



HEALTHY COMMUNITIES
**PROGRAM
EVALUATION**

...

2017



Public Health
Healthy Communities

An Evaluation of the San Bernardino County Healthy Communities Program

March 2017

Prepared by John Snow, Inc. for the San Bernardino County Public Health Department



Table of Contents

Authors & Acknowledgements.....	3
Introduction	4
San Bernardino County Overview	4
Healthy Communities Program Background.....	4
Healthy Communities Program Evaluation	5
Evaluation Methods.....	7
Key Informant Interviews.....	8
Healthy Community Coordinator Survey	8
City Master Plan Review	9
Community Resident Survey	11
Key Findings	13
Overview of Healthy Cities	13
Overview of Community Survey Respondents.....	15
Active Living.....	17
Healthy Eating.....	23
Tobacco Control.....	29
Challenges	31
Conclusions.....	37
Overall Themes.....	37
Recommendations for Improving and Ensuring the Sustainability of the Healthy Communities Program.....	38

Appendix A: Master Plan Assessment Scores..... 41
Appendix B: Data Collection Tools 44

Authors

This report was prepared by the following JSI team:

Tamara Calise, DrPH, M.Ed

Clancey Bateman, MS, MPH

Chloe Wingerter, BA

Acknowledgements

JSI would like to thank the San Bernardino Public Health Department, the Healthy Community Coordinators, and residents who completed the household survey in Chino, Fontana, Hesperia, Montclair, Rancho Cucamonga, Upland, and Yucaipa.

Introduction

San Bernardino County Overview

Encompassing more than 20,000 square miles, San Bernardino County is home to over two million people. Half of the population is Hispanic or Latino; 33% White, 8% Black or African American; and 6% Asian. San Bernardino County has a younger population, with a median age of 31.9 years. Nearly 20% of individuals live below the federal poverty level. Numerous challenges make it difficult to promote healthy living and provide access to a full spectrum of health services. San Bernardino County is characterized by its large geographic size (as the largest county in the United States) including a number of remote, unincorporated communities, with a lack of infrastructure (especially in the “high desert”). This coupled with high unemployment rates and a low percentage of the population who has obtained a high school diploma create high rates of chronic disease and poverty. Among 57 California counties, San Bernardino ranks 42nd in health outcomes and 49th in quality of life.¹ These rankings are likely attributed to the County’s poor clinical care (ranked 52nd) and physical environment (ranked 57th).

Healthy Communities Program Background

In 2006, the San Bernardino County Board of Supervisors initiated the Healthy Communities Program (HCP) to support individual cities in pursuing a broad range of program, policy, system, and environmental strategies (PPSE) aimed at improving health and well-being, promoting collaboration, and fostering collective action. Overseen by the San Bernardino County of Public Health (SBDPH), HCP supports countywide adoption and implementation of the Community Vital Signs Community Transformation Plan (Vital Signs) through local and sub-regional PPSE efforts. Both the county’s Vital Signs Plan and the SBDPH Strategic Plan provide rich vision, frameworks, and outcome measures to guide HCP efforts.

A countywide vision puts communities at its center and encourages cross-sector collaboration and resource alignment that leads to a “Health in All Policies” approach (systematically taking into account the health implications

¹ RWJF County Health Rankings, 2016: <http://www.countyhealthrankings.org/app/california/2016/rankings/san-bernardino/county/outcomes/overall/snapshot>

of policy and administrative decisions in order to improve population health and health equity). As such, collaborative efforts are being implemented throughout the region by schools, community and faith-based organizations, public and private agencies, and city governments. Strategies are tailored to communities' specific health priorities, needs, and challenges. HCP continues to be supported by SBDPH and supplemental funding from other sources, including First 5 San Bernardino County, city general funds, foundations, and federal and state grants.

Healthy Communities Program Evaluation

Local jurisdictions and stakeholders throughout the County believed evaluation efforts to be a critical component of the HCP given its relevance to sustainability, resource allocation, and prioritization of services. Subsequently, SBDPH identified seven cities within the county who agreed to sign a Memorandum of Understanding (MOU) and participate in this evaluation. John Snow, Inc. (JSI), a public health research and consulting firm, was contracted by SBDPH to conduct a comprehensive, multi-level evaluation of the HCP in the identified cities.²

In collaboration with SBDPH, JSI developed an evaluation plan that considered multiple levels (e.g., individual and community) of realistic and feasible data collection. The specific objectives of the evaluation were to: 1) document and assess the elements of HCP implementation, contextual factors, and individual perceptions and behaviors in the seven participating cities; 2) assess whether the HCP activities reinforce one another or are disparate parts, and 3) inform future activities and provide recommendations. Given the comprehensive nature of the initiative, the evaluation was informed by the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance)

RE-AIM Framework Components
R each your intended target population
E fficacy or effectiveness
A doption by target staff, settings, or institutions
I mplementation consistency and adaptations made during delivery
M aintenance of intervention effects in individuals and settings over time

² In 2015, First 5 San Bernardino County conducted an evaluation of selected Healthy Cities that had received funding from First 5 for healthy communities efforts in 2012-14. Cities evaluated included Adelanto, Apple Valley, Healthy High Desert, Montclair, Muscoy, Rancho Cucamonga, Rialto, and San Bernardino City.

framework³ to answer questions about implementation and sustainability at multiple levels of the Socio-Ecological Model.⁴

This report provides an overview of the healthy communities strategies implemented in seven participating cities across the county. It is intended to provide recommendations and next steps to the SBDPH and participating cities to build upon existing local efforts and to ensure sustainability of HCP. In addition, evaluation findings can inform the ongoing development of the county's Healthy Communities Strategic Plan, as well as the implementation of the Vital Signs Plan, and future evaluation planning.

It is important to note, however, that this evaluation has limitations that may impact its generalizability. Overall, the seven cities that participated in the evaluation were self-selected and may be different from the cities that chose not to participate. Besides the interviews, data were collected at one point in time and cannot be used to suggest any associations and/or causal relationships. City coordinators were encouraged to collaborate with partners and co-workers to complete the city assessment (referred to as the coordinator's survey); however, this was not practiced to the fullest extent. Although JSI made attempts to contact relevant stakeholders regarding missing information, data may represent a limited point of view and/or an incomplete picture. From an individual perspective, the resident survey's response rate was lower than expected. While exact reasons are unknown, low participation could have been a result of the timing of the survey (during the 2016 Presidential campaign and election), lack of trust or awareness in the initiative or organizations conducting the survey, survey fatigue, or lack of interest among others. Given time and budget constraints, JSI was restricted its ability to employ methods to boost response rates. As such, data may not reflect the opinions and behaviors of the population at large but rather the subset of individuals who responded.

Limitations aside, this evaluation assessed various levels of HCP efforts (e.g., community and individual) and included both subjective and objective data that had not been previously collected or compiled. In so doing, the data provide an increased understanding regarding the activities and environments within the seven cities, and information on resident perspectives and behaviors which can be used for future planning and sustainability.

³ Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *Am J Public Health* 1999;89:1322-7.

⁴ McLeroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. *Health Educ Q* 1988;15:351-77.

Evaluation Methods

In collaboration with SBDPH, JSI engaged seven cities to participate in a mixed-methods evaluation informed by the RE-AIM Framework.⁵ A combination of qualitative and quantitative approaches allow for triangulation between different, complementary sources of data, and provide a clearer explanation of what happened, for whom, and under what circumstances. Table 1 provides an overview of each method and its goals, which are further described below.

Table 1. Data Collection Methods and Purposes

Data Collection Method	Purpose	Sample Size	Timeframe
Key Informant Interviews	Develop “rich description” of staff and partner experience implementing programs	N=7 city coordinators	April 2016 – February 2017
Healthy City Coordinator Survey	Capture coordinator perspectives on the characteristics of healthy communities	N=6 city coordinators	June – August 2016
Master Plan Review	Assess the extent to which each community's master plan incorporates goals and strategies related to healthy community focus areas compared to the gold standard	N=7 master/general plans reviewed	June – August 2016

⁵ Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. Am J Public Health 1999;89:1322-7.

Community Resident Survey	Provide knowledge, attitudes, perception and behavior data	N=388 respondents across 7 cities	August – November 2016
----------------------------------	--	-----------------------------------	------------------------

Key Informant Interviews

In Spring 2016, JSI conducted semi-structured interviews with Healthy City Coordinators from each of the seven participating cities to determine the range of activities and strategies that were planned or implemented. The interview protocol included a checklist with a range of healthy community strategies—informed by a pre-determined SBDPH list. Interviewers used the checklist to prompt coordinators in providing updates on progress in these areas and to discuss priorities, successes, and challenges. Interviewees were also asked to provide information on topics that were not already discussed but of importance. Interviews were conducted by trained members of the JSI team. Comprehensive notes were taken by a research assistant during the interviews and supplemented by the interviewer(s) upon completion. Follow-up interviews were conducted between January and February of 2017, approximately one year after the initial round.

All members of the JSI team reviewed the notes from each interview and identified themes individually. Upon completion of this individual review, the team further discussed and agreed upon key themes (presented in this report).

Healthy Community Coordinator Survey

In summer 2016, JSI administered an online survey to the seven identified Healthy Community Coordinators in order to gain a better perspective of the healthy community environment and efforts happening in each city. The survey was developed by JSI and based on the CDC's Healthy Community Checklist⁶ and the YMCA Community Healthy

⁶ CDC, Healthy Community Design Checklist. https://www.cdc.gov/healthyplaces/toolkit/healthy_community_design_checklist.pdf

Living Index (CHLI) Assessment.⁷ Each survey was intended to be completed by the Healthy Community Coordinator with input from other community stakeholders (e.g., government officials, school staff, worksites, etc.) in order to most accurately describe the environment. Coordinators could fill out the survey electronically through SurveyMonkey or by hand on a printed PDF version of the survey. JSI attempted to follow up with the contact person(s) identified by the Coordinator to gain additional information and/or to fill in gaps. Survey findings were compiled across all participating cities.

City Master Plan Review

JSI reviewed each city's available Master or General Plan to assess: 1) the extent to which health goals and objectives were incorporated into the comprehensive planning process for each city, and 2) whether existing policies or goals were supported by implementation mechanisms, indicators, or other benchmarks for success. JSI developed the City Master Plan Assessment Tool based on the American Planning Association's Healthy Planning Evaluation Tool⁸ and the University of Delaware's Healthy Communities Comprehensive Plan Assessment Tool.⁹ The tool assessed healthy community elements across seven categories:

1. **Broad Public Health and Planning Issues.** The subcategories consist of substantive issues such as vision statements, guiding principles, use of background data, and procedural issues. Certain features were evaluated including whether the plan states broad goals to foster all residents' health and well-being, identifies built environments as a factor in determining the outcome, and is written in a clear manner that takes into consideration low-income populations.
2. **Active Living.** The subcategories consist of active transport, recreation, and injury. Certain features were evaluated including whether the goals and policies aim to increase the number of people who walk and

⁷ YMCA, Community Healthy Living Index. <http://www.ymca.net/chli-tools/>

⁸ Ricklin, A., et al. 2012. Healthy Planning: an evaluation of comprehensive and sustainability plans addressing public health. Chicago: American Planning Association.

⁹ Beck C., et al. 2010. Healthy Communities: The Comprehensive Plan Assessment Tool: a planning resource for local governments created as part of IPA's Healthy Communities initiative and as an online component of the toolkit for a Healthy Delaware. Delaware Health and Social Services and University of Delaware.

bike daily, increase the use of active transportation, and create communities that are safe and attractive places to exercise.

3. **Food and Nutrition.** The subcategories consist of access to food and healthy food options, water, and land use. Specific features were evaluated including whether the goals and policies identify healthy eating and healthy food options as important to a high quality of life in the community, and whether supporting local food production is seen as a priority for the local community.
4. **Environmental Exposures.** The subcategories consist of air quality, water quality, and brownfields. Certain features were evaluated including whether environmental health concerns, clean water, and air quality are important public health considerations for the community, and, on the other hand, whether brownfields are seen as a potential threat to the community's health.
5. **Health, Human, and Public Services.** The subcategories consist of aging and accessibility to health and human services. Certain features were evaluated including whether the plan identifies the aging population as a group needing special considerations, and whether access to health and human services is considered an important consideration to a high quality of life in the community.
6. **Social Cohesion and Mental Health.** The subcategories consist of housing quality, green and open space, noise, and public safety/security. Certain features were evaluated including whether the goals and policies take into consideration green and open spaces, safety and security, housing quality, and social cohesion as important aspects in the community.
7. **Emergency Preparedness.** The subcategories consist of climate change, natural and human-caused disasters, and infectious diseases. Certain features were evaluated including whether the plan identifies potential public health effects from natural and human-caused disasters and climate change as important considerations in planning for the future.

The master plan assessment only reviewed general plan or master plans that were publically available on the cities' websites. However, it is possible that healthy community strategies are described in other city documents that were not reviewed (e.g., Bike & Pedestrian Plan, Transportation Plans). Not all city policies or plans were included within a general or master plan, especially in cities with older plans. Several cities interviewed were also in the process of updating their Master Plan during the course of the evaluation, which would likely reflect or refer to recently updated objectives or policies as well as community input.

Two members of the JSI team reviewed Master or General Plans from the identified healthy communities and provided a score based on whether healthy community elements were either: a) not present (0 points), b) present but narrow (1 point), c) present and comprehensive (2 points). These scores combined a “healthy community” score. The master plan assessment was supplemented by information gathered during key informant interviews regarding the processes by which groups were able to successfully implement interventions or policy updates.

Community Resident Survey

Between September and November 2016, JSI administered a survey to a random sample of households throughout San Bernardino County to assess respondents' behaviors and perceptions regarding: 1) neighborhood walkability/bikeability, safety, social cohesion, 2) physical activity, 3) eating patterns and access to foods, 4) health status and tobacco norms and behaviors, and 5) awareness of community initiatives.

JSI obtained a sample of 2,000 household addresses across the selected cities, as well as an additional 500 replacements for surveys that were sent back as 'Return to Sender' (RTS) (e.g., unoccupied or vacant homes). Households were included proportionate to the city population size and obtained from a national sampling firm, Genesys Sampling of the Marketing Systems Group.

Table 2. Population by City

Selected Healthy Communities Cities	Population
Chino	85,595
Fontana	207,460
Hesperia	93,295
Montclair	38,690
Rancho Cucamonga	175,236
Upland	76,443
Yucaipa	53,328

The survey was mailed to respondents along with information regarding the purpose, a pre-addressed postage paid envelope, and a \$1 incentive to complete the survey. To ensure a representative sample (including a “random” person in the home), instructions specified that the survey should be completed by the person whose birthday is next. In the event that this person did not want to complete the survey, he/she was asked to give it to the adult whose birthday followed. A 1-800 phone number was provided so those wanting to opt out could be removed from the mailing list. Three reminders (a follow up postcard, a follow-up survey, and a second reminder postcard) were sent to non-respondents, each spaced about fourteen days apart. One final reminder was sent to all households that had not yet responded. This postcard included text to incentivize households to complete and return their survey: if completed, respondents were entered into a random drawing for a \$500 gift card. All surveys and reminders were provided in English and Spanish.

Key Findings

In this section, we discuss findings and themes from the multiple data sources, including interviews, surveys, and documents. Overall interviews were conducted with coordinators from all seven cities during Spring 2016 and the same coordinators were interviewed again during the January/February 2017. One coordinator was not interviewed the second time despite a number of attempts. Six of the seven coordinators completed the coordinator survey (the remaining coordinator was lost to follow-up despite multiple attempts). All seven cities had a master plan or comparable document that was reviewed.

Overview of Healthy Cities

Chino	The Healthy Chino Initiative was started in 2004 with focus areas centered around nutrition, active living, physical and mental health, environmental health, and smart growth practices. The initiative is housed at the City in the Carolyn Owens Community Center. Highlighted Healthy Chino events and programs include Walk & Roll active living program, Chino Bike Day, garden workshops, a community garden, and nutrition & cooking Classes. Some of the community partners include medical centers, cycling groups, teen advisory committees, the police department, the school district, the YMCA, Kaiser Permanente, and others. Chino has a population of 85,595 (2014 U.S. Census) and is located in the western part of the county, mainly surrounded by unincorporated areas.
Fontana	Healthy Fontana began in 2004 as a project of Mayor Acquanelta Warren. Healthy Fontana aims to inform, educate, and change the way people eat, exercise, and live in Fontana. Healthy Fontana is run out of City Hall and offers cooking classes, walking clubs, wellness programs for businesses, and healthy tips and recipes. The mayor has been a champion for Healthy Fontana in advocating for healthier lifestyles for all Fontana residents. Fontana is the second largest city in San Bernardino County with a population of 204,950 (2014 U.S. Census), and is located west of San Bernardino City.

