Eastern Neighborhoods Community Health Impact Assessment

FINAL REPORT

SEPTEMBER 2007

PROGRAM ON HEALTH, EQUITY, AND SUSTAINABILITY
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Acknowledgments

The San Francisco Department of Public Health (SFDPH) would like to thank the members of the Community Council of the Eastern Neighborhoods Community Health Impact Assessment for their generous commitment to the process. Collectively, their experiences inspired and motivated the project, and their participation and commitment ensured its completion.

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The photos included in this report are of a drawing completed by Fernando Marti, an architect with Asian Neighborhood Design and a member of the ENCHIA Community Council.

SUGGESTED CITATION

Eastern Neighborhoods Community Health Impact Assessment: Final Report. San Francisco Department of Public Health. September, 2007. Available at: http://www.sfdph.org/phes/enchia.htm

WEBSITE

www.sfdph.org/phes/enchia.htm

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EXECUTIVE SUMMARY

THE EASTERN NEIGHBORHOODS COMMUNITY HEALTH IMPACT ASSESSMENT (ENCHIA) was an 18-month process convened to assess the health benefits and burdens of development in several San Francisco neighborhoods, including the Mission, South of Market, and Potrero Hill. Convened and facilitated by the San Francisco Department of Public Health (SFDPH), ENCHIA was guided by a multi-stakeholder Community Council of over 20 diverse organizations whose interests were affected by development. Members of the Council represented a number of broad interests, including community planning and design, economic and neighborhood development, environmental justice, homelessness, open space, housing, transportation, bicycle advocacy, low-wage and union workers, food systems, child care and childhood development, non-profit and private developers, property-owners, architects, and small businesses.

In this report, we describe the ENCHIA process and its outcomes, with a focus on the extent to which objectives were achieved, how the group's work evolved over time, and lessons learned. It is primarily written as a case study of a local public health department's response to community concerns regarding inequitable development impacts. Our goal is to provide a full accounting of the project's history, process, and achievements.

This report is intended for diverse audiences, including participants in the ENCHIA process who may want a record of their steadfast work and achievements, public agencies and organizations who may want to embark on similar work in other settings, and policymakers and funders who are interested in advancing healthy development policy.

The ENCHIA process was guided by the principles of "health impact assessment" and designed to act on growing scientific understanding that optimal health cannot be achieved by improving health services or individual behavior change alone, but requires advancing healthful neighborhood conditions. Such conditions include adequate housing; access to public transit, schools, parks, and public spaces; safe routes for pedestrians and bicyclists; meaningful and productive employment; unpolluted air, soil, and water; and cooperation, trust, and civic participation. The ENCHIA project was established to explicitly articulate the health relationships to these issues, to advance the consideration of health in development decision making, and to identify ways that land use development in San Francisco could promote and protect health.

The ENCHIA process had five broad objectives:

- Identify and analyze the likely impacts of land use plans and zoning controls on health determinants, including housing, jobs, and public infrastructure;
- Provide recommendations for land use policies and zoning controls that promote community priorities;

- Demonstrate the feasibility of health impact assessment methods;
- Promote meaningful public involvement in land use policy-making by making explicit competing interests and facilitating consensus; and
- Develop capacity for inter-agency working relationships.

The ENCHIA Council and SFDPH staff worked collectively to generate a number of products that helped move the process forward and meet these objectives. These include:

- Developing a *Healthy City Vision* comprising seven elements: 1) environmental stewardship, 2) sustainable transportation, 3) public safety, 4) public infrastructure/access to goods and services, 5) adequate and healthy housing, 6) healthy economy, and 7) community participation. Social cohesion and diversity were articulated as overarching goals in this *Healthy City Vision*.
- Developing 27 *Community Health Objectives* to reflect the *Healthy City Vision*.
- Identifying over 100 *Community Health Indicators* to measure the *Objectives* and *Vision*.
- Generating *Element Profiles* on indicators to assess how the City fared with respect to that *Vision*.
- Developing a menu of 27 *Policy/Strategy Briefs* to advance those objectives.
- Completing a study of health-related working conditions titled: *Tales of the City's Workers: A Work and Health Survey of San Francisco's Workforce.*
- Completing a study of residents' experiences living and working in the Eastern Neighborhoods titled: *Eastern Neighborhoods Community Health Impact Assessment: Results from a Community Assessment of Health and Land Use.*

In May of 2006, after 18 months of research and deliberation, the ENCHIA process concluded with the creation of San Francisco's first *Healthy Development Measurement Tool* (HDMT). The *Healthy Development Measurement Tool* represents a specific methodology, generated and validated via a community process, to evaluate the Eastern Neighborhoods plans as well as other land use development policies, plans, and projects. The HDMT provides land use planners, public agencies, and community stakeholders with a set of metrics to assess the extent to which urban development projects, plans, and policies affect health. The creation, implementation, maintenance, and dissemination of the HDMT represented the most important and tangible policy recommendation from the ENCHIA Community Council to SFDPH.

Many valuable lessons were learned through the process. Foremost among these was that flexibility with regards to the process and outcomes, adaptability to Council needs, and an acknowledgement of the political context of development were necessary for the success of our assessment. For example, the 18-month ENCHIA process was designed to evaluate and inform the Eastern Neighborhoods rezoning, area plan, and environmental impact review processes; however, this became impossible with delays in the publications of neighborhood area plans. The Council adapted by refocusing its efforts to create a general assessment tool to apply to land use development—the *Healthy Development Measurement Tool*.

Successes

The ENCHIA process was successful in a number of significant ways. We believe it broadened participant understanding of how development affects health, built new relationships among participants, and created a practical tool for evaluating land use plans and projects. ENCHIA also showed that a government-led public process could sustain diverse participation, employ consensus techniques, and shift participant focus from problems to solutions. We describe these successes in more detail below.

UNDERSTANDING THE CONNECTION BETWEEN HEALTH AND LAND USE

The ENCHIA process unequivocally increased Council members' understanding of how human health is impacted by development. Some Council members have since used public health evidence in public policy dialogues on housing, economic, and environmental issues. Several organizations which participated on the Council are now integrating health analysis, health impact assessment, and partnerships with SFDPH into their future work and priorities.

INCLUSIVE AND MEANINGFUL PARTICIPATION

Gaining and maintaining participation from a diverse group of organizations was an important element in the ENCHIA process. The sustained participation of many organizations in the ENCHIA process reflects success in gaining trust and meaningfully involving affected constituents.

STRATEGIC RELATIONSHIPS

ENCHIA fostered new and constructive relationships among diverse constituent groups as well as with SFDPH. For example, Council members worked with each other to organize a neighborhood health rodeo/fair; members testified in support of one another's policy efforts; SFDPH provided evidence to advocates of sustainable transportation who were supporting revisions to the California Environmental Quality Act (CEQA) process; and SFDPH supported local planning for a waterfront greenway. SFDPH and the SF Bike Coalition successfully coauthored a grant to implement a community-based transportation plan for Treasure Island. Furthermore, understanding the value of ENCHIA evidence and experience, the Western South of Market Citizens' Planning Task Force asked SFDPH to provide health-based technical support for its neighborhood-based comprehensive planning effort.

CONSENSUS DECISION MAKING

The *Healthy City Vision, Community Health Objectives, Element Profiles,* and *Healthy Development Measurement Tool* are products of dialogue and deliberation. Consensus worked in the sense that no one group had the ability to stop a group decision. Where there was dissent, all opinions were noted and reflected in group documents. Furthermore, where ENCHIA staff positions about the process were at odds with the Council,

SFDPH did not impose its will on the group. Instead, it respected its commitment to a participatory process and allowed the process to change accordingly.

