
EXECUTIVE SUMMARY

ABSTRACT

Cayucos and Oceano Community Health Plans

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Recent, mounting research shows that chronic disease, the leading causes of death and primary driver of health care costs, cannot be effectively addressed through education or preventative health alone. A physical environment that promotes health—through access to healthy food, opportunities for physical activity, quality housing, transportation options, and safe schools—is an integral part of making our communities healthier. This research and accompanying Healthy Community Plans will serve as a way for the County to begin looking in-depth at the ways the built environment (our streets, parks, and neighborhoods) contribute or detract from the health of the community. Though the creation of a healthy general plan may be unattainable for the County in the short term, a focus on a small yet cohesive part of the county presents an opportunity to affect these changes.

Under the direction of the SLO County Health Agency and the Health Commission, we have written Healthy Community Plans for the unincorporated communities of Cayucos and Oceano, California. Both of these plans were greatly informed by their respective communities through input garnered through outreach, interviews, surveys and personal interactions with community members.

This project examines the relationship between the built environment and public health, and explores ways planning professionals are beginning to address health issues through infrastructure, land use, creative zoning, and planning strategies that promote health and active living in policy. The planning documents, modeled after health elements currently being included in general plans throughout California, have integrated the fields of planning and public health to provide Cayucos and Oceano an assessment of its residents' health, a description of the current built environment conditions that may be helping or hindering physical activity and access to nutritious food sources, as well as establish goals, policies and implementation strategies that will set a course of action toward healthier communities.

Key Words: planning, public health, physical activity, built environment, community

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Project Specification

The final product of the two master's projects was the creation of individual Health Plans for the communities of Cayucos and Oceano, California. The Health Plans are attached to a single background report covering literature on public health and the built environment, findings on existing conditions in each town from both primary (field analysis) and secondary sources (public health data), a case study analysis of health elements, and the results of public outreach used to inform the plans for each community.

The Health Plans provide goals, policies, and implementation measures or recommended courses of action meant to affect change at the community level. The structure, content, rationale and layout are designed to serve as models for other communities across the County of San Luis Obispo, should similar endeavors be undertaken in the future. The documents will be provided to the projects' client, the Health Promotion Office of the County of San Luis Obispo Public Health Department, and will serve as a well-developed starting point and potential catalyst for a larger-scaled application for the county. These plans will also be presented to the County Health Commission, members of HEAL-SLO, and its Healthy Communities Workgroup, and local advisory bodies of each respective town.

Health Promotion Directive

One of the primary goals of both the San Luis Obispo County Public Health Department and the Health Commission is to enhance the quality of life for all people, specifically making efforts to identify and improve the social and root determinants of health in communities throughout the County. As public health advocates, they have

acknowledged the need to address the many chronic diseases and preventable health conditions which stem from unhealthy diets and sedentary lifestyles. They have recognized there is a multitude of contributing factors (social determinants of health) that can impact an individual's health status, including the built environment, access to healthy food sources and opportunities for physical activity and recreation, all of which are aspects of community design that fall under the purview of the planning profession.

Over the course of the past two decades, a reintegration of public health and city planning professions has occurred. Health departments have realized that without changes to particular physical determinants of health, behavioral changes cannot be influenced and risk factors contributing to chronic disease can neither be addressed or controlled (CCLHO & CHEAC, 2013). Being such, health departments have begun collaborating with planners in an effort to bring forth changes to community design and land use developments that impact the built environment and in turn, influence public health.

The built environment affects health through providing opportunities for physical activity, social interaction, and access to healthy food, and minimizing the risk for injury. Planning plays a role in all of these aspects of health, and communities seeking to improve the capacity for health can use the existing framework of the general plan. With these assertions, many jurisdictions in California have created Health Elements to include as optional elements into their existing general plans. The Cayucos and Oceano Community Health Plans will attempt to address health in planning as applicable at the small community level, while incorporating characteristics of a health element.

Relevance to Planning

City planning's origin can be traced to the late nineteenth century, birthed out of public health concerns that were byproducts of the rampant industrialization, urbanization and expansion of that era. Over the course of the next few decades, the two fields continued to work jointly to tackle the health issues of that day. However, by the first quarter of the twentieth century, the two fields began to diverge. "Public health took on a mainly biomedical focus on individual genetics, biology and behavior and how clinicians could affect those, and on a narrowly biological approach to epidemiology and evidence. Meanwhile the planning of built environments was hijacked by the car" (Lerner, 2010). By the middle of the last century, the two fields became their own specialized professions; each working independently of one another and with its own respective interests.

Today, a growing number of planning professionals and researchers are working to reintegrate public health and planning and contextualize land use decisions as a community health issue. Research has shown what has long been perceived as common sense: there is a strong correlation between the built environment and public health. "The designated use, layout, and design of a community's physical structures including its housing, businesses, transportation systems, and recreational resources affect patterns of living (behaviors) that, in turn, influence health" (Aboelata, 2004). The decisions we make regarding aspects of planning such as land use, vehicle circulation, zoning and street design are all elements that affect individual choices in diet and physical activity. The public health and community planning disciplines intersect in the interest of improving safety, nutrition, environmental quality, physical exercise, and the spread of disease.