<p>Hesperia</p>	<p>In 2010, the City Council of Hesperia adopted a “Healthy Hesperia” resolution committing to the promotion and development of a safe and healthy Hesperia for all. The initiative is run out of City Hall. Hesperia is also part of Healthy High Desert, a coalition of HCP cities in the rural “high desert” part of the county. Hesperia has formed strong partnerships with the Recreation and Park District, Hesperia Unified School District, and other local agencies to develop programs and opportunities that promote healthy eating and active living. Hesperia is located north of San Bernardino, with a population of 92,749 (2014 U.S. Census.)</p>
<p>Montclair</p>	<p>Healthy Montclair, housed in the Human Services Department, was established in 1998 by the Montclair Community Collaborative. It focuses on improving access to physical activity, nutritious food, and appropriate healthcare, and serves as a resource for Montclair residents to live healthy and active lifestyles. Some of Healthy Montclair’s programs include a community fruit park, farmer’s market, community garden, <i>Por La Vida</i> health and nutrition classes, and Montclair Medical Clinic. Montclair Community Collaborative partners with Kaiser Permanente, the United Way, school districts, Champions for Change, and many more. Montclair is located west of San Bernardino City, and has a population of 38,465 (2014 U.S. Census.)</p>
<p>Rancho Cucamonga</p>	<p>Started in 2008, Healthy Rancho Cucamonga (Healthy RC) is focused on healthy eating & active living, mental health, community connections & safety, healthy aging, disaster relief, education & family support, economic development, and a clean environment. The initiative is housed at City Hall. Healthy RC’s Community Coalition includes a diverse range of community members: residents, business owners, nonprofits, city council members, and many more. Some of Healthy RC’s programs include Community Champions, youth leaders, HRC Kids, healthy dining, and a Healthy RC Living TV show. The Rancho Cucamonga City Council adopted the Healthy RC Strategic Plan in 2014. Rancho Cucamonga is located west of San Bernardino, and has a population of 174,305 (2014 U.S. Census).</p>
<p>Upland</p>	<p>Healthy Upland, housed at the City of Upland Recreation & Community Services Division, began in 2014. Some of Healthy Upland’s programs include “Step Up to Health” campaign, Mobile Fresh, Historic Upland Walking Tours, Share the Trail, and Baldy View Park. Upland is located west of San Bernardino, and has a population of 76,043 (2014 U.S. Census).</p>

Yucaipa

In 2012, Healthy Yucaipa was formed to respond to the growing priority for health and wellness among Yucaipa's residents. The initiative is housed in the Community Services Department and offers healthy nutrition, activities, and resources for all community members. Located Southeast of San Bernardino, Yucaipa has a population of 53,096 (2014 U.S. Census).

Overview of Community Survey Respondents

Community respondents were asked a series of questions regarding their perspectives on health in their communities, how their neighborhoods supported healthy eating and physical activity, whether they had heard of their city's healthy community initiative, about their own health behaviors (e.g., tobacco use, physical activity, eating patterns), and demographics (e.g., race/ethnicity, education, employment, etc.). A total of 388 individuals completed the survey—20% response rate.

Characteristics of survey respondents are provided in Table 3. In summary, the majority of survey respondents were female (69%) and either Caucasian (56%) or Hispanic/Latino (27%). Most respondents were employed (52%) or retired (30%), with 45% having received some college or vocational training and 35% having completed college or graduate school. Household income varied among respondents, with 12% reporting an annual household income of less than \$20k and 18% reporting between \$20-39k. Nine percent of respondents reported receiving CalFresh (SNAP/food stamps) benefits in the past year.

Corresponding with the priority health issues that were identified by each city, a significant portion of respondents were either overweight (36%) or obese (31%) according to their self-reported Body Mass Index (BMI). In addition, 13% had been previously diagnosed with diabetes and 10% had been told they had prediabetes. Rates of both obesity and diabetes in San Bernardino are higher than the statewide rates (28% obese and 10% diagnoses with diabetes).¹⁰

The majority of respondents (69%) had visited a doctor within the past year or within the past two years (15%). However, 12% of respondents reported needing to visit a doctor in the past 12 months but being unable due to cost.

¹⁰ California Health Interview Survey, 2015. Available at: <http://ask.chis.ucla.edu>

Table 3. Community Resident Survey Respondent Characteristics

		Percentage of Respondents (n)	San Bernardino County
Gender			U.S. Census 2015
	Male	31% (113)	50%
	Female	69% (253)	50%
Race/Ethnicity <i>(check all that apply)</i>			U.S. Census 2015
	Caucasian	56% (217)	77%
	Black or African American	4% (15)	10%
	Hispanic, Mexican, or Latin American descent	27% (106)	52%
	Asian	6% (25)	7%
	American Indian, Alaskan Native, or Pacific Islander	5% (18)	2.5%
Body Mass Index (BMI)			
	Underweight	2% (8)	1%
	Normal Weight	31% (106)	27%
	Overweight	36% (122)	38%
	Obese	31% (107)	34%
Have you ever been told you have diabetes?			CA Health Interview Survey
	Yes/Yes only during pregnancy	15% (59)/2%(8)	12%
	No	73% (278)	Not Available
	No, but I have been told I have pre-diabetes	10% (37)	Not Available
	Don't know/Not sure	1% (5)	Not Available
How often in the past 12 months would you say you were worried or stressed about having enough money to pay for your rent/mortgage?			
	Always or usually	16% (63)	Not Available
	Sometimes	17% (63)	Not Available
	Rarely or Never	67% (252)	Not Available
What is your approximate annual household income?			U.S. Census, ACS
	Less than \$20,000	12% (45)	\$52,323 (median household income)
	\$20,000-\$59,999	29% (105)	
	\$60,000 or more	40% (148)	
	I would prefer not to say	19% (69)	
In the past year did your household receive SNAP/CalFresh/EBT benefits (food stamps)?			
	Yes	9% (33)	8%

	Percentage of Respondents (n)	San Bernardino County
No	91% (342)	Not Available

Active Living

The cities participating in this evaluation have a strong focus on active living defined as providing opportunities to be physically active and/or encouraging physical activity as well as environmental changes and policies that support the use of bicycles and walking as modes of transportation. Examples include requirements for new developments (e.g. housing, subdivisions, commercial) to support physical activity; safe walking and biking routes/networks including Safe Routes to School programs; use of land (such as through a comprehensive land-use plan) that supports increased opportunities for physical activities; street infrastructure enhancements such as sidewalks, bike lanes, and recreational and/or open spaces; zoning regulations that support mixed land use (i.e., mixing of residential and commercial land uses in the same area.)

Current efforts

The table below provides an overview of each city's active living strategies based on interviews with and surveys of coordinators.

Active Living Strategy	Chino	Fontana	Hesperia	Montclair	Rancho Cucamonga	Upland	Yucaipa
Bike & pedestrian pathways	✓	✓	◆	✓	✓	✓	✓
Complete Streets policy	✓	•		•	✓	•	•
Joint use policy		✓	✓	✓	✓		✓
Safe Routes to School	✓	✓	✓	•	✓		
Smart Growth Development	✓		✓	◆			
Transit-Oriented Development			✓	✓	✓		
Mixed use neighborhoods/development		✓		✓	✓	✓	•
Improvements to parks & open space			◆		✓	✓	✓
Walking or other recreation programs	✓	✓		✓	✓		✓

✓ = implemented/established, • = in development/planning, ◆ = interested in pursuing

General Plan Support

KEY FINDING

Most cities' general plans included goals or strategies related to increasing opportunities for physical activity and environmental changes to support active transportation.

Across all seven cities, the most comprehensive strategies included in Master Plans were in the area of Active Living, particularly with regards to: plans to expand, improve or increase the 1) amount of green or open space; and 2) number of public recreation facilities. All cities included policies to pursue joint-use agreements to share school recreational facilities, although only three cities did so comprehensively.

Cities' Master Plans supported future development of, or refer to already established design guidelines related to pedestrian, bicycle, and transit access that support active transport modes for people of all abilities (except Montclair) and included an assessment of bicycle and pedestrian infrastructure that needs improvement to promote walking and biking for transportation and physical activity (except Upland). Two cities had also established Bike & Pedestrian Plans (Chino and Rancho Cucamonga), not included in their city's General Plan.

Most plans included a plan to build, extend or develop an off-road trail network (often called a "greenway") for biking and walking. These plans likely include the Pacific Electric Trail, a former railroad track that has been converting into a biking/walking path connecting Upland, Rancho Cucamonga, Fontana, and Montclair.

Community Resident Perspectives

KEY FINDING

Respondents generally agreed that their neighborhood had some environmental supports in place for safe walking and biking, however there is room for improvement. Separate bike lanes and paths, traffic reduction or calming techniques, and enhanced safety features (e.g., improved lighting) could further reduce barriers to walking and biking for respondents. Among those who reported being physically active, 72% walked or biked inside their neighborhood.

It is recommended that adults engage in 150 minutes of moderate-intensity physical activity, 75 minutes of vigorous-intensity physical activity, or an equivalent combination of both each week. According to County Health Rankings, 19% of all San Bernardino County residents do not engage in any leisure-time physical activity. Twelve percent of respondents from participating cities did not engage in any leisure-time physical activity per week. Among those who did, they reported an average of 260 minutes of moderate-to-vigorous physical activity per week.

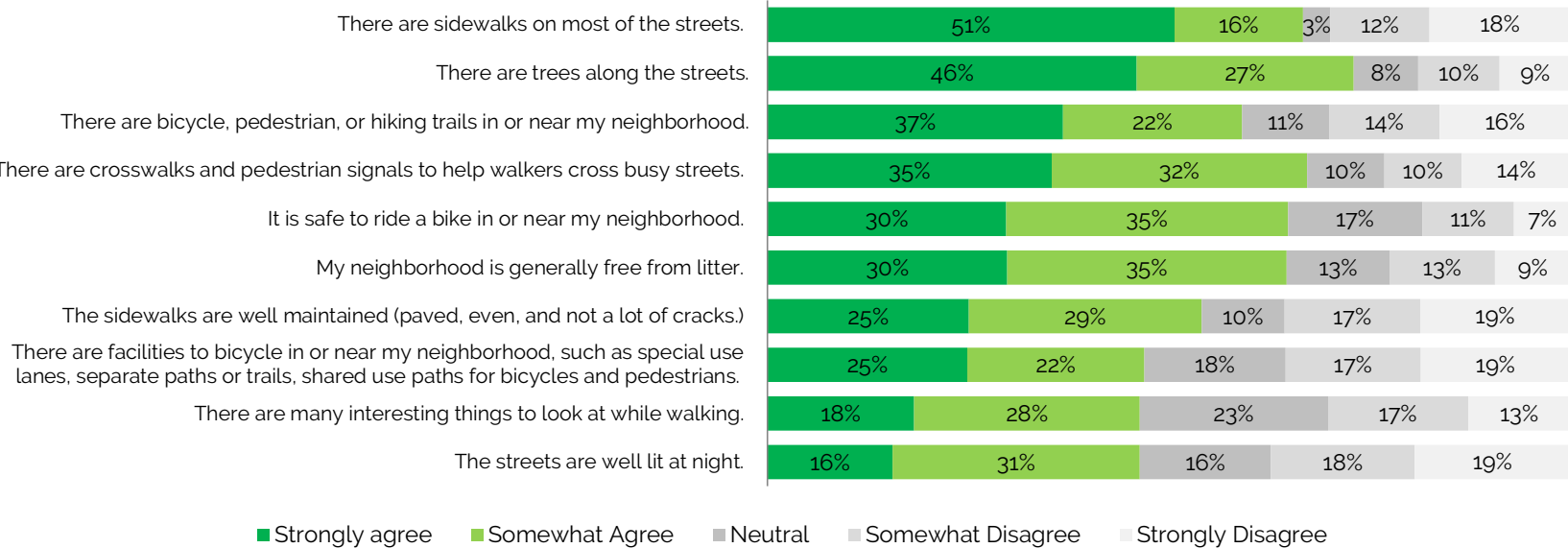
72% of all respondents reported being physically active **walking or biking inside their neighborhood** per week

81% of all respondents reported engaging **moderate or vigorous physical activity** in places other than their neighborhood

Physical signs of neighborhood disorder such as litter, graffiti, broken fences, untrimmed landscape, broken lighting, and abandoned cars are uninviting and known to discourage outdoor physical activity—people are less likely to walk or bike outside because they fear for their safety.¹¹ Specific questions were asked to assess how residents of the participating cities felt about their neighborhoods. Less than one-third of the respondents (30%) strongly agreed it was safe to ride a bike in or near their neighborhood. The same percentage of people strongly agreed their neighborhood was generally free from litter. Although 51% of respondents strongly agreed there were sidewalks on most streets in their neighborhood, only 25% of respondents strongly agreed that the sidewalks were well maintained (e.g., paved, even, not a lot of cracks). Thirty-seven percent of respondents strongly agreed there were bicycle, pedestrian, or hiking trails in or near their neighborhood but slightly fewer (30%) strongly agreed it was safe to ride a bike in or near their neighborhood.

¹¹ Cohen L, Davis R, Lee V, and Erica Valdovinos. Addressing the Intersection: Preventing Violence and Promoting Healthy Eating and Active Living; May 2010. Prevention Institute, Oakland, CA.

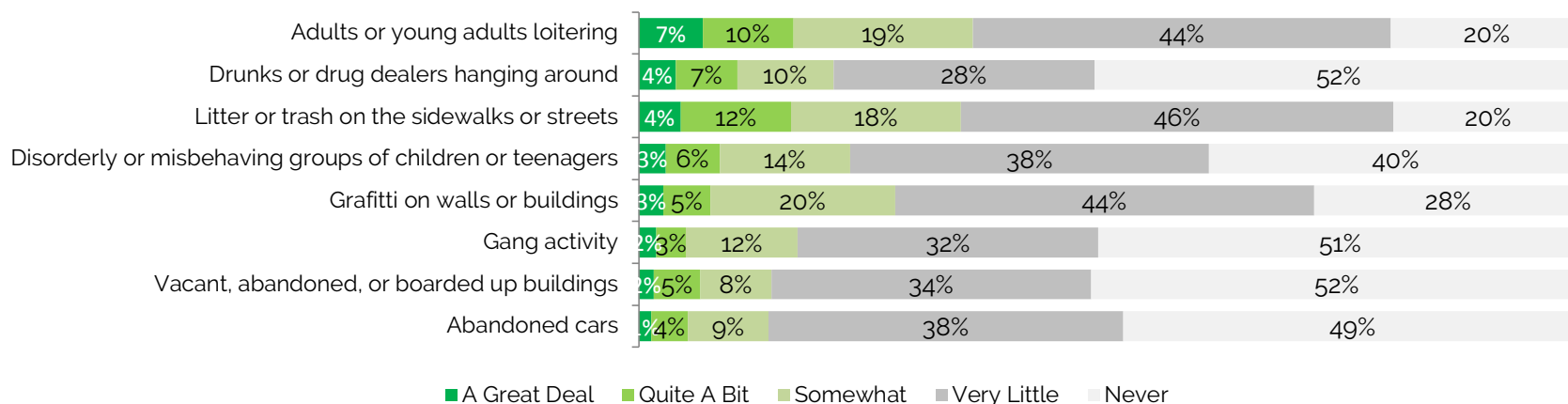
Respondents generally agreed that their neighborhoods had some environmental supports in place for walking and biking , but there is room for improvement.



It is important to note, respondents who reported walking or biking for recreation or transport inside their neighborhood had varying perceptions compared to those who did not walk or bike inside their neighborhood. Among the most significant were regarding sidewalks and other pedestrian supports. Specifically, respondents who reported walking or biking inside their neighborhood were significantly more likely to strongly agree their neighborhood had sidewalks, crosswalks, and pedestrian signals compared to respondents who did not walk or bike inside their neighborhood (p<0.05).

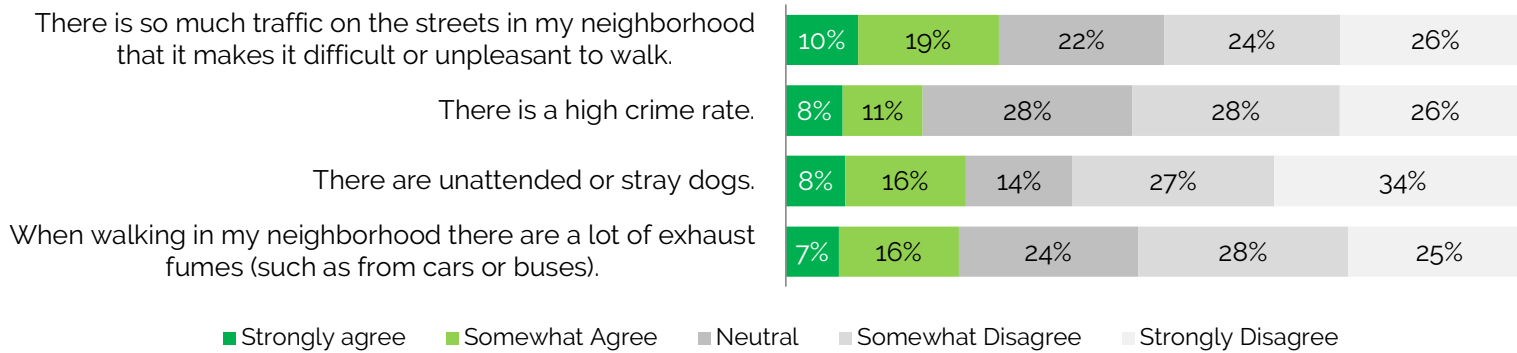
The most commonly reported neighborhood problems included adults or young adults loitering, litter or trash, and graffiti. Over one-third of respondents reported loitering (36%) and seeing litter or trash on the sidewalks or streets (34%) in their neighborhoods somewhat to a great deal of the time. Just over one-quarter of respondents reported seeing graffiti on walls or buildings (28%) in their neighborhood somewhat to a great deal of the time. Twenty-one percent reported seeing drunks or drug dealers hanging around somewhat to a great deal of the time.

The most frequently reported problems included adults or young adults loitering, litter or trash, and graffiti.



Other barriers to walking and biking in neighborhoods were reported. Twenty-nine percent of respondents strongly agreed or agreed that there was so much traffic on the streets in their neighborhood that it made it difficult or unpleasant to walk. Other reported barriers included high crime rates, unattended dogs, and exhaust fumes.