FOCUS ON SOLUTIONS

Development interests not participating in ENCHIA raised concerns that the process would highlight "problems" associated with development without articulating how those problems were to be solved. Though time-consuming, ENCHIA's efforts to identify and evaluate health-promoting policies and strategies demonstrated its acknowledgment of this critique and a commitment to identifying real solutions and alternatives to existing development and land use practices. The Council's *Healthy City Vision* connected the policy review to the underlying health impact assessment approach. In addition, Council members used their policy research and findings to develop position statements on policy proposals under consideration by the local legislature. The ENCHIA policy phase represents a clear attempt to provide potential levers that improve upon the larger economic, environmental, infrastructure, and housing issues the Council faced.

HEALTHY DEVELOPMENT MEASUREMENT TOOL

The *Healthy Development Measurement Tool* (HDMT) offered the land use planning process a specific methodology to evaluate plans and projects against the requirements of healthy physical and social environments and against particular local needs for housing, jobs, and public infrastructure, also linking public health to a wider set of public interests and responsible government agencies. The HDMT also provided the foundation for a regular, health-oriented institutional review of San Francisco's development projects and plans. The vast majority of the Council was in agreement that the City needed a consistent way to measure and evaluate the health impacts associated with development. As such, the most concrete policy recommendation from the ENCHIA Council was for SFDPH to create, implement, maintain, and disseminate the HDMT and its findings publicly. The San Francisco Planning Department (Planning Department) has received and reviewed the HDMT and other ENCHIA products and has committed to using the indicators and development criteria, where possible, in screening the content of its Eastern Neighborhood plans. Recently released Area Plans demonstrate meaningful changes that are responsive to longstanding community needs. The HDMT may ultimately help overcome the lack of a "mandate" to consider public health in planning and reduce the overall fragmentation of public agencies that prevents comprehensive evaluation and action.

Challenges

A number of challenges emerged throughout the process. Described in more detail below, these include partnership changes, Area Plan delays, participant attrition, participant desires that SFDPH advance health and land use arguments, political pressures, lack of SFDPH power, and challenges to consensus decision making.

PARTNERSHIP CHANGES

As SFDPH embarked on the first stage of the ENCHIA process, a Planning Department manager who had envisioned and initially planned the ENCHIA process with SFDPH left employment with the Planning Department. As a result, the Planning Department decided not to co-lead the ENCHIA process in partnership with SFDPH, but to play a more informational and advisory role similar to other local public agencies. This loss weakened the process, as many Council members perceived that the lack of Planning Department leadership signaled limited official City "buy-in" to the process as well as limited implementation of ENCHIA recommendations.

AREA PLAN DELAYS

By the time the formal ENCHIA process ended, the Planning Department had neither finalized the Eastern Neighborhoods rezoning nor created any public drafts of neighborhood area plans. As a result, the ENCHIA Council had no concrete subject for a formal evaluation. This fact created further ambiguity on the part of Council members as to how much the ENCHIA process would shape the Eastern Neighborhoods plans.

PARTICIPANT ATTRITION

SFDPH worked hard to sustain involvement from the 25-30 organizations which participated in the process. Nevertheless, a number of organizations left the ENCHIA Council over the course of the 18-month process. Reasons for attrition may have included SFDPH's limited role in making land use decisions; limited participation by the Planning Department; competing time and resource issues; gaps between organizational priorities and values and ENCHIA priorities and values; and, finally, knowledge gaps among Council members with respect to the substance and methods of land use planning.

PARTICIPANT DEMANDS FOR SFDPH ADVOCACY

While ENCHIA Council organizations recognized the value of SFDPH putting health and land use evidence forward and legitimizing the relationship more formally, many organizations did not feel they had the capacity to use public health arguments in public policy dialogues. Some grass-roots and community-based organizations appeared to be seeking SFDPH to "come out on their side." Public health evidence provided ample support for SFDPH interest and interventions in planning. However, SFDPH was challenged in explaining to the Council that it did not see its role as taking positions on the decisions of sister agencies or on specific development projects.

POLITICAL PRESSURES

Several interests within and outside City government challenged the purpose, means, and legitimacy of the ENCHIA process. Some City officials viewed ENCHIA as duplicative or competitive with the formal planning process. Others, particularly advocates for growth and development, felt ENCHIA could expose failures of city planning (for example, the consideration of health and equity) and identify additional externalities of

development (for example, industrial-residential conflicts). At times, both City agencies and private interests made clear overtures for SFDPH to return to its traditional responsibilities and not to intrude on issues considered to be the domain of sister agencies. These pressures reinforced both the need for maintaining a transparent process focused on evidence and the use of consensus-based decision making in the process.

LIMITED HEALTH AGENCY POWER

A recurrent theme both in planning the ENCHIA process and in the Council deliberation concerned how the findings and conclusions of the ENCHIA process would influence the rezoning and planning process. The limited power of the health department in the planning process was also challenging to staff and the Council. Given the long history of community struggles with development, it was important to many Council members that the ENCHIA process and its outcomes have power and influence in the Eastern Neighborhoods Planning Process. SFDPH had a legitimate agency interest in integrating health considerations into land use decision making; however, SFDPH was not in the decision-making seat of power. SFDPH could not promise Council stakeholders that other public agencies would adopt the Council's findings or recommendations.

CHALLENGES TO CONSENSUS DECISION MAKING

The Council had strong consensus on the value of creating the *Healthy Development Measurement Tool*. However, when it came time for the Council to agree collectively on other specific land use policy recommendations, members of the process were reluctant to do so. Diverse reasons contributed to this challenge. For some groups whose work did not relate to land use directly, advancing policy was not a priority. Other members judged that the policies were not consistent with their interests or were insufficiently detailed. Still others appeared reluctant to take policy decision-making power away from their traditional advocacy coalitions. Some organizations also needed to ensure buy-in from their own members. Finally, many members were not ready to work towards consensus in the setting of ENCHIA, which may reflect both the limited power of ENCHIA in the political process and the relatively weak historical relationships among participating groups.

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Both the ENCHIA process and the HDMT represent innovative approaches to public health practice and the first attempt to comprehensively develop and deliberate health impact assessment methods in a community-based U.S. context. We hope this report helps contribute to an understanding of how a collaborative health impact assessment can be structured, with an eye towards the types of issues that may come up along the way. We believe the project successfully met its stated goals, maintained and fostered broad stakeholder participation, responded to unforeseen challenges along the way, and generated specific outcomes applicable to a range of public health and urban development scenarios.

I. INTRODUCTION

LIKE MANY METROPOLITAN AREAS, San Francisco is experiencing significant changes in its urban landscape. Accompanying such changes are intense debates regarding the nature of land use and development decisions and policy. Responsible public officials are faced with the need to weigh multiple, and often competing, interests and needs as they make development decisions and issue regulations.

Increasingly, inter-disciplinary research demonstrates that the root causes of disease and illness, as well as strategies to improve health and well-being, are dependent on community design, land use, and transportation.[1 2] Overall, being healthy requires good-quality housing; access to public transit, schools, and parks; safe routes for pedestrians and bicyclists; meaningful and productive employment; unpolluted air, soil, and water; and cooperation, trust, and civic participation.

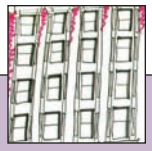
Land use regulations originated to address public health and welfare concerns. Today, however, institutions responsible for those regulations, including planning, transportation, housing, and economic development agencies, are fragmented from public health departments with few vehicles for formal cooperation or communication. In the absence of formal mandates to consider health in planning, local public health agencies in diverse cities such as San Francisco, Riverside, Denver, and Minneapolis are taking leadership to engage in and influence land use and transportation planning. This report documents one local effort to comprehensively evaluate the impact of land use development policies on public health.