Public health professionals are increasingly approaching health using a social determinant model that considers multiple factors impacting a person's life, including the natural environment, the built environment, living conditions, and the conditions of the community. This way of conducting research recognizes that approaches using the medical model, which emphasize diagnosis of an underlying disease or condition, have achieved limited effectiveness (Morris, 2006, p. 2). Collaboration with public health experts, integrating processes to address public health, and applying community design methods to ensure that the public has a say in the outcomes of planning documents are aspects crucial to the success of these planning efforts.

In addition to barriers to physical activity, planners are discussing food systems because of the way that inadequacies in the food system impact communities, especially in terms of public health. Planners influence the food system issue because food production, transport, and distribution are contingent on land use regulation. Agricultural specialization, technologies that improve shelf-life, and cheap transport has extended the distances that food travels, producing environmental impacts and equitable access concerns. The food system, good or bad, is impactful to the well-being of communities of all socioeconomic kinds, though the poor are generally more vulnerable to problems of food access (Corburn, 2009). Restrictive planning laws and practices have limited the location and construction of health-promoting built environments across metropolitan regions. In a study conducted throughout 1997 and 1998, 22 planning agencies were surveyed on the integration of food systems planning in their activities and comprehensive plans. Their conclusions showed that addressing these problems was usually done in a reactive way, rather than being comprehensive and forward-thinking (Pothukuchi and Kaufman, 2000, pp. 115). Planners are in a unique position to approach

food access and distribution in a comprehensive, systematic, and inter-disciplinary way (Hodgson, 2009).

Existing methods in planning have the potential to be of use for health-focused planning efforts. Many planning processes and actions do not consider public health issues outright because the decision making processes do not directly address them (Corburn, 2009, pp. 2). For example, the California Environmental Quality Act (CEQA) requires the analysis of impacts to people resulting from changes to the natural environment, but in practice this is usually limited to physical and chemical hazards. It does not include analysis of behaviors that result from the project impacts (Morris, 2006, p. 74). This means that some impacts to public health are not required to be considered through this process of analysis, and because of this, they are not mitigated through development requirements. Requiring adequate analysis of issues of public health and working concerns and issues into the process for creating public policy initiatives could help to ameliorate these shortcomings. On a project specific basis, Health Impact Assessments (HIA) are used as “a means of assessing the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques” (WHO, 2012). These contain methods for establishing a health baseline, and assessing activities that will affect the baseline. Other methods are used to measure community health as well, and these methods may be integrated into long-term planning processes.

The reintegration of health into planning is being accomplished in California through the Health in All Policies (HiAP) initiative, climate action planning, and health elements in general plans. Each of these policy-affecting documents can help to address the environmental determinants of health, and require collaborative work between planners and public health workers. The goal of this project is to bring these concepts and

methods to the County of San Luis Obispo, starting at with a community-level health plan that functions as a health element.

Context of Study Areas

The County of San Luis Obispo includes seven incorporated cities, and 22 unincorporated census-designated places including Cayucos and Oceano. These unincorporated areas are governed by the County Board of Supervisors. As such, neither town has created a general plan which outlines self-guiding policies and detailed strategies for growth and development, but rather the towns are guided by the County General Plan.

Figure 1 – Context Map



Cayucos is a town of 2,592 people, located in the north coast region. The Second District boundaries extend from the Monterey County line in the north to Los Osos and

parts of San Luis Obispo, and it includes the unincorporated communities of San Simeon, Harmony, Los Osos, Cayucos, and Cambria. The Cayucos Citizens Advisory Council advises the District Two supervisor on matters related to planning and development. The community of Cayucos is part of the County Coastal Zone, and more specifically the Estero Planning Area.

As reported in the 2010 census, 87 percent of Cayucos residents identify themselves white, which is approximately 25 percent higher than the rate for San Luis Obispo County. The median age is 57.2 years old, well above the County's (37.4) and state's (45.6) figures. Cayucos' median household income is \$62,961.

Oceano is a town of 7,286 people, located in the southwest portion of the County. Along with the neighboring communities of Arroyo Grande, Grover Beach, Pismo Beach and Nipomo, it belongs to a larger regional metropolitan area known as the "Five Cities." The town is situated 16 miles south of the City of San Luis Obispo and 18 miles north of the City of Santa Maria in Santa Barbara County. Oceano is part of the South County Coastal Planning Area. Planning and development in Oceano is primarily governed by the Oceano Advisory Council and the Community Service District.

Oceano has a large population (47.8 percent) that identify themselves as Latino or Hispanic. With a median age of just 35.4 years old (45.6 state median age), as well as a median household income of \$41,865 (\$34,938 for Hispanic or Latino), Oceano can largely be considered a relatively young and low-income community.