Roughly 1 in 5 respondents reported neighborhood characteristics that could serve as barriers to walking or biking.



In terms of commuting, respondents reported spending a significant amount of time traveling by car— respondents traveled 5.8 days per week for an average of 60 minutes per day. Only 16 minutes, on average, was spent walking or biking for transport per week. Residents reported spending very little time using public transportation.

Healthy Eating

Strategies to promote and facilitate healthy eating include improving access to healthy, affordable foods; establishing farmers' markets, particularly in areas underserved by grocery stores; establishing community gardens; implementing nutrition standards or guidelines in schools and workplaces; implementing policies regarding the location of restaurants and grocery stores; policies supporting community gardens and urban agriculture; healthy retail or dining programs that increase access to healthy choices; and breastfeeding accommodation and support.

Current efforts

The table below lists the strategies each city was using to promote consumption of and increase access to healthy foods. In particular, several cities had experienced challenges in setting up or sustaining farmers' market due to zoning requirements, lack of community buy-in, and logistical barriers (e.g., managing contractors).

Healthy Eating Strategy	Chino	Fontana	Hesperia	Montclair	Rancho Cucamonga	Upland	Yucaipa
Farmers' markets	✓ Mobile Fresh	✓	•	•	✓		✓
Community gardens	✓	✓		✓	✓	✓	•
Urban agriculture					✓		
Healthy Retail/Dining program		◆		•	✓ Healthy RC Dining Program	✓ healthy bodega	•
Nutrition standards/guidelines	•	✓	◆	• healthy vending	✓	•	
Breastfeeding accommodation and support	•	•	✓		✓		
Other		✓ Fruit parks					✓ Farm to school

✓ = implemented/established, • = in development/planning, ◆ = interested in pursuing

General Plan Support

KEY FINDING

Few cities' general plans included goals or strategies related to increasing access to healthy, affordable foods for community residents.

Fewer cities (4) included policies or goals around access to healthy food and nutrition (e.g., farmers' markets, community gardens, healthy dining) in their general plans. Three cities (Fontana, Hesperia, and Montclair) scored a zero on the food and nutrition section of the Master Plan Assessment. However, based on information gathered during interviews, several cities are working in this area regardless of whether these strategies are included in their Master/General Plan document. For example, Rancho Cucamonga has had a farmers' market since 2011 and has established policies regarding farmers' markets, community gardens, and urban agriculture. In addition, Rancho Cucamonga has also established a Healthy Dining program and nutrition standards. Fontana has a farmers' market operated by the Community Services Department, as well as community gardens at local churches and schools. The Healthy Community Coordinator in Hesperia reflected that previous efforts to establish a farmers' market have started strong, but have been challenging to sustain long-term for various reasons – including high costs for produce and lack of buy-in from residents.

Community Resident Perspectives

KEY FINDING

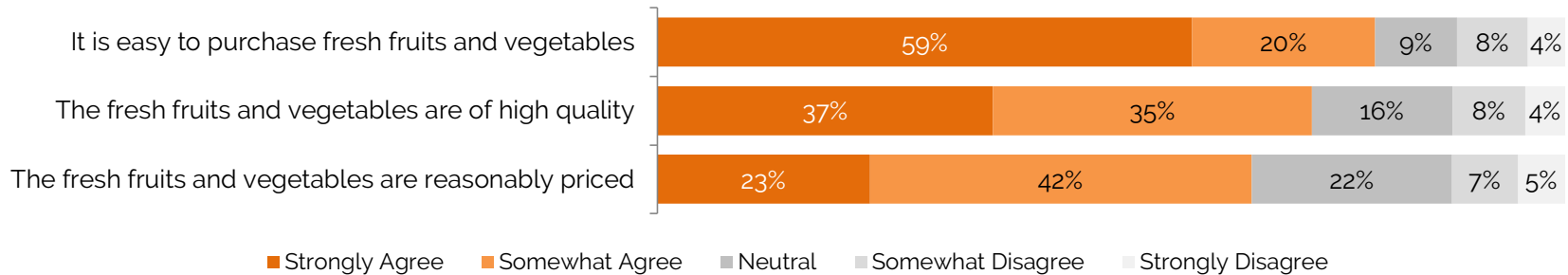
Respondents reported that healthy foods (e.g., fresh fruits and vegetables) are easy to purchase and available, however, many reported that they are not affordable. Respondents do most of their grocery shopping at supermarkets. Not all respondents were able to shop at farmers' markets for various reasons, and many were unaware that these were available in their city. Fast foods and sugar-sweetened beverages are widely available and many people reported that the availability of fast foods and advertising for unhealthy foods posed barriers for individuals trying to eat healthy diets. Additional options for affordable, healthy foods, increased awareness of farmers' markets, and healthy retail programs could support respondents' efforts to eat healthy.

It is recommended that adults consume 5-9 servings of fruits and vegetables per day. Only 40% of respondents reported eating 5 or more servings of fruits and vegetables per day.

40% Of respondents reported eating 5 or more servings of **fruits** and **vegetables** per day

There is strong evidence that living in an area where it is difficult to buy affordable, quality food is linked with poorer health outcomes (e.g., obesity) and premature death.^{12,13} Supermarkets traditionally provide healthier options than convenience stores or smaller grocery stores.¹⁴ Additionally, failure to have a consistent source of healthy affordable food can be another barrier to healthy food access. Respondents were asked about their food environment to better assess food access. The majority of respondents agreed that fresh fruits and vegetables were easy to purchase, and of high quality. However, only 23% strongly or 42% somewhat agreed that fruits and vegetables were reasonably priced.

The majority of respondents agreed that fresh fruits and vegetables are easy to purchase, high quality, and reasonably priced.



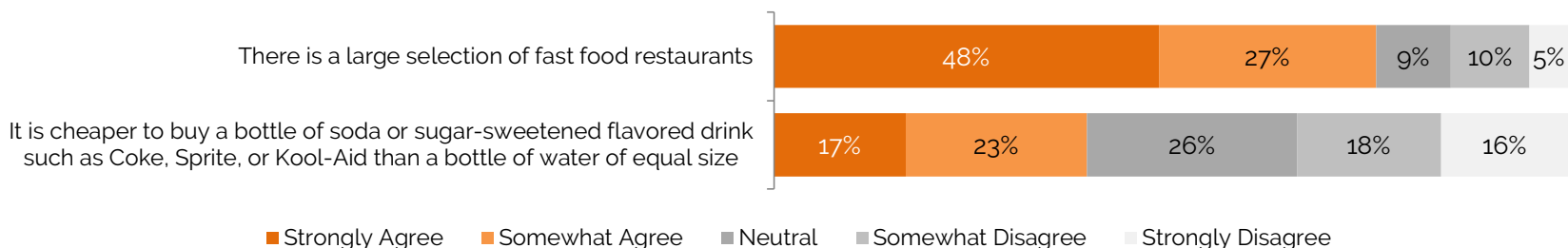
¹² Ahern M, Brown C, Dukas S. A national study of the association between food environments and county-level health outcomes. *The Journal of Rural Health*. 2011;27:367-379.

¹³ Taggart K. Fast food joints bad for the neighbourhood. *Medical Post*. 2005;41:21:23.

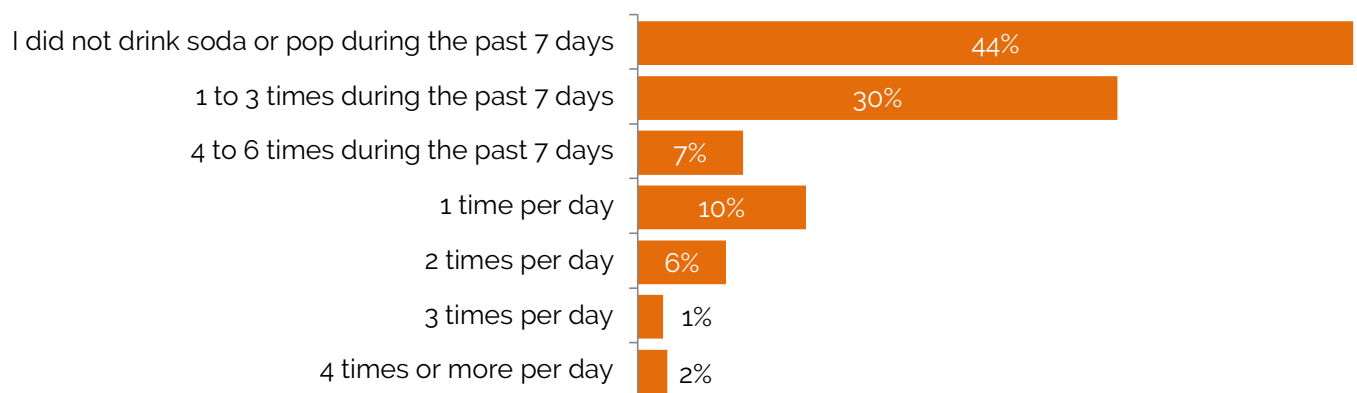
¹⁴ Wrigley N, Warm D, Margetts B, Whelan A. Assessing the impact of improved retail access on diet in a 'food desert': A preliminary report. *Urban Studies*. 2002;39:11:2061-2082.

Three quarters of respondents agreed that their community has a large selection of fast food restaurants. Forty-two (42) percent of respondents reported eating at a fast food restaurant at 2-3 times per week. Seventeen percent of respondents strongly agreed and 23% somewhat agreed that it is cheaper to buy a sugar-sweetened beverage drink than it is to buy bottled water.

Respondents agreed that their community has a large selection of fast food restaurants and 40% reported that sugary drinks were cheaper than bottled water.

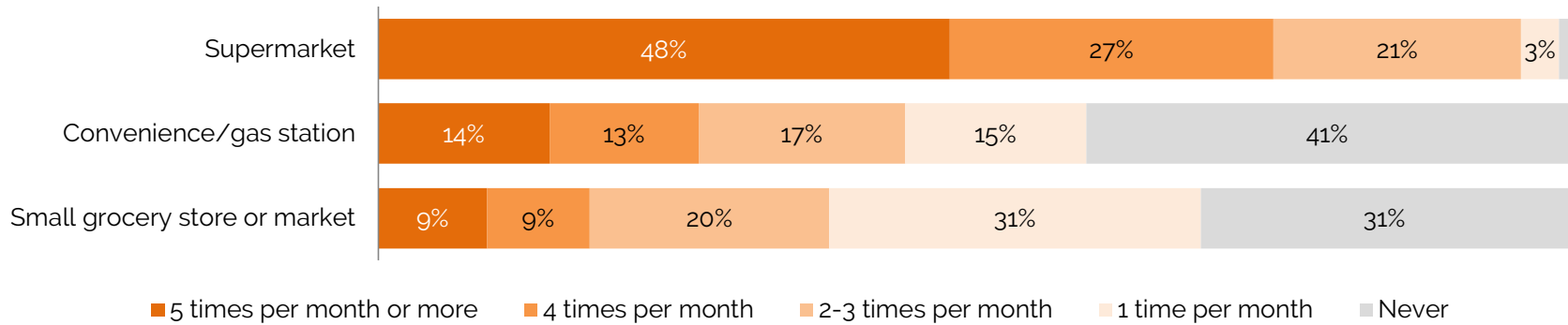


When asked about sugary drink consumption (including soda, lemonade, sweet tea, fruit punch, or sports drinks), 44% percent of respondents reported not drinking these beverages in the past week, However, 1 in 10 people drank at least one can, bottle, or glass of a sugary drink per day.



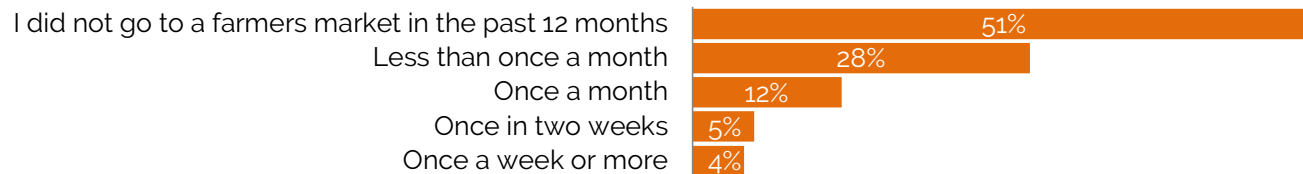
Nearly all respondents shopped at a supermarket multiple times per month, with 48% reporting shopping 5 or more times per month. However, a smaller portion of respondents reported purchasing food at a convenience/gas station or small grocery or market several times per month. The majority of respondents (77%) reported that it took less than 10 minutes to travel to the store where they shopped the most for food.

Respondents primarily shop for food at a supermarket multiple times per month. A smaller portion of respondents reported purchasing food at a convenience/gas station or small grocery or market several times per month.



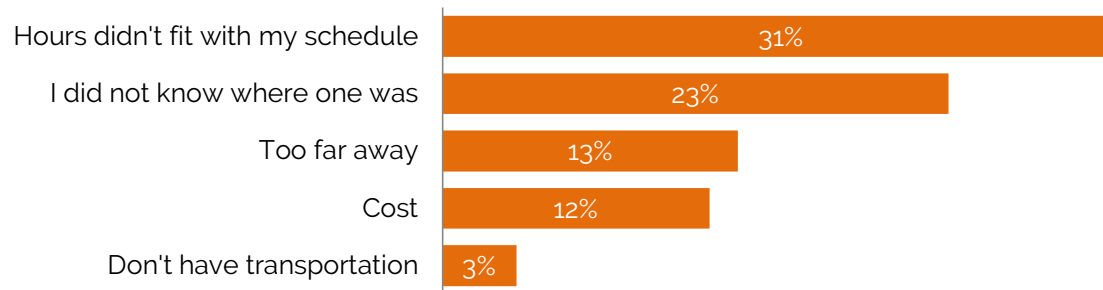
Half of respondents did not go to a farmers' market in the past 12 months. Among those who did, the majority went less than once per month (27%).

Half of residents did not go to a farmers' market in the past 12 months.



Of the reasons that respondents did not attend a farmers' market, 31% reported that the hours didn't fit their schedule and 23% were not aware of a market. Fewer respondents answered that location, cost, and transportation were the reason they did not attend.

The most common reasons that residents did not attend a farmers' market were schedule and lack of awareness.



Tobacco Control

Tobacco control efforts include a range of policies aimed at reducing tobacco use and exposure to secondhand smoke. Examples include zoning restrictions on tobacco retailers (e.g., within ½ mile of schools); smokefree ordinances in public places (e.g., parks), on government property, or in multi-unit housing (MUH); tobacco retail licensing restrictions; and ordinances banning the sale of flavored tobacco products.

Current efforts

California has a comprehensive statewide smoke-free law (covering worksites, restaurants, and bars) and recently raised the age to purchase tobacco to 21 (effective June 2016), however, tobacco control appeared to be an area where the seven cities evaluated encounter a number of challenges. Three coordinators indicated that tobacco control was a priority for their healthy community efforts.

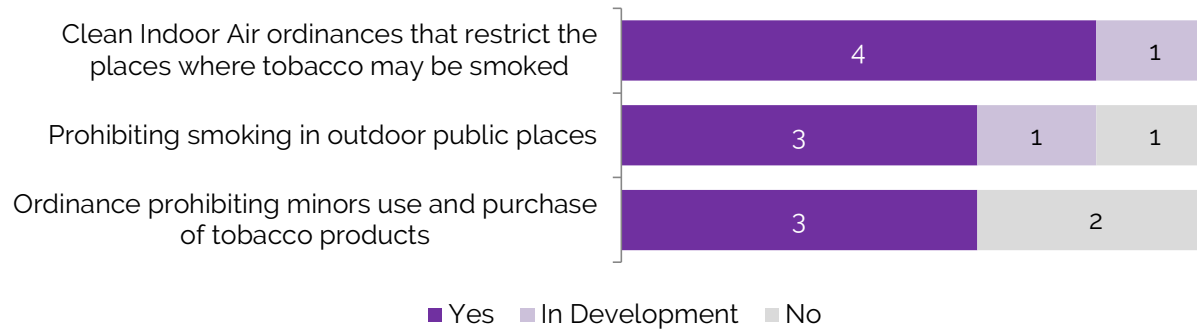
Rancho Cucamonga has made progress in tobacco control and has an existing smokefree ordinance covering parks, recreation areas, and waiting in lines. The Coordinator mentioned they are modifying this ordinance to also include electronic cigarettes. Healthy RC also works with multi-unit housing complexes to implementing smokefree MUH policies. They have also been successful in working with new developers to make developments smokefree. The Smokefree RC program encourages businesses to adopt smoke-free policies. They coalition is also looking at how to change the zoning for smoke shops located near where children congregate (e.g., schools).

Multiple city coordinators mentioned challenges they had faced in working on tobacco control. In Hesperia, for example, efforts to establish a smoke-free policy for the local parks would require buy-in from the Parks & Recreation Dept. given that the Healthy Community efforts are operated from a different department.

General Plan Support

None of the plans reviewed included goals or strategies around creating smoke-free spaces such as multi-unit housing, public spaces (parks), government property, or private property. However, in the Coordinator Survey, several cities indicated having these policies or they were in development.

Most cities are working on tobacco control efforts



Four of seven coordinators indicated that smoking and tobacco use most often occurs on sidewalks and outdoor parking lots/parking structures. Two of the cities reported a city- or county-sponsored tobacco cessation program or tobacco quitline in their community.