In November 2004, the San Francisco Department of Public Health (SFDPH) embarked on an ambitious effort to comprehensively evaluate the health benefits and burdens of major revisions to land use plans in San Francisco's Eastern Neighborhoods, including the Mission, Showplace Square/Potrero Hill, and South of Market. Using the framework and methods of "Health Impact Assessment" (HIA) practice, SFDPH convened and facilitated a multi-stakeholder Community Council of organizations to implement the Eastern Neighborhoods Community Health Impact Assessment (ENCHIA). The ENCHIA project was established to explicitly understand and articulate how San Francisco land use development could promote and protect health. More specifically, the goals of the ENCHIA process were to:

- Identify and analyze the likely impacts of land use plans and zoning controls on community concerns, including housing, jobs, and public infrastructure;
- Provide recommendations for land use policies and zoning controls that promoted community priorities;
- Promote meaningful public involvement and consensus in land use policy-making;

- Develop capacity for inter-agency working relationships; and
- Illustrate the feasibility of HIA methods.

This is the final report of the ENCHIA project. Written as a case study, this document describes the background and values of ENCHIA, summarizes the process, and describes key project outcomes.



Notes on report structure

This report is written as a case study of a local public health department's response to community concerns regarding inequitable development impacts in the Eastern Neighborhoods of San Francisco. Our goal, as conveners, facilitators, and staff of the project, is to provide a full accounting of the project's history, process, and achievements. This includes descriptions of pre-project planning, the convening of the Community Council over 18 months, final products, and lessons learned.

REPORT AUDIENCE

The report is intended for diverse audiences, including:

- Individual participants in the ENCHIA process who may want a full record and telling of their steadfast work and achievements.
- Public agencies and organizations who may want to understand the history behind ENCHIA and its products (such as the *Healthy Development Measurement Tool*) prior to embarking on similar work in other settings.
- Local public health departments who may want to use or adapt the *Healthy Development Measurement Tool* for land use planning assessment.
- Policymakers and funders who are interested in advancing healthy development policy, as well as collaborative and participatory processes.

ENCHIA MEMBERS

The report frequently references several categories of "actors" in the ENCHIA process. For purposes of clarification, each group of actors is defined here:

- "ENCHIA participants" refers to all participants who came in and out of the process, including organizations formally sitting on the Community Council, city agencies providing technical assistance, SFDPH staff to the project, and the Technical Advisory Committee.
- "ENCHIA Community Council" refers to organizational representatives invited to sit on the Council and make decisions regarding various aspects of the process.
- "SFDPH or ENCHIA staff" refers to SFDPH employees and interns who staffed the project.

TEXT BOXES

A number of color-coded text boxes throughout the final report provide additional information to the reader:

- Educational and Supplementary Facts—Yellow text boxes
- ENCHIA Participant Quotes—Blue text boxes
- ENCHIA Process and Product Highlights—Green text boxes

PROJECT FUNDING AND STAFFING

Funding for the project was provided by SFDPH. The San Francisco Health Plan served as the ENCHIA fiscal sponsor. SFDPH provided all the staff for the ENCHIA project, including a full-time project coordinator, part-time project director, and a number of full- and part-time research and policy associates. Staffing varied at different stages of the project. For example, pre-project planning was completed by three persons working a total of 1.5 full-time staff equivalent for six months. During the height of the policy generation and evaluation stage, SFDPH had four full-time and two half-time staff members and interns working on the project.

II. EASTERN NEIGHBORHOODS BACKGROUND

GROWTH AND DEVELOPMENT often occur in cycles. More intense periods of development —often called booms—are associated with the rise of new industries and associated changes in labor markets. These cycles also generate intense public reaction and calls for intervention and regulation. In the San Francisco Bay Area, between the mid- and late-1990s, the bustling information economy brought multitudes of young people to the Bay Area and Silicon Valley's technology-inspired new economy. In San Francisco, housing was notoriously difficult to find, with vacancy rates at less than 2%. As the demand for housing increased, so did prices. During this period, average rents increased by 30% and the cost to buy increased dramatically. Although the dot-com crash and economic recession brought the City's vacancy rates back to pre-boom levels, the Bay Area continued to encounter pressure for new housing development due to extraordinary levels of unmet demand and its high profitability. This phenomenon occurred elsewhere in California and throughout the country, in both urban and suburban settings.

In San Francisco, the rapid growth of housing demand resulted in several social impacts. Lower-income tenants had a difficult time finding adequately sized and affordable housing. Evictions, overcrowding, and migration out of San Francisco became increasingly prevalent as a result of property-owners' intentions to rent, sell, or demolish and re-build their properties for higher profit margins. Light industrial businesses also relocated out of San Francisco due to soaring rents in the absence of commercial rent control. Local blue-collar jobs disappeared as those industrial businesses departed. Responding to market pressures, the City rezoned many industrial properties for market-rate and mixed-use residential uses. In the absence of neighborhood plans specifying how new and existing uses would be compatible, many development projects were approved through a process perceived as spot zoning.[3] Throughout this process, neighbors and affected communities had limited opportunities to participate in the development decision-making processes affecting them. Where participation occurred, it typically involved reacting to development proposals. Cumulatively, development began to affect community composition (through gentrification and displacement) and neighborhood fabric (for example, through the loss of social cohesion). These development trends also led to new residential-industrial conflicts, most often focused on the noise and pollution impacts of industrial uses on new residents.

The most dramatic land use changes occurred in San Francisco's eastern and southeast neighborhoods. These areas were historically industrial and mixed-use neighborhoods, with relatively lower-income and more ethnically diverse residential populations than other City neighborhoods. During this period, community organizations such as the Mission Anti-Displacement Coalition (MAC) and its member groups came

together to respond to trends of residential and job displacement, neighborhood gentrification, and infrastructure burdens impacting their community. After successfully advocating for interim land use controls in an effort to limit gentrification, MAC and others demanded that the City begin a planning process for the Eastern Neighborhoods. The desired process outcomes would include comprehensive community plans and associated zoning controls that supported neighborhood goals and residents' identified needs.

Eastern Neighborhoods Community Planning Process

In January 2002, the San Francisco Planning Department (Planning Department) launched the Eastern Neighborhoods Community Planning Process in order to respond to community demands for comprehensive planning and to address recognized land use conflicts in the Mission, SoMa, Showplace Square/Potrero Hill, and Bayview/Hunters Point. According to the Planning Department, "the primary goal was to develop new zoning controls for the industrially-zoned land in these neighborhoods. A series of workshops were conducted in each area where stakeholders articulated goals for their neighborhood, considered how new zoning might promote these goals, and created several rezoning proposals…representing variations in the amount of industrial land to retain for employment and business activity."[4]

The Planning Department's process focused on rezoning as the primary outcome. This would result in a reclassification of existing land uses to accommodate new housing and existing light industrial uses. Diverse stakeholders who participated in this process identified a broader array of neighborhood goals and concerns including stabilizing residential displacement and gentrification, building more affordable housing, protecting blue-collar jobs, and ensuring infrastructure capacity. One overarching community concern was with the adequacy of rezoning alone to address the diverse issues being raised by residents. Typically, rezoning would be part of a neighborhood plan that described and implemented a comprehensive vision for each neighborhood. A formal Planning Department neighborhood area plan could be assessed to determine whether decisions about land use complied with *a priori* articulated community goals and needs (for example, transportation, education, and open space). For many community residents and organizations, zoning options in the absence of comprehensive planning reflected an incomplete resolution to achieving neighborhood social and economic priorities. Despite acknowledging these concerns, the Planning Department continued to focus its initial efforts on the rezoning.