Health Context

Recent statistical data has indicated nearly 42 percent of adults in California are not meeting the recommended guidelines of 150 minutes or more of aerobic physical activity

per week (Centers for Disease Control and Prevention, n.d.). Further, 35.3 percent of Californians were classified as overweight (BMI 25.0 – 29.9), while another 25 percent were classified as obese (BMI > 30.0) in 2012. These numbers are alarming indicators which place these individuals at high risk for many preventative diseases and health conditions which can lead to premature death.

The places we live and work; the distances we travel; the modes of transportation by which we take; the options we are provided for the foods we eat, as well as the places we relax and be physically active are all altered by the built environment, and ultimately affect the levels of health and wellness we can potentially achieve.

Table 1 Community Comparison Table

	Pop.	Median Household Income	Median Age	Poverty Levels	Education Attainment (≥ High School Diploma)	Residency Status (U.S. Citizen)
Oceano	7,286	\$41,865 (\$34,938 for Hispanic households)	35.4	16.50%	73.3% (14.7% < 9th grade)	23.20%
Cayucos	2,431	\$62,961	57.2	15.80%	94.50%	76.70%

Source: 2010 US Census Data.

While Cayucos and Oceano share many similar geographical similarities being coastal towns, the socio-economic profiles are vastly different for each community. The environments, circumstances and context in which these communities exist present different barriers and opportunities. For example, both areas are located in close proximity to the ocean, yet residents in Oceano don't have nearly the same ease of access to the beach, nor the facilities or amenities on it that Cayucos enjoys. The older age demographic in Cayucos presents a different safety concerns in terms of way-finding signage. The older age demographic in Cayucos presents a different safety

concerns in terms of injury prevention and access. While the relatively young median age (35.4 years old) in Oceano likely indicates a prevalence of young families and parents that would be receptive to issues that impact their children. The differences in education attainment levels and residency status may also give indication to potential comprehension issues due to a lack of familiarity with the project subject matter because of different cultural norms and values. These factors will be considered in outreach strategies and in the development of the Health Plans for each respective community.

Background Report

The Background Report informed the projects, helping to bring into context to the findings and information collected during the process of developing each Health Plan, and providing a basis for the goals, policies and action programs created for each respective community. The Background Report comprises several sections, including the Literature Review, Methodology, Existing Conditions and Findings for each community, and Next Steps.

The Literature Review establishes a knowledge base by examining the current academic literature, professional studies, reports, and best practices from the field. This section reviews the available research and reports on the correlation between health and the built environment, and relates these findings to the local communities. The section begins with an introduction and brief historical perspective on the relationship between city planning and public health. It then explores six separate topics that are relevant to healthy community building: physical activity, mental health, health equity, injury prevention, environmental health, and food access. Takeaway findings are provided at the end of each reviewed topic, relating the information back to specifically known issues within the communities, or raising awareness of certain factors.

The Methodology section describes the rational basis behind the chosen methodological approaches used to gather the required information needed to adequately inform the projects. The research methods were decided based on initial project questions (see Table 3 and Table 4) and identification of sources of information that would help answer those questions. The section is then divided into three phases: Phase I: Data Collection and Analysis; Phase II: Community Inventory and Outreach; and Phase III: Goals, Policies, and Action Programs. Each of these phases have corresponding subsections which provide various informational aspects that build a well-informed understanding of the current context, circumstances and issues each community is facing, which are the basis for the strategies outlined at the end of each community's Health Plan.

The Existing Conditions section provided quantitative information from various sources for Cayucos and Oceano's current demographic makeup, socioeconomic conditions and infrastructure, as well as other conditions of interest related to the project. This section describes the health conditions in Cayucos and Oceano through data and findings outlined in the 2013 ACTION for Healthy Communities Report, released in 2014 by the Community Foundation, public school survey results, public health data, and information from applicable existing plans. This section provides a basis for conducting further research.

The Findings sections describe the multifaceted studies conducted in Cayucos and Oceano to better understand the characteristics of the community, both in terms of the built environment and local knowledge. A physical inventory was conducted to achieve an understanding of the existing built environment in Cayucos, and ample community outreach provided local knowledge to augment this research. The Key Findings section combines the most important, relevant, and frequently-encountered findings to present a summary that is useful for the creation of the draft plans.

The Next Steps section briefly describes steps that could follow completion of the Background Report and the plans, focusing on implementation of ideas.

The appendices include charts and materials that provided information for the background report and the plans, and which are included for reference. The appendices also include the two community health plans.

The Community Health Plans

The Community Health Plans for Cayucos and Oceano are structured similarly for formatting consistency, but feature variances in content in some instances, as well as certain goals and related strategies that were developed uniquely to address the identified needs and community-voiced concerns of each town. Each Health Plan contains an introduction explaining the health promotion directive and purpose of the projects; a summary of goals tailored to that community; historical background on the relationship between health and the built environment; a review of how public health has been previously addressed in existing (local and regional) planning policy documents; a summary of outreach efforts conducted in each town; a health and wellness context section that describes city planning and public health concepts related to the built environment and corresponding relevance to each town; and finally, a series of goals, policies and action programs that will help guide Cayucos and Oceano on paths to becoming healthier communities. The Health Plans are attached to the Background Report as separate appendices.