Community Resident Perspectives

According to CHIS, the smoking rate for San Bernardino County is 12%.¹⁵ Slightly fewer respondents of this survey (10%) reported smoking cigarettes every day or some days. Sixty-four percent of respondents reported smoking at least 100 cigarettes (equivalent to 5 packs) in their lifetime, indicating that they were at one point a “smoker.” However, at the time of the survey, 90% of respondents reported that they no longer smoke.

Have you smoked at least 100 cigarettes in your entire life?	
Yes	64% (243)
No	34% (130)
Don't Know	2% (7)
Do you smoke cigarettes every day, some days, or not at all?	
Every day	8% (29)
Some days	2% (8)

¹⁵ California Health Interview Survey, 2015 data. Available at: <http://ask.chis.ucla.edu>

Not at all	90% (338)
Don't know/Not sure	0% (1)

Challenges

Research suggests most Americans believe individuals can control their own health outcomes if they make healthy choices.¹⁶ Because physical activity, healthy eating, and smoking are considered personal problems, many believe hard work, discipline, and self-determination are solutions. When the public or decision-makers have this individualistic view, they are less likely to support policy and environmental change efforts because they are focused on behavior change solutions (e.g., people should simply make smarter food choices). In order to ensure adequate funding, staffing, and partnerships to create these supportive environments and policies, advocates need to show how surroundings shape and impact health, making the invisible visible. Community coordinators and residents were asked questions about their perspectives in order to better understand if healthy communities-related efforts are viewed as an individual or a societal responsibility.

Healthy Community Coordinator Perspectives

KEY FINDING

Minimal or lack of staffing, limited time, lack of funding, and lack of support for policy change, and lack of buy-in or awareness from community residents were common challenges across the selected cities in sustaining healthy community efforts.

Most coordinators, even in cities that excelled, reported a number of recurring challenges in sustaining Healthy Community efforts.

Lack of funding: Lack of funding has direct impacts on programs and staffing. Every coordinator reflected that lack of funding is a persistent issue in sustaining their healthy community efforts. Most coordinators had applied for grants, but mentioned the competitive nature of grant funding, the size of their city, and lack of experience in writing grants as problematic. Coordinators felt there were more organizations applying for the same grants which lowered

¹⁶ Framing Brief. What Surrounds Us Shapes Us. Making the Case for Environmental Change. May 2009. Berkley Media Studies Group.

their odds of receiving funding. They also felt that they were often competing against cities/towns in California and across the U.S. that had more people or problems than their cities, which may be more favorable to funders. Others simply lacked the time or grant-writing experience to do so.

Minimal or lack of staffing: Change champions, or individuals at the local or organizational level, are known to move new innovations through phases of initiative, development, and implementation.^{17,18} Several coordinators reported being the only or one of a few individuals responsible for healthy community efforts. In some cases, this translated to “wearing multiple hats” if a coordinator had additional responsibilities besides their healthy city efforts. A couple cities also mentioned that staff turnover and short-term staff (e.g., interns or research fellows) were also challenging.

Limited time: Healthy communities efforts take time given the varying focus areas and comprehensive nature. In addition to wearing multiple hats, coordinators expressed how time-consuming it was to implement a program and/or work on gaining support for policy and environmental changes. There was a strong program presence in the participating cities. Although not specifically stated by the interviewees, programs are often implemented because they have a tangible outcome (e.g., provide education to participants) and do not require big collaborative efforts. In terms of policy and environmental change, while many of the coordinators commented that they had overall support for the healthy communities initiative, many mentioned decision-makers had other priorities. Increasing understanding in terms of common ground, building trust, and navigating organization charts (e.g., who to talk to and if you need permission to reach out to him/her) all take time. Coordinators did not always have (or want to invest) this time.

Lack of support for policy change: Re-shaping people's environments can help ensure opportunities for health and support healthy behaviors. But health advocates and agencies rarely have the mandate, authority, or organizational capacity to make these changes. Responsibility for policy and environmental changes falls to many non-traditional partners from non-health sectors, such as housing, transportation, education, air quality, parks, and public safety among others. Stakeholders who are best positioned to create policies and practices that promote healthy

¹⁷ Howell JM, Shea CM. Effects of champion behavior, team potency, and external communication activities on predicting team performance. *Group Organ Manage* 2006;31:180–211.

¹⁸ Shaw EK, Howard J, West DR, Crabtree BF, Nease DE, Tutt B, and Nutting PA. The role of the champion in primary care change efforts: from the state networks of Colorado Ambulatory Practices and Partners (SNOCAP) 2012; 25: 676-685.

communities and environments need to adopt a shared responsibility. It appears this has not been fully embraced in all of the participating cities, which makes it challenging to implement policy and environmental changes to support healthy behaviors. Moreover, without policy-level support, it is difficult to ensure the sustainability of healthy communities efforts.

Lack of buy-in or awareness from community residents: Successful healthy communities efforts often have the support of community residents and/or empower them to take action. Participation, leadership, skills, resources, social and community power, strengthen healthy communities efforts. The participating cities' coordinators mentioned that they struggled to gain resident buy-in for certain initiatives – for example, farmers' market efforts were often perceived as being too expensive, or residents were unaware they existed, resulting in low attendance. Several cities mentioned low attendance at special events.

Community Resident Perspectives

KEY FINDING

Many respondents perceived individual responsibility as the driving factor behind being healthy, however many acknowledged environmental and societal barriers to being physically active and eating healthy foods.

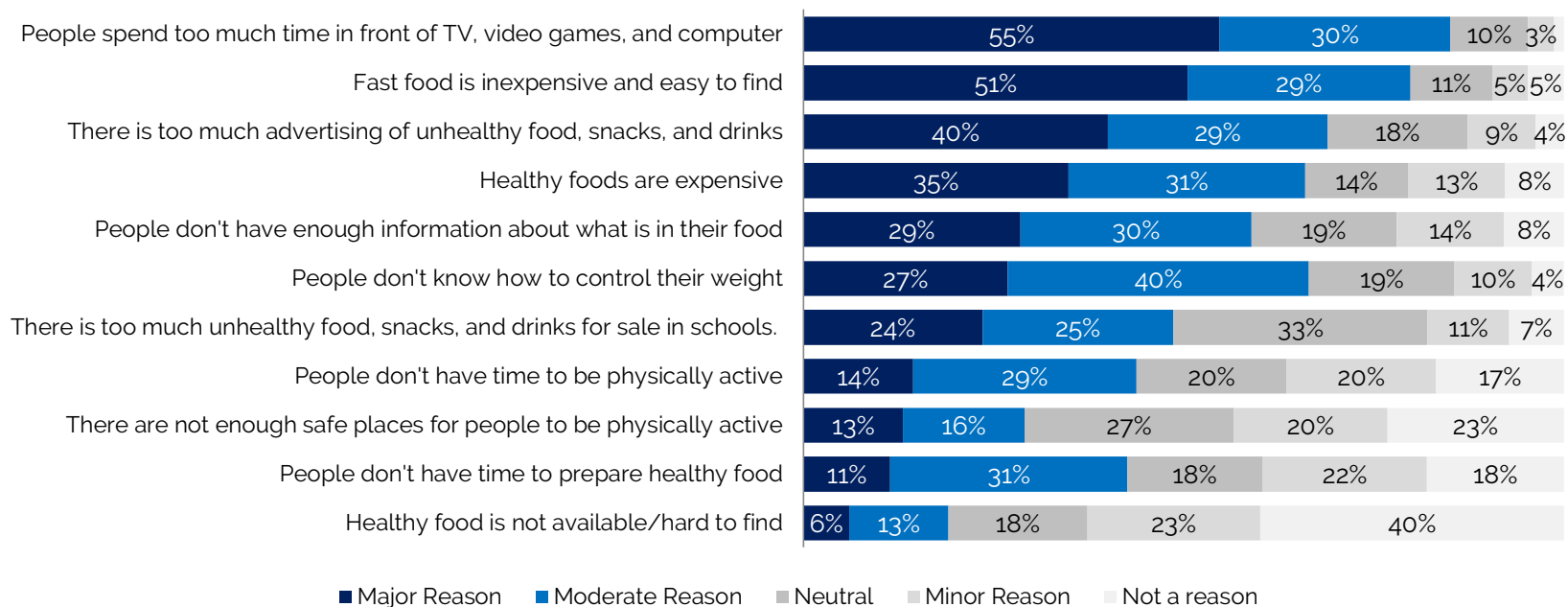
As previously mentioned, research suggests most Americans believe individuals can control their own health outcomes if they make healthy choices.¹⁹ Questions regarding personal views were included on the resident survey in order to better understand how individuals within the participating cities view certain health behaviors and conditions. When asked what they perceived to be the reasons that people have health problems, individual factors such as watching too much TV (85%), not knowing how to control their weight (67%), not having information about what is in their food (59%) were among the most commonly reported major or moderate reasons.

Respondents also reported a number of environmental factors contributing to health problems. Having inexpensive and widely available fast food (80%), an abundance of marketing for unhealthy foods (69%), and expensive healthy foods were all thought to be major or moderate reasons for health problems. Eighty percent of respondents felt neutral or believed healthy food was hard to find was a minor reason or not a reason at all for peoples' health

¹⁹ Framing Brief. What Surrounds Us Shapes Us. Making the Case for Environmental Change. May 2009. Berkley Media Studies Group.

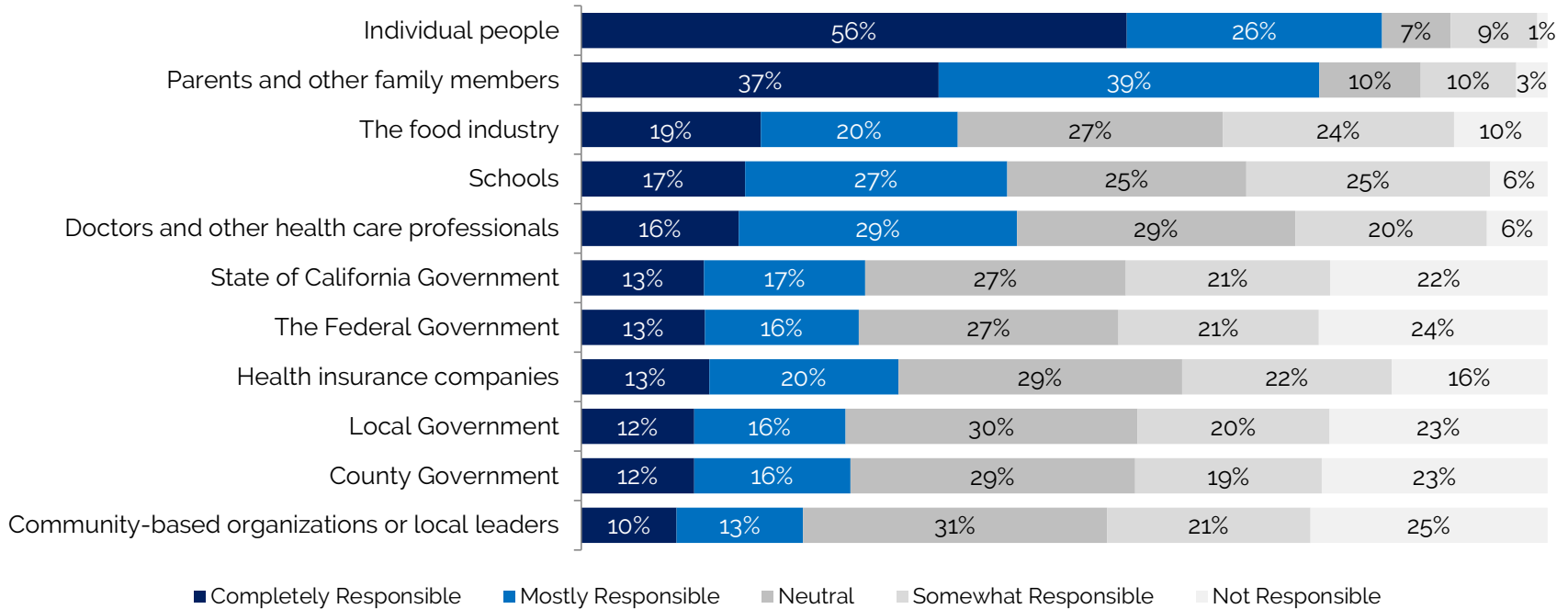
problems. Seventy percent of respondents also either felt neutral or believed the lack of safe places to be physically active was a minor reason or not a reason at all for peoples' health problems.

Many respondents felt there were a number of individual and environmental factors that majorly or moderately contributed to health problems.



To better assess whether residents felt health was an individual responsibility or a societal one, respondents were asked to identify who they felt were responsible. Most respondents believed that individual people (82%) and parents or family members (76%) are completely or mostly responsible for addressing health. Less than half (45%) felt doctors and other healthcare providers were completely or mostly responsible. Less than one-third felt any level of government (Federal- 29%; State -30%; County - 28%; and local government – 28%) was completely or mostly responsible, and an even fewer percentage felt community-based organizations or local leaders were (23%).

Most residents believe that individuals (or parents and family members) are completely or mostly responsible for addressing health.

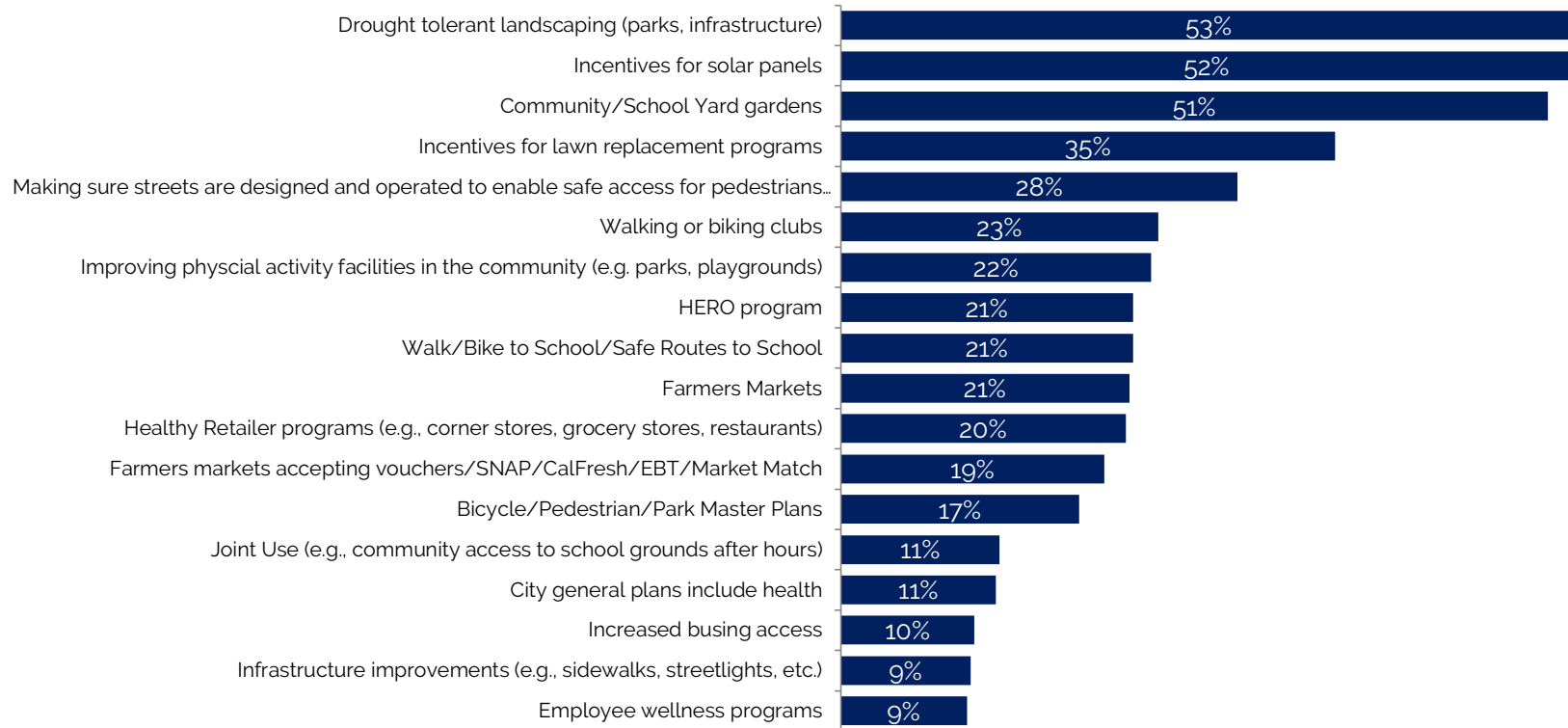


Roughly 8 in 10 respondents (81%) had heard of the Healthy Communities/Healthy Cities initiative.

81% of respondents had heard of the Healthy Communities/Healthy Cities initiative

When asked if they had heard about specific healthy communities' strategies or programs, awareness varied greatly among respondents (however, not all of the programs listed were implemented in every city surveyed). Half of respondents (53%) had heard about green initiatives such as drought-tolerant landscaping and incentives for solar

panels, as well as community/school gardens (51%). Fewer residents had heard about infrastructure or facilities improvements on streets (9%) and in parks and playgrounds to improve walking and biking (22%).



Conclusions

Ensuring environments are supportive of health is complex. Healthy Community advocates, including the coordinators within each of the identified cities, need a network of partners to adopt a shared responsibility to implement policy and environmental changes that support health. Behaviors such as physical activity, healthy eating, and their associated health impacts need to be viewed as a place-based challenge, not just a personal shortcoming. In this relatively new space, where health is incorporated into all policies, it is not uncommon for there to be a misunderstanding in terms of roles and responsibilities and how entities can work towards a common goal and/or support one another. Implementing Healthy Communities initiatives, therefore, take time. There is a need to increase awareness of the value of place-based strategies, the roles of non-traditional organizations in implementing these strategies, and how everyone in a community can benefit. To do this, trusting relationships must be developed, local champions identified, and community support for policy and environmental changes garnered.