Collaboration with SFDPH

After the publication of Eastern Neighborhoods rezoning options in 2003[5], neighborhood stakeholders began to organize around the environmental impact assessment and environmental impact report (EIA and EIR) processes. Many stakeholders were concerned that the EIR required for the rezoning would not value many of their priorities as stated in the Eastern Neighborhoods Community Planning Process meetings. They proposed that the City use the California Environmental Quality Act (CEQA) as a lever to examine and mitigate additional socio-economic impacts associated with the proposed rezoning.

Selected comments from the Eastern Neighborhoods EIR scoping hearing: March 29, 2005

"At 23rd and Harrison, a former industrial site is being turned into luxury housing. Down the street at 2660 Harrison a construction facility is being turned into luxury housing. At York and 20th we lost a garment factory. At the 2100 block of Folsom Street we lost an auto body shop. At 566 South Van Ness we're losing auto service PDR [production, distribution and repair], and that's being converted to housing. At 1905 Mission we lost a roofing company with good-paying jobs that's being converted to housing."

"The community wants a special EIR, not a cookie-cutter EIR. We want you to make history. We want you to go beyond the textbook definitions of what environmental impacts are. We want you to consider the socioeconomic, cultural issues that people are raising here today."

"Displacement of residents, particularly blue-collar workers, and businesses must be addressed."

"Conflicts between vehicle traffic and pedestrians must be addressed. Pedestrian safety is more important than traffic flow."

"The need for parks and open space must be addressed before new residential development can be allowed to come on line."

"The EIR should evaluate which option will increase affordable housing and protect/increase quality jobs for Mission residents—who loses and who benefits under each option."

Assessment of most social and economic impacts was not required under CEQA, however, and the Planning Department was not prepared to include these issues in the EIR even on a voluntary basis. Knowing that health was related to social and physical environment conditions, Eastern Neighborhoods community stakeholders approached SFDPH in 2003 to explore conducting an HIA as a way to gain attention to the social impacts of the Eastern Neighborhoods rezoning and Area Plans.

Many community stakeholders and SFDPH believed the rezoning would have significant direct affects on health (i.e., displacement, stress, noise), as well as indirect effects on potential health assets (i.e., jobs, infrastructure, housing). While colleagues at the Planning Department acknowledged the broad health consequences of land use decisions, they did not believe it was feasible or practical to include health impacts within EIA. Reasons they cited included limited health standards for environmental review, limited methods for quantifying health risks and arguments over cause-effect relationships, and a view that EIA only considered direct impacts on the environment. If the Planning Department could not incorporate health and social impacts into its EIA, an alternative would be to conduct an HIA in parallel to the rezoning's required EIA.

California Environmental Quality Act

The California Environmental Quality Act (CEQA) requires an environmental impact assessment (EIA) of the effects of most area and rezoning plans in order to provide the public and public agencies with detailed, transparent information on which to base planning decisions. Where required, a subsequent environmental impact report (EIR) is published to provide "detailed information on the potentially significant environmental effects which a proposed project is likely to have and to list ways which the significant environmental effects may be minimized and indicate alternatives to the project."[6] Also, CEQA legally requires public agencies to provide opportunities for public participation in determining the scope of impacts to be considered in the EIR. The Eastern Neighborhoods rezoning and Area Plans were no exception to CEQA and were required to undergo analysis and produce an EIR.

Over several months, SFDPH and community partners considered different ways of conducting an HIA of the Eastern Neighborhoods rezoning and Area Plans. These conversations initially envisioned a community organization as the lead convener of the HIA with SFDPH providing technical assistance. However, with competing resource needs and program priorities, these organizations ultimately acknowledged that they did not have the capacity to lead the HIA. Ultimately, at the request of Planning Department staff and many community stakeholders, SFDPH agreed to convene and lead an independent, parallel process identifying the health and social impacts of the rezoning. Community stakeholders and the Planning Department agreed to be partners in planning the structure, scope, and content of the HIA and to participate in the process itself. The process was to occur in parallel to developing the rezoning and Area Plans and was meant to complement the legally required EIA.

III. SFDPH, LAND USE, AND HEALTH

Over the past several years, SFDPH has recognized that it has a legitimate agency interest in integrating health considerations into land use decision-making. While SFDPH does not have formal decision-making authority regarding land use and development decisions, a number of drivers brought SFDPH to understand that it had a potentially important role to play. In summary, these included:

- Community organizations' struggles to limit the negative impacts of development in their communities.
- Local experience among SFDPH staff that environmental health outcomes were associated with land use and transportation decisions.
- National public health research that "the built environment" was associated with chronic health outcomes.
- An international movement to develop tools and methods for HIAs of public policy.

Drivers for SFDPH Involvement in Land Use

The first driver, as described above, was that community groups were struggling with the pace of development in their neighborhoods. In addition, they were dissatisfied with the responsiveness of the Planning Department to neighborhood needs and concerns, including displacement of existing residents and jobs, and an overall lack of infrastructure to support a complete neighborhood. Many groups called for community planning processes and specifically community, social, and economic impact assessments of land use changes to be conducted as part of or complementary to the environmental impact report required by CEQA.

Oscar Grande, ENCHIA Community Council Member

"I am an ENCHIA Council member because for years my community has been dumped on, beat down, and abandoned when it comes to making life and death, make or break issues pertaining to land and urban development. We need planning and development tools in the hands of the people and by the people who live, work, pray, and play in the community."

The second driver was that SFDPH increasingly recognized that environmental health and justice issues in San Francisco had roots in land use and transportation planning decisions. For example, SFDPH environmental health inspectors frequently observed that families lived in housing conditions that caused a variety of health outcomes such as asthma and lead poisoning.

However, because of the high costs associated with improving these conditions, landlords often would not take action. In addition, the high cost of housing made it difficult for families to leave their homes and find new places to live. Cumulatively, SFDPH also observed the disproportionate share of unwanted land uses (such as power plants, sewage treatment facilities, substandard public housing, and poor public infrastructure) in places like Bayview/Hunters Point as contributing to significant disparities in life expectancy for residents. Finally, SFDPH also witnessed residential development in historically industrial areas generating noise, traffic emissions, and pedestrian hazards for residents and workers in these areas.

Third, on a national scale, the public health and urban planning communities were increasingly calling attention to the connections between the built environment (that is, land use, transportation systems, and community design) and health, particularly focusing on the contribution of the land use patterns (for example, sprawl) to physical inactivity, pedestrian safety, and air quality. Findings illustrated that urban design and land use regulations could accomplish the complementary goals of preventing illness and ensuring environmental quality. For example, creating higher density, mixed-use developments closer to transit and job centers would enhance public safety, prevent motor-vehicle injuries, increase access to goods and services, encourage walking or bicycling, reduce air pollution, and limit global warming.

Finally, on an international scale, public health practitioners were also developing methods and tools for HIA. The goal of HIA was to bring to light information on how diverse public policy decisions might affect health as well as the social and environmental resources required for good health. While HIA was novel in the United States, it presented a potential way to gain consideration more proactively of both root causes of poor health and community needs in the land use development process. By 2001, SFDPH had already begun using HIA methods to increase the inclusion of health considerations in policy-making. In a study examining the health impacts of increasing the City's living wage, SFDPH found that adoption of an increased living wage would result in decreases in the risk of premature death by 5% for adults 24–44 years of age in households whose current income was around $20,000. For the offspring of these workers, a living wage would result in an increase of a quarter of a year of completed education, a 34% increase in the odds of high school completion, and a 22% decrease in the risk of early childbirth.[32]

SFDPH also conducted exploratory workshops with community members on the health impacts of housing subsidies, farmers' markets, and green schoolyards. In 2002, SFDPH began using HIA more specifically in local land use planning, policy making, and project review. For example, SFDPH conducted HIAs of:

- Carpet policy in public housing;
- Housing displacement at Trinity Plaza; and
- Spear / Folsom condominium towers at Rincon Hill.

