for the sale of fresh produce.

HC-5-d Work with Farmers Markets. Promote comprehensive listing of all farmers markets in Fresno and support local agencies and community groups in working with farmers' markets to accept WIC and EBT by providing technical assistance, such as providing an exchange or voucher system.

HC-5-e Food Policy Council. Participate in the creation of a Fresno Food Policy Council with community-based groups to study the food system as a whole and recommend changes to appropriate agencies regarding food policy that increase access.

***Commentary:** The Fresno Food Policy Council will include stakeholders from many sectors of the food system, e.g., anti-hunger and food justice advocates, educators, employees of non-profits involved in food system reform, government officials, farmers, grocers, chefs, business people, food processors, and food distributors. Opportunities for youth involvement in the work of the Fresno Food Policy Council will also be provided, as well as the County of Fresno Health Department's Transformation Project and the Central California Obesity Prevention Program.*

HC-5-f Urban Agriculture. Promote a full range of urban agriculture activities, including farmers' markets, farm stands, community gardens, on-site garden produce market stands, and urban farms. Support associations involved in these activities, which can be accomplished by a combination of the following:

- Amend the FMC to provide clear and concise permitting procedures regarding Community Gardens, On-site Garden Produce Market Stands, and Urban Farms that allow sale of foods grown locally.
- Create a policy for reduced planning entitlements and plan check fees.

- Make publically available an inventory of City-owned surplus land that could be used for urban agriculture.
- Continue to allow and promote community gardens in City-owned parks.
- Support the planning of community gardens within walking distance of high-density residential areas to compensate for the reduced amount of open space in these areas.
- Emphasize opportunities for urban agriculture in all areas of the city, schools, parks, residential food deserts, and especially in areas of the city with a relatively high proportion of “food insecure” individuals.

Commentary: These provisions will supplement the availability of fresh produce in the city, while encouraging social cohesion, supporting local farmers, and reducing greenhouse gases.

HC-5-g

Commercial Agriculture. Continue to develop policies to allow agriculture on land greater than 50 acres in area.

OBJECTIVE

HC-6

Improve access to schools and their facilities for the community.

IMPLEMENTING POLICIES

HC-6-a

Safe Routes to Schools. Continue to improve the conditions for youth walking and bicycling in the areas surrounding schools by working with the school districts including Fresno USD, Clovis USD, Central USD, Sanger USD, and Washington Union USD, as well as California State University, Fresno, Fresno Pacific University, and State Center Community College District to implement a safe routes to school program. Prioritize identified safe routes to school infrastructure improvements in annual transportation improvement budgets.

Commentary: The program will identify schools and neighborhoods where the program is most needed, and engage local residents in safe routes to school workshops. This will enhance students' health and well-being, ease traffic congestion near schools, and improve air quality and community members' overall quality of life.

HC-6-b

Site Schools on Safe Streets. Work with all school districts operating in Fresno and private and charter schools to locate and design new school sites so they are located on safe streets.

HC-6-c **Work with School Districts on Facilities Agreements.** Work with school districts to promote the use of schools as community wide facilities. Help broker agreements between recreation organizations and school districts.

Commentary: To make these agreements viable, the City will need to resolve issues over security, maintenance, liability, fees, and other contractual obstacles with all the school districts operating within the city.

HC-6-d **New School Strategies.** Advocate for school siting standards that allow smaller neighborhood schools. Allow new schools to be constructed in existing urbanized areas, and design schools to be focal points of community life.

OBJECTIVE

HC-7 Establish priorities and mechanisms for park facilities improvements linked to effectiveness and improving health.

IMPLEMENTING POLICIES

HC-7-a **Prioritization System for Parks Improvements.** Link park facility improvement priorities to a ranking system keyed to public health and safety and recreational goals, prioritize gaps in local park service areas (especially in the areas west of State Route 99, and in south central and southeast Fresno), and respond with options for pocket parks and other walkable open space amenities.

Commentary: The best options may involve joint use and improvement of ponding basins and school-owned land.

HC-7-b **Performance-Based Capital Improvements.** Establish a performance-based priority system for capital improvements, based upon the health and recreation goals ranking system, as one of as one of the items the City must consider prior to constructing capital improvements.

Commentary: Unlike traditional capital improvements programs, a performance-based priority system establishes a ranking scale that measures each component (e.g., pool, court, bench, or trail) of its system against the scale related to public health. For example, it might be a one-to-three scale in which one is below expectations, two indicates that the component can meet its intended function for a given period of time, and three means that it exceeds expectations. A

performance-based park planning approach will take the conversation beyond “How many acres are there?” to “How well are the parks serving the community?”

HC-7-c **Funding Mechanisms for Open Space Maintenance.** Work with neighborhood associations and business and homeowners organizations to establish community facilities districts or pursue other citywide financing mechanisms to generate funds for maintenance of new parks and open space, or to improve the level of maintenance of existing facilities based upon neighborhood needs and priorities.

Commentary: Options may include a voter-approved sales tax initiative for park maintenance and related needs.

HC-7-d **Integrated Pest Management.** Formulate and implement an Integrated Pest Management Program to reduce the use of pesticides at City-owned parks and landscape areas.

OBJECTIVE

HC-8 Support programs, leadership, and opportunities for Fresno’s youth.

IMPLEMENTING POLICIES

HC-8-a **Out-of-School Youth Programs.** Work with public agencies, community-based organizations, and school districts including Fresno USD, Clovis USD, Central USD, Sanger USD, and Washington Union USD to support the development of a unified and central student leadership entity for out-of-school time in Fresno, including the development of citywide standards.

- Define and promote a public image and message on the youth development approach;
- Create and engage in activities that build the field of youth development;
- Promote broad-based support and facilitate connections to schools and community resources;
- Develop programs that encourage involvement by youth of all abilities.
- Develop and increase access to resources; and

- Develop programs and learning communities through technical assistance and consultation.⁴²

HC-8-b

Youth Leadership Program. Work with the Youth Leadership Institute, Center for Multi-Cultural Communication, and other youth-oriented community organizations, including organizations that provide services for youth with disabilities, to design, support, promote, and seek funding for a youth leadership program to involve youth directly in planning for services and programs.

Commentary: Involvement will yield contact with caring adults, and youth leadership creates innovation in programming and facilities and helps young people shape the future of their communities. Enabling and valuing the contributions of young people is critical to keeping them involved.

HC-8-c

Job Training, Apprenticeships, and Placement. Work with the Workforce Investment Board, or other interested organizations, businesses, schools, and residents to create an expanded youth job development partnership, helping connect local businesses to teens for after school and summer work, volunteer positions, and other skills development opportunities.

HC-8-d

Youth Master Plan. Work with local youth groups and organizations to seek adequate funding for City staff time, consultants, and participating neighborhood and community organizations to formulate a Fresno Youth Master Plan based upon appropriate youth goals related to land use, transportation, housing and other General Plan Elements.

⁴² This program is modeled on “How after-school programs can most effectively promote positive youth development as a support to academic achievement: A report commissioned by the Boston After-School for All Partnership.” Wellesley, MA: Wellesley Centers for Women. National Institute on Out-of-School Time, 2003.

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