Overall Themes

- The majority of cities have a strong focus on programs rather than policies. Programs tended to be unsustainable given challenges in obtaining sufficient funding and dedicated staff time, and had limited impact.
- Cities did not seem to have a focus on underserved populations, even though disparities in access to healthy foods and active living opportunities persist. Most cities have a specific neighborhood or area that is underserved by transit, grocery stores, parks, etc. that was acknowledged by coordinators.
- Most cities identified obesity, type 2 diabetes, and other chronic diseases as high-priority health issues that could be addressed by a combination of healthy eating and active living strategies. However, most cities had a stronger emphasis on active living strategies than on healthy eating and food access. Some city coordinators reflected that this was due to a lack of community support as well as a perception that healthy eating is viewed as an individual responsibility.

- Some coordinators, as well as respondents to the Community Survey, perceived that addressing health is more of an individual responsibility versus a societal responsibility. This may hinder the impact of programs that focus on individual behavior change.
- The Healthy Communities coordinator is positioned in various departments/organizations, which may influence the support they receive and what they are able to do within their city.

Recommendations for Improving and Ensuring the Sustainability of the Healthy Communities Program

Based on the data collected in this evaluation, a number of recommendations are provided below to improve the Healthy Communities Program and ensure its sustainability across the county.

Conceptualize Healthy Communities as a social movement, one where grassroots groups mobilize in response to a common threat or opportunity and are committed to change.²⁰ Listening and learning from community residents (especially those that are currently under-served) ensures that the interventions address their needs. Moreover, enabling community groups and individuals to mobilize around an area of interest and/or drive efforts helps to ensure that a larger number of people with a sustained commitment to change are involved.

Reframe the conversation to focus on creating environments that support health. Because behaviors like healthy eating and physical activity, as well their related health impacts, are considered personal issues, many believe hard work, discipline, and self-determination are solutions. This narrow view is like a "selfie," a photo at arm's reach that fails to capture the surrounding environment. When the public or decision-makers have this individualistic view, they are unable to understand why solutions beyond behavior change are needed, the value of their involvement, or ways within which they can contribute to meaningful policy and place-based changes. To be successful in ensuring healthy communities, advocates need to show how surroundings shape and impact health, making the invisible visible. Yes, people are responsible for their behaviors; they should make smart choices, but they should not be held accountable unless their environments support them. In order to create these supportive environments, the public,

²⁰ Davis GF, McAdam D, Scott WR, Zald MN eds: Social Movements and Organization Theory. Cambridge: Cambridge University Press, 2005

and especially decision-makers, need to see a broader picture. Healthy Communities coordinators need to reframe the conversation to make sure this happens.

Encourage cities to be strategic when implementing programs and events. Addressing complex issues such as obesity and chronic disease requires a comprehensive approach with programs and events as well as policy and environmental changes. Programs and events have the potential to support behavior change and motivate the community, but they are time- and resource-intensive and detract from efforts to change policies and environments. Strategically-implemented programs and events become part of a more comprehensive approach and are likely to contribute to better results. A program or event is strategic if it:

- Reaches a lot of people
- Supports the work of partners (or potential partners)
- Introduces HEAL, physical activity, or healthy eating to a new organization and/or segment of the population
- Is likely to be adopted or institutionalized by the organization with which it is being implemented (e.g., walking club at a worksite)
- Helps to increase awareness of or support for a policy or environmental change

Help cities to identify and partner with local champions. Change champions, or individuals at the local or organizational level, are known to move new innovations through phases of initiative, development, and implementation. Characteristics of effective champions include: 1) actively and enthusiastically promoting the new innovation; 2) making connections between different people in the organization; 3) mobilizing resources; 4) navigating the socio-political environment inside the organization; 5) building support for the innovation; and 6) ensuring that the innovation is implemented in the face of organizational resistance.²¹ Healthy Communities Coordinators face challenges in implementing policy and environmental changes. SBDPH should work with them to identify these change champions as they are critical players in supporting both innovation-specific and transformative change efforts.

²¹ Shaw EK, Howard J, West DR, Crabtree BF, Nease DE, Tutt B, and Nutting PA. The role of the champion in primary care change efforts: from the state networks of Colorado Ambulatory Practices and Partners (SNOCAP) 2012: 25: 676-685.

Invest in infrastructure that helps cities grow impact as well as fund the overall movement. Social movements like healthy communities need resources for infrastructure—support for leadership that prioritizes intentional relationship-building, time, and resources to carry out collective action. Travel expenses, trainings, grant-writing, and technology are among the necessary expenses needed for collaborative work that are rarely covered by program-restricted funding. Providing technical assistance could have a significant return on investment in terms of building capacity across the county.

Increase strategies that focus on healthy eating. Healthy weight is rooted in both physical activity and healthy eating. Yet, across the U.S., including in San Bernardino County, there have been more efforts implementing physical activity practice, policy, and environmental changes than ones focusing on healthy eating. This is largely because implementing physical activity changes often includes “giving” rather than “taking away.” To add to the challenge and difficulty of implementing these changes, the food industry and media emphasize individual choice over broad-based regulations that could help people choose healthier options.

Strategies to promote and facilitate healthy eating include improving access to healthy, affordable foods; establishing farmers' markets, particularly in areas underserved by grocery stores; establishing community gardens; implementing nutrition standards or guidelines in schools and workplaces; implementing policies regarding the location of restaurants and grocery stores; policies supporting community gardens and urban agriculture; healthy retail or dining programs that increase access to healthy choices; and breastfeeding accommodation and support. To build on these efforts, and to ensure continued support, the following strategies could lead to increased success:

- Emphasize the “giving” versus the “taking” when implementing strategies that may be perceived negatively (e.g., replacing food in vending machines). This will provide healthy options to people who may not otherwise have healthy food available.
- Stress fairness and the need to address inequities. By introducing the necessity of environment and societal responsibility, individual behaviors will become less of the focus.
- Highlight the fact that children are a vulnerable and a sympathetic population that requires greater protection from government policies and interventions. This explanation has led to greater public support for practices, policies, and environmental changes directed at children or those otherwise unable to make decisions for themselves.

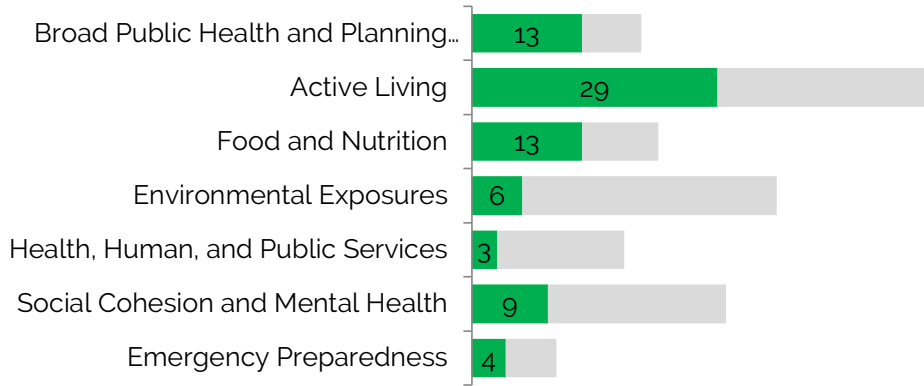
Appendix A: Master Plan Assessment Scores

The graphs below display how each city scored on the Master Plan Assessment in each of the seven categories (Broad Public Health and Planning Issues; Active Living; Food and Nutrition; Environmental Exposures; Health, Human, and Public Services; Social Cohesion and Mental Health; and Emergency Preparedness. In each section, city master plans were given a score based on whether healthy community elements were either: a) not present (0 points), b) present but narrow (1 point), c) present and comprehensive (2 points). These scores combined a “healthy community” score. Each city could score a total of 232 points. Table 1 below shows the breakdown of possible points in each section.

	Total possible points
Broad Public Health and Planning Issues	20
Active Living	54
Food and Nutrition	22
Environmental Exposures	36
Health, Human, and Public Services	18
Social Cohesion and Mental Health	30
Emergency Preparedness	10
TOTAL	232

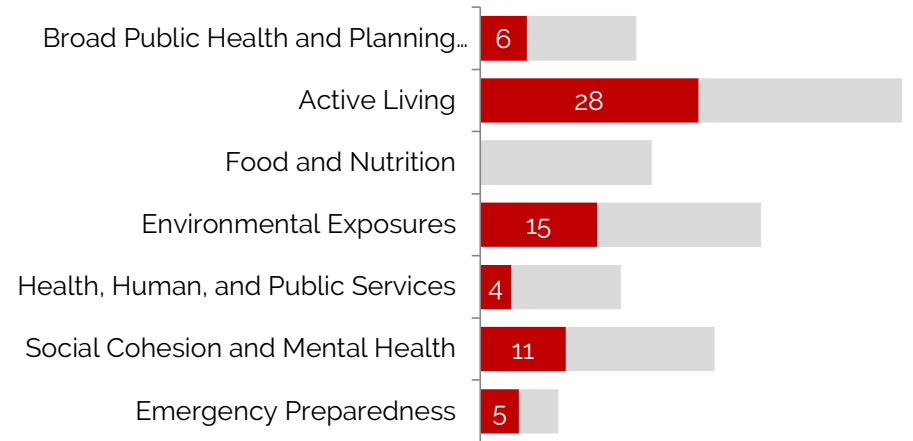
The graphs below shows how each city scored in each section of the master plan assessment, with the gray bars representing the total possible score for the section.

Chino Health City General Plan, 2015



Total Score: 90 / 232

Hesperia General Plan, 2010



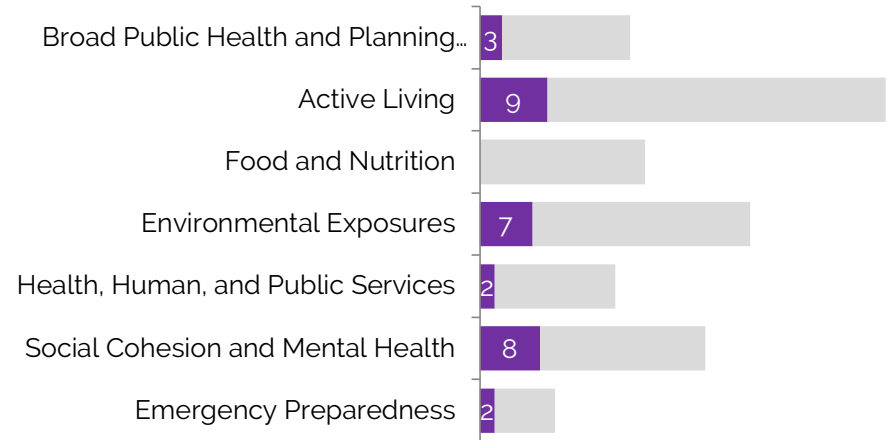
Total Score: 77 / 232

Fontana General Plan, 2003



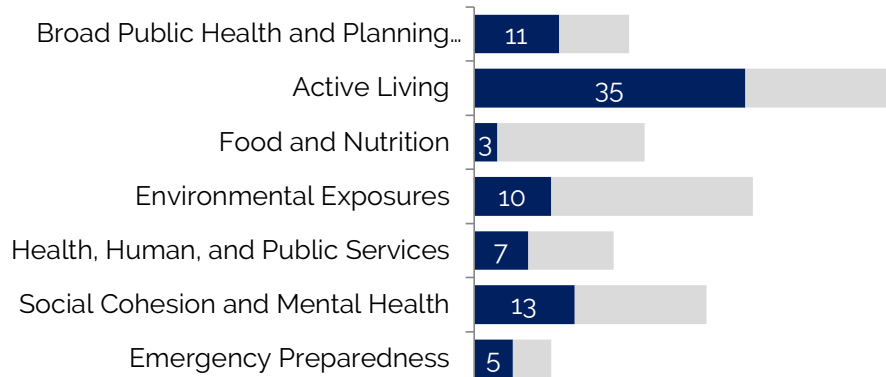
Total Score: 50 / 232

Montclair General Plan, 1999



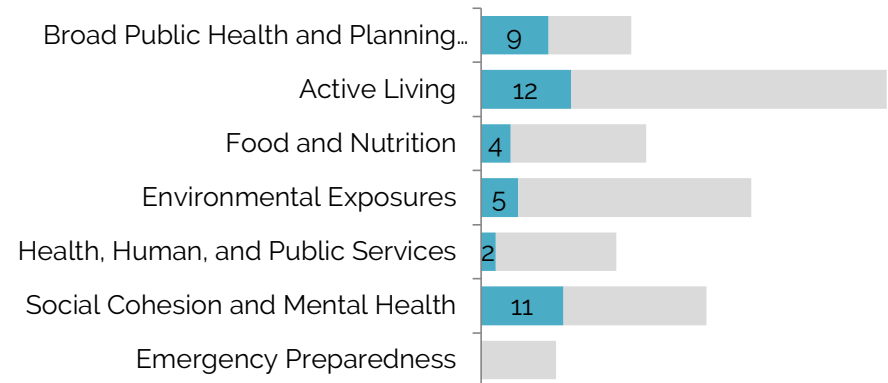
Total Score: 35 / 232

Rancho Cucamonga General Plan, 2010



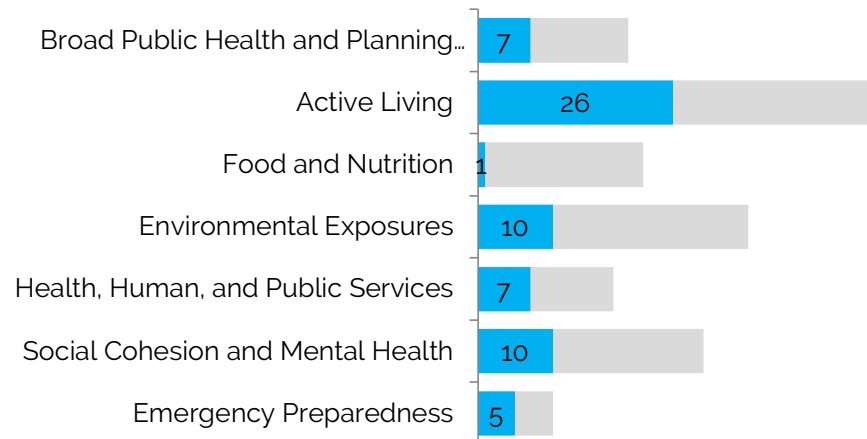
Total Score: 94 / 232

Upland General Plan Healthy Community Element, 2015



Total Score: 51 / 232

Yucaipa General Plan, 2016



Total Score: 71 / 232

Appendix B: Data Collection Tools

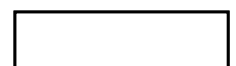
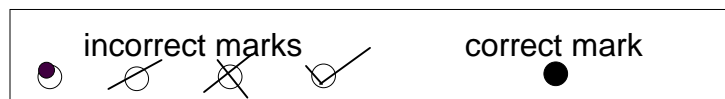
The following data collection instruments are attached:

- San Bernardino Community Resident Survey
- Health Communities Coordinator Survey
- Master Plan Assessment Tool



San Bernardino County Resident Survey

**NOTE: To be filled out by the adult whose
birthday is coming up next.**





A. NEIGHBORHOOD SURROUNDINGS

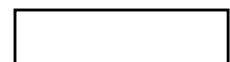
These questions are about your neighborhood surroundings. **Please think of your neighborhood as the area about a 10-15 minute walk or a 5 minute drive from your home.** How much do you agree or disagree with each of these statements about your neighborhood?

A1. How much do you agree or disagree with each of these statements?

<i>Mark (●) one for each question</i>	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
a. There are sidewalks on most of the streets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The sidewalks are well maintained (paved, even, and not a lot of cracks).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. There are bicycle, pedestrian, or hiking trails in or near my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There are trees along the streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. There are many interesting things to look at while walking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. My neighborhood is generally free from litter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. There is so much traffic on <u>the streets in my neighborhood</u> that it makes it difficult or unpleasant to walk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The streets are well lit at night.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. There are crosswalks and pedestrian signals to help walkers cross busy streets.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. There is a high crime rate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. There are unattended or stray dogs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. It is safe to ride a bike in or near my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. There are facilities to bicycle in or near my neighborhood, such as special use lanes, separate paths or trails, shared use paths for bicycles and pedestrians.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. When walking in my neighborhood there are a lot of exhaust fumes (such as from cars or buses).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

A2. How often do you see the following things happening in your neighborhood?

<i>Mark (●) one for each question</i>	Never	Very Little	Somewhat	Quite A Bit	A Great Deal
a. Adults or young adults loitering	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Gang activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Drunks or drug dealers hanging around	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Disorderly or misbehaving groups of children or teenagers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Litter or trash on the sidewalks and streets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Graffiti on buildings and walls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Abandoned cars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Vacant, abandoned, or boarded up buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





19995

B. YOUR SOCIAL NEIGHBORHOOD

These questions are about the social aspects of your neighborhood. Neighbors are people who live nearby. They do not have to live on your street, but they should live within a short (10-15 minute) walking distance. DO NOT consider neighbors who are also relatives and DO NOT count neighbors who are children.

B1. How much do you agree or disagree with each of these statements?