Documents relating to these HIAs can be found at:
http://www.sfdph.org/phes/publications/PHES_publications.htm.

Why is Land Use a Public Health Concern?

Significant scientific evidence supports the connection between land use and health. Extensively described in many reviews and peer-reviewed studies and articles, below are some of the key findings.

HOUSING

- Relatively expensive housing may force low-income tenants to use more of their resources to obtain shelter, leaving less for other necessities such as food.[7]
- Overcrowded housing conditions contribute to mortality rates, infectious disease risk,[8] and respiratory infections.[9]
- Children living in homeless shelters have been found to suffer from depression, have a behavioral problem, or have severe academic delay.[10]
- Residential segregation is associated with teenage childbearing, tuberculosis, cardiovascular disease, availability of food establishments serving healthy foods, and exposure to toxic air pollutants.[11]
- Segregated neighborhoods have been shown to have fewer assets and resources, such as schools, public transportation, food retailers and libraries, than non segregated neighborhoods[12] and a host of unwanted land uses such as power plants, solid and hazardous waste sites, and bus yards.[13]
- Substandard housing conditions can increase the risk of injury through exposed heating sources, unprotected upper-story windows and low sill heights,[14] slippery surfaces,[15] and breakable window glass in sites with a high likelihood of contact, and poorly designed stairs with inadequate lighting.[16]

TRANSPORTATION

- Vehicle miles traveled are directly proportional to air pollution and greenhouse gas emissions.[17]
- Exposure to air pollution contributes to the development of cardiovascular diseases, heart disease, and stroke.[18]
- Areas with high levels of vehicle miles traveled per capita also tend to have higher accident and injury rates.[19 20]
- Compact areas with lower levels of vehicle miles traveled per capita tend to have lower accident and injury rates.[21]
- Proximity to transit links is associated with reduced vehicle trips and improved access to social, medical, employment-related, and recreational activities.[22]

COMMUNITY DESIGN

- Living in proximity to high-traffic density or flow results in reduced lung function and increased asthma hospitalizations, asthma symptoms, bronchitis symptoms, and medical visits.[23 24]
- Sidewalk cleanliness and width, street design for pedestrian safety and speed control, and street lighting influence levels of pedestrian walkability and neighborhood crime and safety.[25]
- Walking or biking to work helps meet minimum requirements for physical activity.[26]
- People walk on average 70 minutes longer in pedestrian-oriented communities.[27 28]
- Chronic noise exposure can adversely affect sleep, school and work performance, and cardiovascular disease.[29]
- Both the number of neighborhood parks in proximity to one's residence and the types of amenities at the park predict the duration of physical activity in children.[30]
- Living in proximity to green space is associated with reduced self-reported health symptoms, better self-rated health, and higher scores on general health questionnaires.[31]

What is Health Impact Assessment?

Conceptually related to environmental impact assessment, HIA is commonly defined as "a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population."[33] Internationally, organizations, governments, and public health practitioners have developed HIA using a diverse range of methods and approaches.[34,35] HIA methods have been applied to subjects ranging from neighborhood renewal and transportation infrastructure to economic and agricultural policies, integrated with or distinct from environmental impact assessment (EIA) processes. Some countries, including New Zealand and Australia, have published explicit guidance for health analysis within the EIA process. In other settings, notably, the U.K, Ireland, and Wales, HIA is conducted through multi-stakeholder oversight in a process independent from environmental impact analysis.[36] In a more recent example, residents in Nova Scotia developed a set of health impact criteria to be used in the evaluation of all local policy.

According to the UCLA Health Impact Assessment website[37], advocates and practitioners of HIA view it as having the potential to:

- Identify "those activities and policies likely to have major impacts on the health of a population in order to reduce the harmful effects on health and to increase the beneficial effects." Northern and York Public Health Observatory, 2001
- Highlight potentially significant health impacts that are either unknown, under-recognized, or otherwise unexpected.
- Facilitate inter-sectoral action for health promotion by bringing a consideration of health issues into decision-making in other sectors, for instance in agriculture, education, or economic policy.
- Assess distributional effects between population subgroups, including existing health disparities, as well as differential effects of policies on various population subgroups.

Steps in the typical HIA process are not dissimilar from the more common EIA. These include screening, scoping, analysis, reporting, and monitoring. However, HIA is also distinct from EIA as it is a voluntary assessment not bound in scope or approach by the procedural requirements and past practice of EIA. In general, HIA differs from the traditional EIA in several additional significant ways:

- HIA is voluntary;
- HIA evaluates environmental, social, and economic effects using a health lens;
- HIA estimates benefits as well as adverse consequences;
- HIA evaluates the distribution of impacts on diverse populations; and,
- HIA uses quantitative and qualitative methods.

For many practitioners, HIA reflects a set of values as much as an explicit set of procedures. According to the International Association of Impact Assessment (IAIA), the core values of HIA are:[38]

- Democracy—the right of people to participate in the formulation and decisions of proposals that affect their life, both directly and through elected decision makers.
- Equity—the desire to reduce inequity that results from avoidable differences in the health determinants and/or health status within and between different population groups.
- Sustainable development—development meets the needs of the present generation without compromising the ability of future generations to meet their own needs.
- Ethical use of evidence—transparent and rigorous processes are used to synthesize and interpret the evidence, that the best available evidence from different disciplines and methodologies is utilized, that all evidence is valued, and that recommendations are developed impartially.
- Comprehensive approach to health—physical, mental, and social well-being is determined by a broad range of factors from all sectors of society.

What is Health Impact Assessment? (continued)

The IAIA also succinctly summarizes the rationale for HIA in environmental planning:

Development planning without adequate consideration of human health may pass hidden 'costs' on to affected communities, in the form of an increased burden of disease and reduced well-being. From an equity point of view, it is often marginalized and disadvantaged groups who experience most of these adverse health effects. From an institutional point of view, it is the health sector that must cope with development-induced health problems and to which the costs are incurred of dealing with an increased disease burden. HIA provides a systematic process through which health hazards, risks and opportunities can be identified and addressed upstream in the development planning process, to avoid the transfer of these hidden costs and to promote multi-sectoral responsibility for health and well-being.

IV. EASTERN NEIGHBORHOODS COMMUNITY HEALTH IMPACT ASSESSMENT

THE EASTERN NEIGHBORHOODS COMMUNITY HEALTH IMPACT ASSESSMENT (ENCHIA) process occurred in a number of distinct stages.

ENCHIA Timeline and Stages

Stage 1: Planning a Health Impact Assessment (Fall 2003–Summer 2004)

Stage 2: Developing the Community Council Structure (November 2004)

Stage 3: Developing a "Healthy City Vision" (November 2004–December 2004)

Stage 4: Producing "Community Health Objectives" (December 2004–March 2005)

Stage 5: Generating "Measurable Indicators and Element Profiles" (April 2005– August 2005)

Stage 6: Researching and writing "Policy/Strategy Briefs" (September 2005–December 2005)

Stage 7: Developing the "Healthy Development Measurement Tool" (March 2006 –May 2006)

ENCHIA Community Council process formally ends (May 2006)

Each stage is described in more detail below. A summary of the stage, key outcomes/achievements, and tasks/activities are described at the beginning of each section. ENCHIA lessons learned are described following a review of the stages. To a large extent, these stages and associated tasks were determined as the process unfolded and based on identified needs. There was also significant overlap between these stages, as tasks and activities were completed and reviewed by the Council.