Mark (●) one for each question

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
a. People around my neighborhood are willing to help their neighbors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. People in this neighborhood can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People in this neighborhood generally don't get along with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I would be willing to work together with others on something to improve the living environment of my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Living in my neighborhood gives me a sense of community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

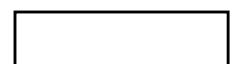
C. FOOD AND BEVERAGE CHOICES IN YOUR NEIGHBORHOOD

These questions ask about food and beverage choices in your neighborhood. This includes all of the places you shop for food and drinks. Please think of your neighborhood as the area within about a 10-15 minute walk or a 5 minute drive from your home.

C1. How much do you agree or disagree with the following statements about the food and beverage choices in your neighborhood?

Mark (●) one for each question

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
a. It is easy to purchase fresh fruits and vegetables.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The fresh fruits and vegetables are of high quality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The fresh fruits and vegetables are reasonably priced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There is a large selection of fast food restaurants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It is cheaper to buy a bottle of soda or sugar-sweetened flavored drink such as Coke, Sprite, or Kool-Aid than a bottle of water of equal size.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





C. FOOD AND BEVERAGE CHOICES IN YOUR NEIGHBORHOOD CONTINUED

**C2. When you go shopping for food, how often do you go to each of the following types of stores?
(If you do NOT shop for food, GO to Question D1 on p. 4)**

Mark (●) one for each question	Never	1 time per month	2-3 times per month	4 times per month	5 times per month or more
a. Supermarket	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Convenience store/gas station	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Small grocery store or market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C3. Now thinking about the place you shop the most, how long does it usually take you to get there (one way)?

- Less than 5 minutes
- 6-10 minutes
- 11-15 minutes
- 16-20 minutes
- 21-25 minutes
- 26 minutes or longer

C4. In the past 12 months about how often did you go to a farmers market?

- Once a week or more
- Once in two weeks
- Once a month
- Less than once a month
- I did not go to a farmers market in the past 12 months **(GO to Question C5)**

C5. Why did you not go to a farmers market? (Mark all that apply)

- I did not know where one was
- Cost
- Too far away
- Hours don't fit with my schedule
- Don't have transportation
- Other (please specify): _____

C6. When you shopped at the farmers market, what method(s) of payment did you use? (Mark all that apply)

- Cash
- Tokens purchased with credit/debit card
- Tokens purchased with SNAP/CalFresh/EBT benefits
- I did not shop at a farmers market

D. TRAVEL

D1. During the last 7 days, on how many days did you travel in a car?

Days per week None **(GO to Question D3)**

D2. How much time did you spend on average on one of those days traveling in a car?

Minutes per day

D3. During the last 7 days, on how many days did you travel on a bus or other public transportation?

Days per week None **(GO to Section E on p. 5)**

D4. How much time did you spend on average on one of those days traveling on a bus or other public transportation?

Minutes per day



E. WALKING AND BIKING IN AND AROUND YOUR NEIGHBORHOOD

This section is about walking and biking IN AND AROUND your neighborhood or local area - we mean starting at your home or at a place that is within a 10-15 minute walk of your home. Do NOT include walking on a treadmill or biking on a stationary bicycle.

E1. How much total time do you spend walking or biking for transport in your neighborhood or local area in a usual week (e.g., going to or from work, walking or biking to a shop, or walking or biking to public transport in your neighborhood or local area).

Minutes per week

I do not walk or bike for transport. (GO to Question E3)

E2. Please mark all the places where you walk or bike for transport in or around your neighborhood or local area in a usual week. (Mark all that apply)

- To or from work
- To or from school
- To or from public transport
- To or from restaurant or café
- To or from shops
- Other (please specify): _____

E3. How much total time do you spend walking or biking for recreation, health, or fitness in or around your neighborhood or local area in a usual week (e.g., walking your dog).

Minutes per week

I do not walk or bike for recreation, health, or fitness. (GO to Section F)

E4. Please mark all the places where you walk or bike for recreation, health or fitness in or around your neighborhood or local area in a usual week. (Mark all that apply)

- Public park, walking trail or path
- School grounds or track
- Around the neighborhood using the streets or sidewalks (no specific destination)
- Other (please specify): _____

F. OTHER LEISURE TIME PHYSICAL ACTIVITY

This set of questions is about other leisure time physical activities that you do in a usual week, besides what you have already mentioned in Section E. Do not include walking or biking in your neighborhood. However, you may include walking or biking outside your neighborhood and walking on a treadmill or biking on a stationary bicycle.

In answering these questions:

Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal, such as high-impact aerobics, swimming continuous laps, jogging or running, or playing basketball or soccer.

F1. How much time do you spend doing vigorous intensity leisure time physical activities in a usual week? (e.g., 3 times for 20 minutes = 60 minutes)

Minutes per week

Moderate physical activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal, such as dancing, low-impact or water aerobics, swimming or playing softball, shooting baskets, tennis, golf (if wheeling or carrying clubs), and heavy gardening/yard work.

F2. How much time do you spend doing moderate intensity leisure time physical activities in a usual week? (e.g., 3 time for 20 minutes = 60 minutes)

Minutes per week



19995

G. EATING AND FOOD SHOPPING PATTERNS

G1. A serving of vegetables is a half cup of any vegetable (not including potatoes) or 1 cup of salad greens. **Think about the past month. On average, how many servings of vegetables did you eat per day?** Servings per day

G2. A serving of fruit is defined as one piece of fruit or 6 ounces of 100% fruit juice. **Think about the past month. On average, how many servings of fruit did you eat per day, including 100% fruit juice?** Servings per day

G3. In an average week, how often do you and/or your family do the following:

<i>Mark (●) one for each question</i>	Never	1 time per week or less	2-3 times per week	4 times per week	5 times per week or more
a. Eat out or take out a meal from a fast food place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Eat lunch or dinner out at a restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G4. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or sugary-flavored drink such as lemonade, sweet tea, fruit punch, or a sports drink? (Do NOT count diet soda)

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 times or more per day

G5. In the past 12 months, how often would you say the following are true for your household?

<i>Mark (●) one for each question</i>	Often true	Sometimes true	Never true	Don't know
a. We worried whether my food would run out before we got the money to buy more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The food that we bought just didn't last and we didn't have enough money to get more.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. We couldn't afford to eat balanced meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G6. In the last 12 months, did you or other adults ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes, almost every month
- Yes, some months, but not every month
- Yes, only 1 or 2 months
- No



19995

G. EATING AND FOOD SHOPPING PATTERNS CONTINUED

G7. If your household includes children ages(s) 0-17, please answer the following: (If you DO NOT have children, GO TO Section H)

<i>Mark (●) one for each question</i>	Often true	Sometimes true	Never true	Don't know
a. We relied on only a few kinds of low-cost food to feed our children because we were running out of money to buy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. We couldn't feed our children a balanced meal because we couldn't afford that.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The children were not eating enough because we just couldn't afford enough food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G8. In the last 12 months, did you ever cut the size of any of the children's meal because there wasn't enough money for food? Yes No

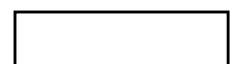
G9. In the last 12 months, were the children ever hungry, but you just couldn't afford more food? Yes No

H. YOUR VIEWS

The following questions ask about your views.

H1. More people have more health problems these days (e.g., obese, diabetes). Listed below are some things that might be reasons why. For each, please mark if you think it is a major reason, moderate reason, neutral, minor reason, or not a reason at all.

<i>Mark (●) one for each question</i>	Major Reason	Moderate Reason	Neutral	Minor Reason	Not a Reason
a. People spend too much time in front of TV, video games, and computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fast food is inexpensive and easy to find.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. People don't want to change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People don't know how to control their weight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. There is too much advertising of unhealthy food, snacks, and drinks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. There is too much unhealthy food, snacks, and drinks for sale in schools.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Healthy foods are expensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. People don't have enough information about what is in their food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. There are not enough safe places for people to be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. People don't have time to be physically active.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. People don't have time to prepare healthy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Healthy food is not available/hard to find.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>





1995

H. YOUR VIEWS CONTINUED

H2. How responsible are each of the following groups in addressing health (e.g., physical activity, healthy eating, etc.)?

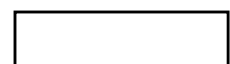
Mark (●) one for each question

	Completely Responsible	Mostly Responsible	Neutral	Somewhat Responsible	Not Responsible
a. Individual people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Parents and other family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Doctors and other health care professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The food industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Health insurance companies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The Federal Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. State of California Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. County Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Local Government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Community-based organizations or local leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I. ACTIVITIES

I1. Have you heard of or read about any of the following happenings in your community in the past year? (Mark all that apply)

- Making sure streets are designed and operated to enable safe access for pedestrians and bicyclists or "complete streets"
- Community/School Yard gardens
- Walk/Bike to School/Safe Routes to School
- Farmers Markets
- Farmers markets accepting vouchers/SNAP/CalFresh/EBT/Market Match
- Joint Use (e.g., community access to school grounds after hours)
- Bicycle/Pedestrian/Park Master Plans
- City general plans include health
- Employee wellness programs
- Walking or biking clubs
- Infrastructure improvements (e.g., sidewalks, streetlights, etc.)
- Improving physical activity facilities in the community (e.g., parks, playgrounds)
- Healthy Retailer programs (e.g., corner stores, grocery stores, restaurants)
- Incentives for lawn replacement programs
- Incentives for solar panels
- Drought tolerant landscaping (parks, infrastructure)
- HERO program
- Increased busing access





1995

I. ACTIVITIES CONTINUED

I2. In the past year, have you heard of the Healthy Communities/Healthy Cities Initiative?

- Yes
- No **(If No, GO to Section J)**
- Don't know **(If Don't Know, GO to Section J)**

I3. If asked to describe the Healthy Communities/Healthy Cities Initiative to someone, what would you say?

J. ABOUT YOU

We would like to know a little about you and your background. All information will be kept confidential.

J1. When were you born?

		/				
Month			Year			

J2. Are you: Male Female

J3. What is your race/ethnicity? (Mark all that apply)

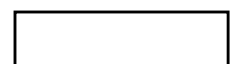
- Caucasian
- Black or African American
- Hispanic, Mexican, or Latin American descent
- Asian
- Pacific Islander
- American Indian or Alaskan Native
- Other (Please specify): _____

J4. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- Yes
- No
- Don't know/Not sure

J5. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- Don't know/Not sure
- Never





J. ABOUT YOU CONTINUED

J6. Have you ever been told you have diabetes?

- Yes
- Yes, but I am a female and was told only during pregnancy
- No
- No, I don't have diabetes, but I have been told I have pre-diabetes
- Don't know/Not sure
- Refused

J7. Have you smoked at least 100 cigarettes in your entire life? (NOTE: 5 packs = 100 cigarettes)

- Yes
- No
- Don't know

J8. Do you smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all
- Don't know/Not sure

For the next two questions, please write a number from 0 to 30 in the space provided.

J9. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

		Days
--	--	------

J10. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

		Days
--	--	------

J11. Are you currently...?

- Employed for wages (salary)
- Hourly worker
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A homemaker
- A student
- Retired
- Unable to work

--



J. ABOUT YOU CONTINUED

J12. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage?

- Always
- Usually
- Sometimes
- Rarely
- Never

J13. What was the highest level of education that you completed? Mark (●) one for each question

- Less than 9th grade
- Some college or vocational training
- Some high school
- Completed college or university (bachelor's degree)
- Completed high school
- Completed graduate or professional school (e.g., PhD, MD)

J14. Do you rent or own your home? Own/buying Rent Live free with others

J15. Do you have a driver's license? Yes No

J16. What is your approximate annual household income? Please mark only one response, and only include income for housemates with whom you share expenses.

- Less than \$20,000
- \$20,000-\$39,999
- \$40,000-\$59,000
- \$60,000-\$89,999
- \$90,000 or more
- I would prefer not to say

J17. In the past year did your household receive SNAP/CalFresh/EBT benefits (food stamps)? Yes No

J18. How much do you weigh without shoes? Pounds

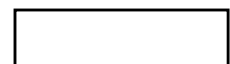
J19. How tall are you without shoes? Feet Inches

J20. How many people (including yourself) live in your household? People

J21. How many children under 18 live in your household? Children

J22. What is your zip code?

THANK YOU FOR YOUR PARTICIPATION!





San Bernardino Healthy Communities Coordinators Survey

1. Overview

The purpose of this survey is to gain a better perspective of the type of work that has been done in each city in regards to creating healthier environments. This survey is being conducted by JSI as part of the San Bernardino Healthy Communities Evaluation. It should be completed by the Healthy Communities coordinator with input from other community stakeholders as necessary. The findings will be compiled across all participating cities and used to inform the County's funding, technical assistance, and planning efforts.

The goal of the survey is to answer to the best of your ability with the added input from those community members (business owners, school staff, local policy makers) who may be able to assist in answering some of the questions. We advise you to read through the survey first, and reach out to the people that may be able to assist in answering before completing the survey. If you are unsure of an answer, please provide an organization/person that JSI may be able to contact for the answer.

The survey can be completed online through SurveyMonkey, or by printing a copy of the PDF provided and filling it out by hand to mail to JSI. If you choose to fill out the survey online, you will be able to start the survey and come back to it at a later time with your answers saved. However, it is important for you to click Next at the end of each page for your answers to be saved. If you are working on a page, and do not click Next at the end of the page, your answers will not be saved. By clicking Done at the end of the survey, you will not be able to come back and change your answers.

We appreciate your honest responses and participation!



San Bernardino Healthy Communities Coordinators Survey

2. Policies & Planning

The following questions pertain to a coalition, partnership, or group that is led by the municipal department or non-profit agency with the goal of working on healthy communities activities. For the purposes of this survey, we will refer to the Healthy Communities/Healthy Cities initiative as Healthy Communities.

Healthy Communities Coalition

1. The community has a Healthy Community Coalition (led by a municipal department or non-profit organization, etc.) on healthy communities.

- Yes
- No
- I don't know

2. Are there specific priorities that your Healthy Communities Coalition works on? *(please check all that apply)*

- Physical Activity
- Healthy Eating
- Tobacco-Control
- Mental Health
- Substance Abuse
- Green Initiatives
- Other (please specify)

3. Does the city that you work in have any other related healthy coalitions that you may know of but may not be actively involved in? If so, please list and describe.



San Bernardino Healthy Communities Coordinators Survey

3. Policies & Planning (cont.)

4. Your Healthy Communities Coalition does the following:

	Yes, fully involved	Yes, partially involved	No
Works to increase access to opportunities for healthy living through environmental changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works to increase access to opportunities for healthy living opportunities by implementing/adopting policy changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops and implements programs to increase opportunities for healthy living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works across multiple agencies and organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

5. Your Healthy Communities Coalition includes representatives from the following professions/areas of expertise (i.e., at least one person from that discipline attends most meetings):

	Yes, fully involved	Yes, partially involved	No
Public Health Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care system (e.g. insurers, hospitals, clinics, doctor's or practitioner's offices)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition experts (e.g. dieticians, nutritionists, school nutrition directors)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other medical experts (e.g. dentists, physicians, nurses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health volunteers (e.g. American Hospital Association, American Diabetes Association, American Cancer Society)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning (e.g. city, regional, or rural planning authority, smart-growth or land-use experts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and recreation department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes, fully involved	Yes, partially involved	No
Health and wellness centers (e.g. YMCAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Universities or colleges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local government (e.g. policy makers, city council)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faith communities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Land developers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Law enforcement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing or real estate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not-for-profit advocacy, anti-hunger organizations, or activity groups (e.g. food banks, advocates for pedestrian and bike trails, Sierra Club chapters, gardening groups)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community activists or non-agency-affiliated volunteers/citizens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperative extension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food policy council	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Farmers markets or farmers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizations representing individuals at high risk for chronic disease or disadvantaged groups (e.g. racial or ethnic minorities, people with disabilities, older adults)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Community Policies, Planning & Commitment

6. Our community's operating budget includes tax dollars for non-motorized transportation. (This would include money for any improvements that would make walking and biking easier and safer, such as bike racks, new/repaired sidewalks and bike lanes, as well as staff positions and responsibilities for suggesting and overseeing such improvements.)

- Yes
- No

7. The community has funding to support the following:

	Covers all/most costs	Usually covers costs	Covers half the costs	Covers some costs	Rarely covers costs
Safe walking and biking routes/networks (including Safe Routes to School)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New building developments that encourage physical activity in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhancing access to resources that provide healthy foods (e.g. grocery stores, restaurants, farmers markets, community gardens) in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. In the past 3 years, our community has shown a commitment to creating opportunities for physical activity by passing bonds, levying taxes or getting grants to finance trails, recreation facilities and/or sports complexes.

- Three instances or more
- Two instances
- One instance
- Never in the past 3 years

9. Transportation planning and funding includes creating well marked crosswalks at high traffic intersections.

- Yes
- No

10. When roads are built or repaired, how often are designated bike lanes included?

- Always
- Sometimes
- Rarely/Never

11. New residential areas are required to have sidewalks that are at least 5 feet wide.

- Yes, all are required to have 5-foot wide sidewalks
- All are required to have sidewalks, but there is no width requirement
- Some are required to have sidewalks
- Not required

12. The community sponsors events that promote physical activity, such as public walks, biking events, corporate challenges, etc.

- Three or more times per year
- Twice a year
- Once a year
- None

13. Residents receive encouragement to be physically active through community government-sponsored publicity about opportunities in the community for physical activity. (These include walking/biking maps; signage for trails; flyers with availability of malls/indoor spaces for all-weather walking, availability of school facilities for physical activity; and information about parks and open spaces.)