Stage 1. Planning a Health Impact Assessment (Fall 2003–Summer 2004)

SUMMARY:

In this stage, SFDPH identified a set of values and principles to guide the HIA process, both philosophically and programmatically. Through conversations with Eastern Neighborhoods stakeholders, a preliminary process design was outlined, along with project goals and objectives. Finally, based on established geographic boundaries and an understanding of the interests impacted by development, a number of organizations were invited to join the Community Council of the Eastern Neighborhoods Community Health Impact Assessment.

KEY OUTCOMES/ACHIEVEMENTS:

- Established guiding principles for the process
- Determined the overall HIA process design
- Selected participants for the ENCHIA Community Council
- Established a geographic area of focus

TASKS/ACTIVITIES:

- Conducted research on participatory process design
- Outreached and met with Eastern Neighborhoods stakeholders
- Invited community stakeholders and City agencies to participate formally in the process

A. GUIDING PRINCIPLES

SFDPH's planning for the HIA was based on a set of guiding principles. SFDPH had experience in conducting HIA as expert analysts but felt a community process was essential to meaningfully identify and analyze the scope of issues in the Eastern Neighborhoods HIA. Most important, the assessment needed to connect land use planning to the needs, aspirations, and daily lives of neighborhood residents, recognizing the influences of land use on the realities of work, housing, and family.

While some models of HIA provided for stakeholder oversight, SFDPH felt existing models could be improved to fulfill local stakeholder needs. Therefore, planning for the HIA began with defining a set of needs and principles, which included:

- Evaluating social and economic effects not considered in EIA;
- Using a broad definition of health to consider the comprehensive effects of planning;
- Creating meaningful participation opportunities for socially marginalized stakeholders;
- Allowing participating stakeholders to have power in determining the scope of the assessment;
- Valuing community experience as evidence;

- Providing scientific methods and data as a response to questions emerging from the process; and
- Using deliberative and consensus-building methods in decision-making.

The rationale for many of these principles has been established in the literature on participatory planning and democratic decision-making. For example, critiques of environmental policy-making have demonstrated that data and evidence produced by experts often serve as a proxy for community experience despite the fact that experts do not share the experiences, interests, visions, or values of affected communities. Relying only on experts and evidence ignores valuable experiential knowledge, disempowers community experience, and also shifts the policy discussion from social and political questions to technological ones.[39 40] Those attempting to critique policy analysis processes have been forced to discuss technical issues isolated not only from the assumptions of the methods, but also from the broader public agenda and from the issues of institutional legitimacy and public trust.[41 42]

In 1969, Sherry Arnstein published her "Ladder of Participation" criticizing typical public participation in planning as placation and instead, articulating criteria for meaningful public involvement in decision-making.[43] Others have argued that meaningful participation can make explicit competing values and interests, identify problems hidden to experts, create opportunities to articulate and advance a common interest, contribute ideas for solutions, and provide the buy-in necessary for effective policy implementation.[44 45]

More recently, deliberative approaches to policy assessment are demonstrating new roles for non-experts in policy analysis.[46] In the Danish Board of Technology's Consensus Conference, citizens reflected and deliberated with experts about the evidence on a particular science or technology issue and provided politicians a consensus report of their findings and recommendations.[47] In contrast to the privilege typically given to experts, these methods began to place science and expertise at the service of community experiences and common-sense appraisals of technological policy. Thus, to capture the knowledge and expertise of all groups, SFDPH decided to incorporate deliberative decision-making approaches into the ENCHIA process.

B. HIA PROCESS DESIGN

Based on these guiding principles, SFDPH began to plan a process radically different from traditional environmental review practice. The planning process began in January 2004, with the establishment of a workgroup comprising SFDPH and Planning Department staff to jointly plan a community HIA of rezoning and land use plans occurring in the Mission, SoMa, and Potrero Hill neighborhoods. As part of the planning process, SFDPH staff met with public and private stakeholders in one-on-one settings to understand better the value of a "health impact assessment" process for the Eastern Neighborhoods.

These public and private organizations represented a variety of interests, including planning and land use, families and children, health and human services, neighborhood advocacy, transit, bicyclists, pedestrians, labor, and housing. SFDPH staff understood that the HIA would be most effective if it were shaped by a diverse group of interests, including those traditionally at the opposite ends of the development spectrum. As a

result, SFDPH staff also met with property-owners, developers, and politicians to understand their views of what an HIA might provide to the Eastern Neighborhoods Planning Process.

Over the course of six months, SFDPH staff met with approximately two-dozen groups whose work intersected with development in the Eastern Neighborhoods. Staff asked a number of critical questions about the structure, outcomes, and potential influence of the process. Based on these conversations, as well as research on international best practices in HIA, SFDPH staff proposed a set of tentative goals and a plan for the assessment process. The assessment plan envisioned that a Community Council, through a facilitated group process, would identify potential health effects of the proposed rezoning.

The Community Council would also identify challenges to healthy development and make specific recommendations for land use controls and policies to promote residents' health. SFDPH would establish the Community Council, including Eastern Neighborhoods stakeholders and City agencies, to oversee and conduct the HIA. SFDPH would serve in multiple roles, including convener, facilitator, and staff providing technical resources.

Luis Granados, ENCHIA Community Council Member

"I joined the ENCHIA project because it sought to create an explicit connection between land use planning and people's quality of life. This type of connection is not often made. I supported the process because it was one of the first times that a public agency sought to connect good planning to people's quality of life. In the last 12 years, no San Francisco public agency has concerned itself with thinking about and/or implementing good planning."

HIA Process Design Summary

PROCESS DESIGN— sustained dialogue in a Community Council structure using collaborative, consensus-based decision-making methods; Council to determine the content and focus of the HIA; SFDPH to guide and staff the assessment process, gather data, conduct research, and produce group products; all products to be reviewed, critiqued, and amended based on Council deliberation.

COUNCIL CHARGE— attend monthly 2.5-hour meetings where participants would actively gather and deliberate on information and evidence necessary to make recommendations for mitigations and improvements.

PROJECT GOALS

1) Collectively identify and analyze the likely impacts of land use plans and zoning controls on community concerns, including housing, jobs, and public infrastructure;
2) Provide recommendations for land use policies and zoning controls that promoted community priorities;
3) Promote meaningful public involvement and consensus in land use policy-making;
4) Develop capacity for inter-agency working relationships; and
5) Illustrate the feasibility of HIA methods.

EXPECTED PRODUCTS

- Consensus positions on the health resources needed from the Eastern Neighborhoods planning;
- Recommendations for land use controls, policies, and design strategies to promote and protect health through planning and zoning;
- Monitoring indicators to track long-term progress towards healthy development.

While the process included discrete objectives and outcomes, it did not specify the tasks, steps, and tools required for their achievement. Collectively, SFDPH staff had access to and familiarity with many tools of collaboration and consensus building, but wanted the Community Council to select and direct the use of these tools in the course of shaping the process.

C. OUTREACH AND SELECTION OF COMMUNITY COUNCIL PARTICIPANTS

By August 2004, SFDPH staff judged that the HIA principles, objectives, and resource needs were sufficiently informed by stakeholder interests to achieve a commitment for their participation. SFDPH staff allocated 18 months to complete the process and approximately 40 organizations were identified as potential Community Council members. Potential participants were identified by SFDPH staff based on geographic and content-based representation. These groups also represented a range of interests that were affected directly or indirectly by the rezoning and planning process. (*See Appendix 1, Matrix of Potential ENCHIA Participants/Stakeholders.)*

In October 2004, SFDPH invited these organizations to be members of the Community Council, trying to maintain balanced representation with respect to geographical neighborhoods and organizational interests. Ultimately, about 25 organizations and individuals agreed to participate on the ENCHIA Community Council. Members of the Council represented a number of broad interests, including community planning and design, economic and neighborhood development, environmental justice, homeless, open space, housing, transportation, bicycle advocacy, low-wage and union workers, food systems, child care and childhood development, non-profit and private developers, property-owners, architects, and small businesses. These organizations accomplished their work in a number of different ways, including through issue-based and legal advocacy, direct service provision, grass-roots organizing, research, and policy analysis. The diversity of participants was meant to ensure a balance of interests and to foster dialogue that made transparent the multiple and often competing development interests in San Francisco.