- Yes, through at least 2 of these methods
- Yes, through one of these methods
- No

14. What percent of your community's residents could safely walk or bike to the following locations (that is, along well-lit, safe sidewalks, bike lanes and walking trails that connect residential sections to business sections):

	Less than 30%	30-75%	More than 75%
Grocery or convenience store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertainment (movie theatre, roller rink, library, video store, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping (mall, center, or shops)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post Office	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restaurant (s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. The city and/or local government has written guidelines, rules, or policies related to the following:

	Yes	In development	No
Safe walking and biking routes/networks including Safe Routes to School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requirements for new developments to support physical activity (e.g., through a comprehensive landuse plan, master plan, or non-motorized transportation plan that directly addresses increasing opportunities for physical activity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Requirements or incentives to enhance access to healthy foods (e.g. policies regarding the location of restaurants and grocery store, space for farmers markets and community gardens, incentives for stores to locate in neighborhoods)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of land (such as through a comprehensive land-use plan) that supports increased opportunities for physical activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prohibiting smoking in outdoor public places	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean Indoor Air ordinances that restrict the places where tobacco may be smoked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ordinance prohibiting minors use and purchase of tobacco products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Design

16. Community Design in Support of Healthy Living

	Everywhere/always (81%-100%)	Usually (61%-80%)	About half (41%-60%)	Some (21%-40%)	Rarely/never (0%-20%)
The community is redeveloping existing roads to accommodate walking and bicycling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are smooth transitions (e.g. curb cuts or ramps- from the routes to the streets.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New developments (e.g. housing, subdivisions, commercial) and street infrastructure enhancements include sidewalks, bike lanes, and recreational and/or open spaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Zoning regulations support mixed land use (i.e., mixing of residential and commercial land uses in the same area.)

- Yes
- In development
- No

18. Physical environment infrastructure

	Always/almost always (81%-100%)	Usually (61%-80%)	About half the time (41%-60%)	Sometimes (21%-40%)	Rarely/never (0%-20%)
School sites have walking and biking infrastructure so the majority of students can walk and/or bike to school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Steps are being taken to correct hazards or improve conditions around major barriers (e.g. freeways, railroad lines, rivers) that make it hard to safely walk or bike from place to place in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. The community has a network of unobstructed, well-maintained, and level sidewalks and pathways, including in the downtown areas and shopping centers, that allow the following:

	Everywhere/almost everywhere (81%-100%)	Usually (61%-80%)	About half the neighborhoods (41%-60%)	Some neighborhoods (21%-40%)	Rarely/nowhere (0%-20%)
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public and/or private parks are available and convenient to people of all income levels in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who walk and bike in the community feel safe and unlikely to become victims of crime.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. The city offers an incentive program for 'green initiatives' including: (check all that apply)

- Solar panels
- Lawn replacement programs
- Drought tolerant landscapes
- HERO program
- Electric vehicle charging stations
- Other (please specify)

21. Measure the accessibility of healthy programs in your city:

	Yes, everywhere/almost everywhere (81%-100%)	Yes, usually (61%-80%)	Yes, about half the neighborhoods (41%-60%)	Yes, some neighborhoods (41%-60%)	No, rarely/nowhere (0%-20%)
Programs and activities (e.g. walking, biking, or other physical activity events, networks, or groups) that support physical activity are offered in neighborhood venues throughout the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy eating programs and activities (e.g., healthy cooking clubs, educational gardens, farmers markets, agricultural programs such as Farm to School) are offered in neighborhood venues throughout the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Measure the accessibility of healthy venues in your city:

	6 or more venues	4 to 5 venues	2 to 3 venues	1 venue	0 venues
A wide variety of venues in the community organize, promote, or provide space for physical activity programming in the community. (These venues might include churches/faith-based community centers, schools, child care centers, hospitals, parks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A wide variety of venues in the community organize, promote, or provide space for healthy eating programs/activities in the community. (These venues might include churches/faith based community centers, schools, child care centers, hospitals, parks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. The community offers a variety of free or low-cost publicly available facilities/areas that allow opportunities for physical activity, such as:

	Everywhere/almost everywhere (81%-100%)	Usually (61%-80%)	About half the neighborhoods (41%-60%)	Some neighborhoods (21%-40%)	Rarely/nowhere (0%-20%)
Swimming pools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basketball courts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baseball/softball fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Soccer/football/lacrosse fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis courts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health/wellness/recreation centers (e.g. community centers, JCCs, YMCAs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Golf Courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilities open for walkers during off-hours (e.g. shopping malls, local schools)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Playgrounds with play structures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and open spaces (e.g. nature and hiking trails, open preserves, pet, water or garden parks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water, snow, and ice sport areas (e.g. ski slopes, bathing arenas, ice rinks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Availability and accessibility:

	Everywhere/Almost all the year (81%-100%)	Usually/Most of the year (61%-80%)	About half (41%-60%)	Some (21%-40%)	Rarely (0-20%)
The majority of these publicly available facilities/areas (listed above) are fully utilized by residents of all income levels in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The majority of these publicly available facilities/areas (listed above) are open throughout the year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. The community and/or local government has written guidelines, rules, or policies related to the following areas:

	Yes	In development	No
Easy access to healthy foods (e.g. vegetables, fruits, low-fat products, whole-grain products)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offering support for agricultural programs for healthy eating (e.g. farmers markets, community gardens, Farm to School programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encouraging restaurants to provide nutrition labeling and moderate portions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring that healthy food and beverages are the predominant options served and vended at government sites, libraries, parks and recreation centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing space for farmers markets and community gardens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring that predominantly healthy foods and beverages are served at government-sponsored meetings, events and conferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. The community has funds to provide direct material support for the following:

	Yes, covers all/most costs (81%-100%)	Yes, usually covers costs (61%-80%)	Yes, covers half the costs (41%-60%)	Yes, covers some costs (21%-40%)	No, rarely/never covers costs (0%-20%)
Increased availability of and access to healthy foods (e.g. vegetables, fruits, low-fat products, whole-grain products)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agricultural programs for healthy eating (e.g. Farm to School programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campaigns promoting healthy eating and nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food programs for low-income children in schools and before-and afterschool settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low-cost or free vegetable and fruit snack programs in schools and before-and afterschool settings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Food assistance programs:

	Yes, everywhere/always (81%-100%)	Yes, usually (61%- 80%)	Yes, about half (41%- 60%)	Yes, some (21%- 40%)	No, rarely/never (0%-20%)
Federal food assistance program resources (e.g., CalFresh/SNAP; School Breakfast Program; National School Lunch Program; Child and Adult Care Food Program; Women, Infants, and Children [WIC]) are available in the community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community residents who are eligible for federal food assistance programs are using them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. The community's public transportation system:

	Everywhere/almost everywhere (81%- 100%)	Usually (61%- 80%)	About half the places (41%- 60%)	Some places (21%- 40%)	Rarely/nowhere (0%-20%)
The community has a public transportation system (e.g., buses, rail system) that provides access to major employers, medical facilities, schools, physical activity/recreation facilities, and retail areas, including stores/resources for healthy food.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The community's public transportation system serves all areas of the community with sufficient frequency to make it a realistic option for regular commuting to work and local destinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To facilitate public transportation use, public transportation stops can be reached easily by walking or biking, and/or from park-and-ride lots.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Community and local government involvement in the transportation system:

	Yes	In development	No
One of more local groups in the community work with transportation officials to improve public transit options (e.g., public transportation, walking, biking) to physical/recreation facilities, supermarkets, farmers markets, community gardens, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The community and/or local government has written guidelines, rules, or policies related to a public transportation system (e.g. buses, rail system)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The community and/or local government has written guidelines, rules, or policies related to transportation programs to improve access to physical activity/recreation facilities, supermarkets, farmers markets, and community gardens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. The community and/or local government has funding for the following:

	Yes, covers all/most costs (81%- 100%)	Yes, usually covers costs (61%- 80%)	Yes, covers half the costs (41%- 60%)	Yes, covers some costs (21%- 40%)	No, rarely/never covers costs (0%- 20%)
A public transportation system (e.g. buses, rail system)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation programs to improve access to physical activity/recreation facilities, supermarkets, farmers markets, and community gardens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. If you were ever in doubt or unsure about any of the above questions in the Policies & Planning section, please provide the question number and a contact that we may be able to reach out to.



San Bernardino Healthy Communities Coordinators Survey

4. Worksites

Most adults spend a major portion of their waking hours at work. Therefore, employers that support physical activity, healthy eating, tobacco-free lifestyles, stress management, access to healthcare through work-based policies, programs, facilities, and/or education, help their employees become healthier.

33. Please list the largest employer in your community, which may be the city government, and indicate the number of employees. (These employees must be located in your community even if more residents from your community are employed by companies outside your community.)

34. Number of employees at Employer 1:

- Less than 50 employees
- 51 to 100 employees
- 101 to 300 employees
- 301 to 500 employees
- 500 to 999 employees
- 1000 or more employees
- Not sure

35. Please list the second largest employer in your community and indicate the number of employees.

36. Number of employees at Employer 2:

- Less than 50 employees
- 51 to 100 employees
- 101 to 300 employees
- 301 to 500 employees
- 500 to 999 employees
- 1000 or more employees
- Not sure

37. Our community's 2 largest employers provide the following (check all that apply):

	Employer 1	Employer 2
Flexible work/break times to allow physical activity	<input type="checkbox"/>	<input type="checkbox"/>
On-site exercise classes or exercise facility	<input type="checkbox"/>	<input type="checkbox"/>
Pays a portion of health club membership or exercise class fees	<input type="checkbox"/>	<input type="checkbox"/>
Sponsored at least one event in the past year to encourage physical activity among their employees (such as a sports team, walking challenge, fun run, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one of the following: bike racks, showers	<input type="checkbox"/>	<input type="checkbox"/>
Check here if the employer does not provide any of the above	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>

38. Our community's 2 largest employers provide the following (check all that apply):

	Employer 1	Employer 2
Healthy choices in cafeterias and/or vending machines.	<input type="checkbox"/>	<input type="checkbox"/>
Identification of healthy choices in the cafeteria or vending machines at point of purchase.	<input type="checkbox"/>	<input type="checkbox"/>
Both refrigerators and microwaves for use by all employees.	<input type="checkbox"/>	<input type="checkbox"/>
Onsite classes/programs on weight management and/or healthy eating.	<input type="checkbox"/>	<input type="checkbox"/>
Check here if the employer does not provide any of the above.	<input type="checkbox"/>	<input type="checkbox"/>
Not sure	<input type="checkbox"/>	<input type="checkbox"/>

Offering Incentives for Healthier Lifestyles

39. Our community's largest employers give incentives (such as reduced health insurance copays, extra vacation time, prizes, etc.) for employees who are nonsmokers, engage in routine physical activity, or maintain a healthy weight.

	Yes	No	Not sure
Employer 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Providing Health Information to Employees

40. Our community's largest employers have offered health information to employees (how to's, health benefits/risks) related to smoking cessation, physical activity and healthy eating/healthy weight at least twice in the past year (via employee newsletter/communications, posters, email, paycheck stuffers, employee website, health risk appraisals, health screenings or special events.)

	Yes	No	Not sure
Employer 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wellness Coordinator/Wellness Committee

41. Our community's largest employers have a wellness committee or wellness coordinator to plan opportunities and events for employee wellness.

	Yes	No	Not sure
Employer 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

42. If you were ever in doubt or unsure about any of the above questions in the Worksites section, please provide the question number and a contact that we may be able to reach out to. If you were able to answer the above questions, you can state that in the box below.



San Bernardino Healthy Communities Coordinators Survey

5. Schools

Children spend a large portion of their waking hours at school. School-based activity and education programs can help children establish skills, interests, and habits related to physical activity, healthy eating, and a tobacco-free lifestyle that last a lifetime.

43. Please list the elementary school, middle/junior high school, and high school that have the highest enrollment for your community and their enrollment. Please respond based on how your schools are organized. For example, your middle school may be grades 7 through 9 or grades 6 through 8. If your community does not have an elementary, middle or high school, please write in the school that serves the most children in your community for those grade levels. If your community has a combined middle/high school or elementary/middle school, please record the school's name in all the appropriate blanks and divide the enrollment based on the number of students in the various grade levels at the school.

Elementary School	<input type="text"/>
Elementary School Enrollment	<input type="text"/>
Middle/Junior High	<input type="text"/>
Middle/Junior High Enrollment	<input type="text"/>
High School	<input type="text"/>
High School Enrollment	<input type="text"/>

44. What is the name of the largest school district in your community?

45. On average, over the past school year, what percent of the children in all grades received an opportunity to participate in physical activity at least once every school day for at least a half hour. (Opportunities for physical activity include recess; unstructured physical activity time; physical education classes; after-school clubs, activities, and sports, both formal and informal.)

- More than 75% of the students
- 50% to 75% of the students
- Fewer than 50% of the students
- Not sure

46. Instruction on the importance/benefits of physical activity is provided during each school year.

- In all grades
- In more than half the grades
- In 50% or less of the grades
- Not sure

47. What percent of school children who live within one mile of your city school could safely walk or bike to school?

- More than 75%
- 30% to 75%
- Less than 30%
- Not sure

48. Healthy food options* are available wherever food is served, inside and outside of the cafeteria. (Outside of the cafeteria includes concession stands, vending machines, at school functions or events, at fundraisers, classroom parties, etc.)

	Rarely/Never	Sometimes	Almost always/Always	Not sure
Elementary School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Middle School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Healthy foods include fruits (canned, fresh, frozen or dried); non-fried vegetables (canned, fresh, or frozen) including salads; low-fat yogurt; skim or 1% milk; vegetable juices; 100% fruit juices (not fruit punches or ades); water; low-fat or fat-free salad dressing; baked chips; baked, broiled, or grilled meats; low-fat deli meats. Low-carb is not a healthy food option.)

49. Instruction on nutrition/healthy eating and its importance/benefits is provided during the year.

	In 50% or less of the grades	In more than half the grades	In all the grades	Not sure
Elementary School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Middle School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High School	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

50. If you were ever in doubt or unsure about any of the above questions in the Schools section, please provide the question number and a contact that we may be able to reach out to. If you were able to answer the above questions, you can state that in the box below.



San Bernardino Healthy Communities Coordinators Survey

6. Restaurants and Grocery Stores

Family Style Restaurants

51. Please indicate the busiest family style restaurant in your community. (If two or more family restaurants are equally busy, choose one. If there is no family-style restaurant in your community, choose the family-style restaurant outside of your community that your residents frequent most often.)

52. The busiest family style restaurant in our community offers the following on their menu: (check all that apply)

- At least 2 non-fried vegetable items, offered without sauce or butter
- Baked, broiled, or grilled entrees
- Skim or 1% milk
- Items identified on the menu that are low in calories and fat (not low carb)
- Leafy green salads (not all or mostly iceberg lettuce)
- Reduced calorie or fat-free salad dressing
- At least one healthy option** on the children's menu (for example, grilled chicken with fruit and/or vegetable rather than fries)
- Check here if the restaurant does not offer any of the above
- Not sure

Fast-Food Restaurants

53. Please indicate the busiest fast-food restaurant in your community. (If two or more fast-food restaurants are equally busy, choose one. If there is no fast-food restaurant in your community, chose the fast-food restaurant outside your community that your residents frequent most often.)

54. The busiest fast food restaurant in our community offers the following on their menu: (check all that apply)

- Low-fat/small bagels, English muffins or low-fat muffins
- Skim or 1% milk
- Juices (100% juice not fruit punch, orange drink, or lemonade)
- Items identified on the menu that are low in calories and fat (not low carb)
- Baked, broiled or grilled entrees
- Leafy green salads (not all or mostly iceberg lettuce)
- Reduced calorie or fat-free salad dressing
- At least one healthy option** on the children's menu (for example, grilled chicken with fruit and/or vegetable rather than fries)
- Check here if the restaurant does not offer any of the above
- Not sure

Grocery Stores

55. Please indicate the busiest grocery store in your community. (If two or more grocery stores are equally busy, choose one. If there is no grocery store in your community, choose the grocery store that the residents of your community shop at most often.)

56. The busiest grocery store in our community offers the following:
(check all that apply)

- Coupons or in-store specials for fresh, canned, dried, or frozen vegetables and fruit at least once a week
- Coupons or in-store specials for 100% fruit or vegetable juice at least twice a month
- Fat-free or reduced fat deli meats and/or cheeses
- Rotisserie chicken, without added butter or oil
- Healthy food choice identification program, such as 5-a-day labeling or nutrition information at point of purchase
- Check here if the grocery store does not offer any of the above
- Not sure

57. If you were ever in doubt or unsure about any of the above questions in the Food/Nutrition section, please provide the question number and a contact that we may be able to reach out to. If you were able to answer the above questions, you can state that in the box below.



San Bernardino Healthy Communities Coordinators Survey

7. Tobacco Control

To promote a healthy community, residents should be able to live in smoke-free environments that provide fresh, clean air to play, grow, and live in.

58. How often would you say you are exposed to second-hand smoke (smoke from someone else's cigarette, cigar or pipe that you breathe) in your community?

- Multiple times a day
- Once a day
- A few times a week
- A few times a month
- Never

59. Smoking and tobacco use in your community occurs at the following locations: (Check all that apply)

- Outdoor public spaces (parks, trails, open preserves)
- Outdoor parking lots/structures
- Outside public buildings
- Sidewalks
- Other (please specify)

60. Is there a city or county sponsored tobacco-cessation program or tobacco-quit-line in your community?

- Yes
- No
- Other (please specify)

61. A regional or local agency or organization (such as the local hospital or public health department, American Heart Association, American Cancer Society) sponsors special events, classes, or programs promoting a tobacco-free lifestyle (including smoking cessation events, classes or programs) at no cost or for a reasonable fee.

- Three or more times in the past year
- Twice in the past year
- Once in the past year
- None in the past year

62. If you were ever in doubt or unsure about any of the above questions in the Tobacco Use section, please provide the question number and a contact that we may be able to reach out to.



San Bernardino Healthy Communities Coordinators Survey

8. Community Resources & Programs

Resources for healthy lifestyles through organizations and facilities within the community are yet another dimension of the community that can support healthy habits in many different ways and across all age groups.

63. Please check ways in which the medical care practices in your community promote healthier lifestyles: (check all that apply)

	Physical Activity	Healthy Eating/Healthy Weight	Tobacco-Free Lifestyle	Mental Health	Dental Health	Substance Abuse	Opioid Abuse
Ask/assess patients about these behaviors as part of a written checklist used in all routine office visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Include counseling about the importance of these health behaviors during all routine office visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Display and offer to patients written materials about the health value of physical activity, healthy eating/healthy weight and a tobacco-free lifestyle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. Are there low-cost or free community healthcare centers or clinics in your community?

- Yes, accessed by the community frequently
- Yes, accessed by the community rarely
- No

65. Please check all the lifelong learning and enrichment programs that your community provides. (Check all that apply.)

Health and wellness activities

Yoga classes

Nutrition and cooking classes

Academic classes

Computer classes

Other (please specify)



9. Summary & Next Steps

66. What members of your community, if any, did you collaborate with to fill out this survey?

67. Strengths: Please list what you believe are the most important things your community is doing to help people lead healthier lives with regard to being more active, eating more healthfully and adopting tobacco-free lifestyle. List at least one and up to eight.

68. What specific actions would you like to take to help create a healthier community environment with regard to physical activity and healthy eating? Indicate the action and time frame that you would like to have achieved the goal.

69. Identify ways in which you envision your collaboration with San Bernardino's Department of Public Health's Healthy Communities Program.

70. What are some ways you would like to receive Healthy Communities program support from San Bernardino's Department of Public Health?

Thank you for taking the time to complete the survey!



San Bernardino Master Plan Assessment Tool

General Information

City Information

City Name	<input type="text"/>
Document Title	<input type="text"/>
Document Dated	<input type="text"/>
URL (if applicable)	<input type="text"/>

Document Type

- City General Plan
- Master Plan

Does the city have any of these other documents in place?

- Bicycle and Pedestrian Master Plan
- Health Element
- Healthy City Plan
- Other (please specify)

Broad Public Health and Planning Issues

	Not present (0 pts)	Present, narrow (1 pt)	Present, comprehensive (2 pts)
Do the Guiding Principles include language indicating the community values public health, social equity, or any of the health topics in this evaluation (active living, healthy eating, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not present (0 pts) Present, narrow (1 pt) Present, comprehensive (2 pts)

Page number

Does the plan include a broad goal to foster all residents' health and well-being in its Vision or Introductory statement?

Page number

Does the plan identify the built environment as a factor determining public health outcomes in its Vision Statement?

Page number

Does the plan identify chronic disease and/or health inequalities in its Vision or Introductory statement?

Page number

Is the plan written in clear, nontechnical language accessible by the average lay reader?

Page number

Does the plan identify the importance of considering low-income and other vulnerable populations when planning for the future?

Page number

Are images used to illustrate population and geographic data and/or how policies in the plan may impact different populations or geographies?

Page number

Is there evidence or description of collaboration with health department and/or other community health stakeholder(s)?

Page number

Does the plan identify process and procedures for evaluating/monitoring health impacts of plans & policies?

Page number

Not present
(0 pts)

Present, narrow (1 pt)

Present, comprehensive (2 pts)

Does the plan map or otherwise identify locations of vulnerable populations?

Page number

What partners or stakeholders were involved in developing the plan?

Notes



San Bernardino Master Plan Assessment Tool

Active Living

Active Living

Not present (0 pts) Present, narrow (1 pt) Present, comprehensive (2 pts)

Is there a goal or objective to increase the number of people who walk and bike to daily activities?

Page number

Is there a goal or initiative described to reduce car dependency and increase use of active transport?

Page number

Is there a goal or objective to create communities with safe and attractive places to exercise?

Page number

Does the plan identify active living and/or physical activity (exercise) as an important part of the success?

Page number

Does the plan prioritize and/or include a goal to prevent or reduce traffic injuries?

Page number

Is there a plan to build, extend or develop an off-road trail ("greenway") network for biking and walking?

Page number

Are there plans to expand, improve or increase the number of public recreation facilities?

Not present (0 pts) Present, narrow (1 pt) Present, comprehensive (2 pts)

Page number

Does the plan include plans to develop or sustain public recreation at zero or low cost? (including sliding scales, incentives, etc.)

Page number

Are there plans to expand, improve or increase the amount of green or open space?

Page number

Does the plan include policies to adopt zoning for neighborhood commercial and/or mixed-use development (e.g. density minimums) to encourage transportation related walking?

Page number

Are "complete street" or other traffic calming measures (e.g. reorient street geometry, lower speed limits) incorporated into the plan?

Page number

Does the plan include, call for future development of, or refer to already established design guidelines related to pedestrian, bicycle, and transit access that support active transport modes for people of all abilities?

Page number

Are there policies to support increased access to public transport: establish/extend transit networks or otherwise encourage greater use of existing public transport?

Page number

Does the plan include an assessment of bicycle and pedestrian infrastructure that needs improvement to promote walking and biking for transportation and physical activity?

Page number

Are there plans or policies to support "safe routes to school" for children or other mechanisms that support children walking or bicycling to school, including locating schools closer to residential areas?

Not present (0 pts) Present, narrow (1 pt) Present, comprehensive (2 pts)

Page number

Does the plan establish a high level of service for parks? (lighting, cleanliness, etc.)

Page number

Are there plans to create Transit-Oriented Development districts/overlay zones?

Page number

Does the plan identify the current distribution of public recreation/park space in the community (e.g., X% of population lives within 10 minute walk of a park)?

Page number

Are there policies/objectives that prioritize the transport needs of underserved populations (i.e. seniors, children, persons with disabilities, low-income residents, etc.)?

Page number

Are there policies to pursue joint-use agreements to share school recreational facilities, particularly as a way to improve access to recreation in underserved communities?

Page number

Does the plan require developers to build bicycle, pedestrian, and wheelchair access in all new developments?

Page number

Are there policies that reduce parking requirements for developments near transit stops and also provide facilities for walking, biking, and disability access?

Page number

Does the plan include a goal or objective to comply with ADA standards?

Page number

	Not present (0 pts)	Present, narrow (1 pt)	Present, comprehensive (2 pts)
--	------------------------	------------------------------	--------------------------------------

Does the plan utilize public health or crash data and the areas of high risk for vulnerable road users (pedestrians, cyclists, children, the elderly, and people with disabilities)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan use pedestrian overlay zones or establish a walkability standard?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan use public health data to identify the percent of the population who achieves the recommended amount of physical activity per week?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan map or otherwise identify geographic areas with the greatest need for more physical activity?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Active Living Implementation

Not present (0 pts)

Present (1 pt)

Are benchmarks/targets established to indicated success?

Are there implementation mechanisms identified for this policy?

Do the implementation mechanisms specifically address health?

Are roles and responsibilities assigned to achieve this policy?

Is there funding attached?

Is there a time line identified for achieving this policy?

Does the plan identify a monitoring system for tracking success?



San Bernardino Master Plan Assessment Tool

Food and Nutrition

Food and Nutrition

	Not present (0 pts)	Present, narrow (1 pt)	Present, comprehensive (2 pts)
Does the plan identify supporting local food production at any scale as a priority for public health in their community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Page number	<input type="text"/>		
Does the plan identify healthy eating and healthy food options as important to a high quality of life in their community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Page number	<input type="text"/>		
Does the plan include policies to support local food production?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Page number	<input type="text"/>		
Does the plan identify innovative strategies to increase access to healthy food, especially in low-income communities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Page number	<input type="text"/>		
Does the plan include policies to support healthy food incentive programs (e.g., Market Match, retail programs, etc.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Page number	<input type="text"/>		
Does the plan inventory and identify potential sites for community gardens/urban farms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Page number	<input type="text"/>		

Not present (0 pts) Present, narrow (1 pt) Present, comprehensive (2 pts)

Is there an objective to increase the number of grocery stores in underserved areas through fast-track permitting or other innovative means?

Page number

Does the plan call for or cite results from a community food assessment to assess food security, barriers to access, or potential geographic "food deserts"?

Page number

Is there a policy that sets bans or limits on convenience stores, fast food outlets, or liquor stores in neighborhoods so that unhealthy food and drink options are not the only options?

Page number

Does the plan address access to drinking water or promote installation of water fountains?

Page number

Does the plan include goals or strategies to reduce the consumption of sugar-sweetened beverages or pricing strategies (e.g., taxing SSBs or promoting affordable or free water)?

Page number

Food and Nutrition Implementation

	Not present (0 pts)	Present (1 pt)
Are benchmarks/targets established to indicated success?	<input type="radio"/>	<input type="radio"/>
Are there implementation mechanisms identified for this policy?	<input type="radio"/>	<input type="radio"/>
Do the implementation mechanisms specifically address health?	<input type="radio"/>	<input type="radio"/>
Are roles and responsibilities assigned to achieve this policy?	<input type="radio"/>	<input type="radio"/>
Is there funding attached?	<input type="radio"/>	<input type="radio"/>
Is there a time line identified for achieving this policy?	<input type="radio"/>	<input type="radio"/>
Does the plan identify a monitoring system for tracking success?	<input type="radio"/>	<input type="radio"/>

Notes



San Bernardino Master Plan Assessment Tool

Environmental Exposures

Environmental Exposures

Not present (0 pts) Present, narrow (1 pt) Present, comprehensive (2 pts)

Does the plan include a goal that states water quality is important for public health in their community?

Page number

Does the plan identify environmental health concerns as important considerations for the health of their community?

Page number

Does the plan include a goal that states clean air is important for the health of their community

Page number

Are brownfields or the improper/unsafe reuse of brownfields identified as a potential threat to human health?

Page number

Are there protections for ground and surface water?

Page number

Does the plan identify stormwater policies or design standards that address stormwater runoff from features in the built environment, either for existing or future development?

Page number

Not present (0 pts) Present, narrow (1 pt) Present, comprehensive (2 pts)

Does the plan include policies for proper maintenance of sewer and/or septic systems to achieve healthy treatment of wastewater?

Page number

Does the plan include objectives or programs for increasing the tree canopy for cleaner air, water filtration, and to help the heat island effect?

Page number

Is there a policy to utilize fuel-efficient/low-emission vehicles for the local government fleet to reduce local air pollution?

Page number

Is there an evaluation of local sources of air pollution?

Page number

Are there policies to minimize exposure to particulate matter for existing and/or future sensitive land uses (schools, day care facilities, playgrounds, etc.)?

Page number

Are potential environmental hazards to human health such as nearby highways, presence of heavy metals, pesticides, etc., considered for new housing development?

Page number

Have brownfield locations been identified and inventoried for their potential liability to human health?

Page number

Does the plan include ordinances to limit exposure to second-hand smoke by creating smoke-free spaces?

Page number

Does the plan include goals or strategies around creating smoke-free spaces such as multi-unit housing, public spaces (parks), government property, or private property?

Not present (0 pts) Present, narrow (1 pt) Present, comprehensive (2 pts)

Page number

Is there a plan or program to address insect and rodent infestation in homes, which can spread disease and impact respiratory health?

Page number

Does the plan identify brownfield locations that may be opportunities for infill or other new redevelopment if cleaned up?

Page number

Does the plan include policies or programs to promote "green" initiatives (e.g., incentives for use of lawn replacement programs, solar panels, drought tolerant landscaping in parks, electric vehicle charging stations, etc.)?

Page number

Environmental Exposures Implementation

Not present (0 pts)

Present (1 pt)

Are benchmarks/targets established to indicated success?

Are there implementation mechanisms identified for this policy?

Do the implementation mechanisms specifically address health?

Are roles and responsibilities assigned to achieve this policy?

Is there funding attached?

Is there a time line identified for achieving this policy?

Does the plan identify a monitoring system for tracking success?



San Bernardino Master Plan Assessment Tool

Health, Human and Public Services

Health, Human, and Public Services

	Not present (0 pts)	Present, narrow (1 pt)	Present, comprehensive (2 pts)
--	---------------------	------------------------	--------------------------------

Does the plan identify an aging population as a group needing special considerations, particularly regarding mobility and health care, when planning for the future?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan identify access to health and human services as an important contribution to a high quality of life in their community?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan include data on the number of health and human service outlets available to populations in need in their community?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan include policies to facilitate access to clinical services, health care facilities, and human/social services?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan include policies to facilitate access to food assistance (including federal, state, or local programs)?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan include policies to facilitate access to housing assistance?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

	Not present (0 pts)	Present, narrow (1 pt)	Present, comprehensive (2 pts)
--	---------------------	------------------------	--------------------------------

Does the plan include policies to facilitate access to child care services?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan include policies to support aging in place, such as facilitating access to elder care?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Is there an objective to work with local transit agencies to enhance service that connects residents to health and human services, especially in underserved neighborhoods?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Health, Human and Public Services Implementation

Not present (0 pts)

Present (1 pt)

Are benchmarks/targets established to indicated success?

Are there implementation mechanisms identified for this policy?

Do the implementation mechanisms specifically address health?

Are roles and responsibilities assigned to achieve this policy?

Is there funding attached?

Is there a time line identified for achieving this policy?

Does the plan identify a monitoring system for tracking success?

Notes



San Bernardino Master Plan Assessment Tool

Social Cohesion and Mental Health

Social Cohesion and Mental Health

	Not present (0 pts)	Present, narrow (1 pt)	Present, comprehensive (2 pts)
--	---------------------	------------------------	--------------------------------

Does the plan identify green or open space as important in a healthy community, including promoting mental and social health?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan identify safety and security as important to fostering a successful community or generally supporting a good quality of life?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan identify housing and housing quality as a priority for fostering health and a healthy community for all residents?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan identify the social cohesion (social capital) and/or mental health as important considerations for their community?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Does the plan incorporate a variety of housing types and costs in order to eliminate residential segregation and concentrations of poverty?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Are there policies to create, preserve, and maintain open space near development to increase the number of restorative spaces for mental health (and environmental) benefits?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Not present (0 pts) Present, narrow (1 pt) Present, comprehensive (2 pts)

Page number

Does the plan identify noise as a factor impacting human health and include policies to buffer residences and sensitive land uses from loud noise sources?

Page number

Does the plan include design guidelines or principles of Crime Prevention Through Environment Design (CPTED) or other design/land use features to increase safety?

Page number

Does the plan include or identify a need test for and remove lead paint or other building contaminants that create serious health problems?

Page number

Does the plan include policies to promote and/or remove obstacles to cohousing or other nontraditional housing types which can positively impact social cohesion?

Page number

Does the plan cite data related to public safety?

Page number

Does the plan link existing or future housing development with employment opportunities and human/social services?

Page number

Are there limits on the number of liquor stores that can locate in areas of high crime, high poverty, or near schools?

Page number

Does the plan have regulations for orienting buildings to face the street or include windows that face the street ("natural surveillance")?

Page number

	Not present (0 pts)	Present, narrow (1 pt)	Present, comprehensive (2 pts)
--	---------------------	------------------------	--------------------------------

Has supporting public safety/security specifically been identified as important to promoting active lifestyles and healthy outdoor activity?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Page number

Social Cohesion and Mental Health Implementation

Not present (0 pts)

Present (1 pt)

Are benchmarks/targets established to indicated success?

Are there implementation mechanisms identified for this policy?

Do the implementation mechanisms specifically address health?

Are roles and responsibilities assigned to achieve this policy?

Is there funding attached?

Is there a time line identified for achieving this policy?

Does the plan identify a monitoring system for tracking success?

Notes



San Bernardino Master Plan Assessment Tool

Emergency Preparedness

Emergency Preparedness

Not present (0 pts) Present, narrow (1 pt) Present, comprehensive (2 pts)

Does this plan identify potential public health effects from natural and human-caused disasters as important considerations in planning for the future?

Page number

Does the plan identify potential public health effects of climate change as an important consideration in planning for future?

Page number

Does the plan include or identify future intent to develop a post-disaster recovery plan/protocol that will include planning for public health effects of disasters?

Page number

Does the plan identify a goal to reduce potential for infectious disease?

Page number

Does the plan include goals and strategies to prepare for extreme heat events that can particularly affect children and the elderly?

Page number

Emergency Preparedness Implementation

	Not present (0 pts)	Present (1 pt)
Are benchmarks/targets established to indicated success?	<input type="radio"/>	<input type="radio"/>
Are there implementation mechanisms identified for this policy?	<input type="radio"/>	<input type="radio"/>
Do the implementation mechanisms specifically address health?	<input type="radio"/>	<input type="radio"/>
Are roles and responsibilities assigned to achieve this policy?	<input type="radio"/>	<input type="radio"/>
Is there funding attached?	<input type="radio"/>	<input type="radio"/>
Is there a time line identified for achieving this policy?	<input type="radio"/>	<input type="radio"/>
Does the plan identify a monitoring system for tracking success?	<input type="radio"/>	<input type="radio"/>

Notes