The following organizations chose to participate on the ENCHIA Community Council:

- American Lung Association
- Asian Neighborhood Design
- Center for Human Development
- Charlie's Place
- Citizens Housing Corporation
- GCA Strategies
- Jackson Pacific Ventures
- Jardiniere / Nextcourse
- Low Income Investment Fund
- Mission Community Council
- Mission Economic Development Agency (MEDA)

- Mission SRO Collaborative
- Morrison & Foerster Law Firm
- Neighborhood Parks Council
- Okamoto-Saijo Architecture
- People Organized to Win Employment Rights (POWER)
- People Organizing to Demand Environmental and Economic Rights (PODER)
- Potrero Boosters Neighborhood Association
- SEIU Local 790
- SF Bicycle Coalition
- SF Community Land Trust
- SF Community Power
- SF Food Systems/Food Alliance
- SF YouthWorks
- South of Market Community Action Network (SOMCAN)
- South of Market Employment Center (SOMEC)
- South of Market Family Resource Center
- Tenants and Owners Development Corporation (TODCO)
- Transportation for a Livable City
- Urban Habitat
- Walk San Francisco

SFDPH staff also asked several City agencies to participate in and support the ENCHIA process by participating in the Council, answering questions regarding agency programs and policies, and sharing agency-specific planning and assessment data. The following City agencies provided technical support to the Council:

- SF Planning Department
- SF Department of Public Health
- SF Department of Parking and Traffic
- SF Municipal Transportation Agency
- SF Police Department
- SF Recreation and Parks Department
- SF Redevelopment Agency
- The Office of Supervisor Sophie Maxwell
- The Office of Supervisor Tom Ammiano
- The Office of Supervisor Chris Daly

SFDPH also recruited a Technical Advisory Committee (TAC) to provide discipline-specific expertise to project staff and address the Community Council's questions and needs. The TAC represented national, local, and community-based professionals and academics from disciplines such as land use and urban planning, public health, economic development, environmental health and regulation, law, housing, community development, social and environmental justice, and economics. The Center for Collab-

orative Policy at California State University, Sacramento was also asked to provide ongoing consultation on the consensus-building aspect of the process, and Dr. Jason Corburn, from Columbia University's Mailman School of Public Health, was brought on as an independent evaluator to the process.

Illustrated here are the physical boundaries of the Eastern Neighborhoods considered in the ENCHIA process. It included the Mission, Eastern South of Market, and Potrero Hill/Showplace Square. Because Bayview/Hunters Point was significantly further along and had a community oversight committee in their rezoning and planning process, they were excluded from the HIA. The Western South of Market was also excluded because a separate citizen's planning process was established to develop a neighborhood plan for that community.

Stage 2: Developing the Community Council Structure (November 2004—January 2005)

SUMMARY:

In this stage, the ENCHIA Community Council was launched with over 25 organizational and individual participants. Initial ENCHIA meetings focused on Council participants getting to know each other, getting educated on related content areas, and getting acquainted with the process. Early on, the Council focused on identifying interests missing from the ENCHIA Council and establishing criteria for new members to participate. The group also established ground rules for communication and decision-making.

KEY OUTCOMES/ACHIEVEMENTS:

- Launched Community Council
- Created guidelines for new member participation on Community Council
- Established ground rules for communication and decision-making

TASKS/ACTIVITIES:

- Determined good meeting times and locations
- Reviewed variety of potential ground rules
- Provided educational presentations on land use and health, zoning, and HIA
- Conducted exercise to ascertain participant interests and constituents

A. COMMUNITY COUNCIL LAUNCH AND LOGISTICS

The inaugural ENCHIA Community Council meeting was held on November 17, 2004. The group made a commitment to meet monthly through May 2006, with working groups meeting as needed between monthly meetings. The Council was structured as a collaboration with agreed upon rules for decision making. The expectation was that the Council would determine the content and focus of the HIA. SFDPH would guide and staff the assessment process, gather data, conduct research, and produce group products. All products would be reviewed, critiqued, and amended based on Council deliberation.

Meetings were scheduled the third Wednesday morning of every month and were held at the offices of San Francisco Goodwill, an Eastern Neighborhoods location easily accessible by public transit. Staff provided meeting agendas, products from previous meetings, data, and reports to review in advance. In most instances, staff distributed a summary of key discussion points, findings, and next steps after each meeting. Given the intense expected time commitment, Council members representing nonprofit organizations were offered modest stipends for their participation. Refreshments were provided at each meeting. A project website posted meeting information and related materials.

Initial ENCHIA meetings focused on Council participants getting to know each other, building a safe space for discussion, and getting acquainted with the process. SFDPH staff presented the ENCHIA process and its goals. An education component was incorporated into the first several meetings to ensure that participants all had a baseline understanding of relevant aspects of the process and project. Presentations on consensus-building, HIA, health and land use relationships, the Eastern Neighborhoods Planning Process, and zoning were provided in the monthly meeting setting. Reading and reference materials were also distributed to the Council.

B. DEFINING ENCHIA PARTICIPATION

Early in the process, the Council spent substantial time trying to determine if its members adequately represented all stakeholders affected by planning. The Council conducted an "interests" exercise to identify stakeholder gaps in Council membership and to identify ways to balance those interests. The exercise distinguished participant "interests" (i.e., what Council members expected to derive from achieving the process) from "positions" (i.e., what Council members believed should be done to address their needs). "Interests" were described as related to underlying motivations; "positions" as related to participant demands, terms, and conditions. Participants were asked to list the interests they represented and benefits they hoped to derive from the process. They were also asked to list any stakeholder interests they perceived to be inadequately represented on the ENCHIA Community Council.

Through this process, staff heard from many members that several specific interests should be better represented—specifically developers, property-owners, small businesses, and resident organizations. Some Council members considered developers a key stakeholder group as they had substantial economic and political influence in development decision-making; conversely, others felt that, because developers were typically not living in the neighborhoods, their role on the Council should be limited to providing information on the feasibility of strategies. *(To fill this gap in information, ENCHIA staff conducted key informant interviews and focus groups, which are later discussed in detail on page 48.)*

Most members of the Council expressed interest in more diverse ethnic and age group representation. To fill these gaps, participants identified a number of new groups to join the process to improve the composition of the Council.

In addition, growing public and political attention to the ENCHIA process brought new organizations to the group, including land use developers and their representatives. Council dialogues on membership illustrated a desire to be open and inclusive to new organizations and individuals. However, there was a keen recognition that as new members joined, they needed to be attentive to the work and agreements already accomplished by the process. Ultimately, the Council agreed on the following:

- Participation on the Council and in the process should be open and inclusive;
- Participation should represent interests missing or inadequately represented;
- New members should make commitments to participate in Council and subgroup meetings;

- Proposed participants must go through an orientation process with the understanding that they are committing to the ENCHIA vision, values and elements of a healthy community, are willing to partake in ENCHIA and subgroup work, and respect ENCHIA decisions made prior to their participation;
- Participants must be committed to consensus-building as a decision-making model; and
- Participants should represent organizational, not individual, interests.

Participants were welcome to join the process subject to these conditions. Staff evaluated potential participation based on the following questions:

- What interest or need does the proposed group represent?
- Does the proposed group fill a need or gap in existing Council make-up?
- Is the interest or need being represented by anyone at the table?

C. GROUND RULES

Ground rules for communication and decision-making were also established. The Council desired a consensus-based approach to decision-making, where decisions were the result of group dialogue and deliberation. The Council agreed, in principle, that a super-majority but not perfect unanimity was necessary to make decisions. Minority opinions should be reflected in public positions and documents. Examples of group consensus decisions are reflected in positions the Council took on specific City policies, such as inclusionary zoning, downtown parking maximums, and SRO regulations. (*These policy positions are described on page 56.*)

ENCHIA Community Council Ground Rules

- Focus on interests, not positions.
- Be expressive of your interests and points of view.
- Share all relevant information.
- Explain the reasons behind your statements, questions, and actions.
- Jointly design ways to test disagreements and solutions.
- Be specific—use examples.
- Make statements then invite questions.
- Be open to listening to other view points.
- Be considerate of other opinions and interests.
- Discuss difficult issues when necessary.
- Disagree openly and respectfully with any member of the group.
- Listen to understand.
- Keep the discussions focused.
- Make effort to find common interests.
- Agree on what important words mean.
- Make decisions by consensus.

Stage 3: Developing a *Healthy City Vision* (November 2004—December 2004)

SUMMARY:

This stage of the ENCHIA process was geared towards developing a vision and understanding of the attributes of a healthy city. This stage also served to highlight that many participants had common concerns for their neighborhoods. ENCHIA participants worked together to generate an illustration of their Healthy City Vision.

KEY OUTCOMES/ACHIEVEMENTS:

- Developed *Healthy City Vision*
- Established six elements of the *Healthy City Vision*—1) environmental stewardship, 2) safety and security, 3) public infrastructure, 4) access to goods and services, 5) adequate and healthy housing, and 6) healthy economy. Social cohesion and social/economic diversity were selected as overarching goals to consider for all elements.
- Recognized that participants had common concerns about their neighborhoods

TASKS/ACTIVITIES:

- Brainstormed elements that comprise a healthy city
- Individual and group drawings of specific elements

A. PROCESS / ACTIVITIES

The first step in the ENCHIA process was geared towards providing equal opportunities for ENCHIA participants to express their desires and vision for the Eastern Neighborhoods. The goal was to illustrate the commonality of concerns that diverse participants shared for their communities and identify key attributes of healthy communities.

To accomplish this, participants were asked to break out into four small groups and draw or write on butcher paper their responses to the question, "What does a healthy community look like or include?" Smalls groups all identified physical, social, and qualitative dimensions in their drawings. (*See Appendix 2 for Council List of Healthy City Vision Attributes.)* Key social attributes suggested by participants included secure livelihood (i.e., a healthy paycheck), social interaction in public places, diverse political representation, and living near extended families. Particularly notable were less tangible qualities of a city such as being legible, welcoming, safe, accessible, and open. For example, the Council recognized *legibility* as a characteristic of a place that aided people in accessing information and that provided a sense of safety and belonging. The Council drew a link between these functions and mental and

Bob Hernandez, ENCHIA Community Council Member

"ENCHIA provided the community with the opportunity and a forum to become meaningfully engaged in discussing issues relevant to a more healthy city not only for ourselves but also for our friends, neighbors, and families. Hopefully this is only the beginning of a collective effort to shape a more healthy San Francisco for all of us."

physical health. Also discussed was how a city communicates to its residents—ideas included community bulletin boards, non-commercial radio, and wireless access.

One Council participant integrated the independent drawings into a composite *Healthy City Vision*. Photos of that composite drawing are distributed throughout this report. Staff asked Council members to bring something that represented a healthy community to them. The idea was to illustrate that aspects of a healthy community surround us. For example, one participant shared an example of a flyer posted with personal contact information at a local grocery store. It signified to her that the grocery store was a place where the community felt safe enough to make such a posting.

Descriptions of the attributes of a healthy city were remarkably consistent among groups. For instance, all groups identified the need for affordable housing, clean air, and good schools. To organize the drawings into words, ENCHIA staff initially organized the *Healthy City Vision* into six "elements" that broadly described the attributes reflected in the drawings. These elements include environmental stewardship, safety and security, public infrastructure, access to goods and services, adequate and healthy housing, and healthy economy. Two additional elements, "social/economic diversity" and "social cohesion" were also identified by the Council. However, the Council agreed that those elements should not be distinguished as separate attributes of the vision; they instead represented key tenets of all of the defined elements. For example, rather than create a goal of social and economic diversity separate from "adequate and healthy housing," the Council envisioned "social and economic diversity" as an essential aspect of the "adequate and healthy housing" element. This approach would ensure that the Council's vision for a diverse City could not be achieved without "social/ economic diversity" and "social cohesion." Later, the *Healthy City Vision* was refined into seven elements, breaking out Sustainable Transportation, Public Safety, and Community Participation as distinct elements.

ENCHIA Evaluation Response

"I've been in community planning processes before, but not one that involved thinking about health in this broad a way."

B. OUTCOMES

The *Healthy City Vision* served as an opportunity to illustrate that many participants had common concerns about their neighborhoods—that their "interests" overlapped and served to create goals to plan for a healthy city. Today, the ENCHIA *Healthy City Vision* is summarized by the following seven elements:

- ENVIRONMENTAL STEWARDSHIP: 1) clean air and water, 2) renewable and local energy sources, 3) sustainable and green infrastructure, 4) healthy habitats, and 5) sustainable agriculture.
- SUSTAINABLE AND SAFE TRANSPORTATION: 1) multiple transportation options, 2) affordable and accessible public transit, and 3) fewer cars on roads.
- PUBLIC SAFETY: 1) safe and walkable streets and sidewalks, 2) clean and accessible public spaces, and 3) the absence of crime and violence.
- PUBLIC INFRASTRUCTURE/ACCESS TO GOODS AND SERVICES: 1) quality schools and child care, 2) safe parks, playgrounds, and sports/recreation areas, 3) neighborhood commercial districts to meet daily needs, 4) active street life and uses, 5) healthy and affordable foods, 6) community services and resources for youth and seniors, 7) space for community leisure activities, and 8) disability access.

- ADEQUATE AND HEALTHY HOUSING: 1) affordable, 2) safe from physical hazards, 3) stable and secure, 4) diverse in terms of type and size, 5) located in mixed-income and mixed-race communities of friends and neighbors, and 6) located in close proximity to access to jobs, education, goods, and services.
- HEALTHY ECONOMY: 1) jobs that are safe, pay living wages, and provide insurance and other benefits, 2) diverse employment opportunities for residents and individuals with a range of education, languages, and skill levels, 3) locally owned businesses, 4) a local economy where money is flowing through the neighborhood, and 5) does not harm the natural environment.
- COMMUNITY PARTICIPATION: 1) active engagement of community members affected by proposed development; 2) community involvement in proposal visioning/planning, allocation of responsibility, appraisal/data collection, decision-making, monitoring, and evaluation; 3) opportunities for public comment on proposal; 4) open and transparent discussion about tradeoffs; and 5) accountability and compliance of specific projects with general plans.

Stage 4: Producing *Community Health Objectives* (December 2004—March 2005)

SUMMARY:

After creating the *Healthy City Vision,* Council members worked to refine the elements of their Vision into distinct objectives to which the Eastern Neighborhoods Planning Process could be held accountable. These *Community Health Objectives* represented clear actions that, if achieved, would accomplish the *Vision* and result in greater and more equitable health assets and resources for San Francisco residents and workers.

KEY OUTCOMES/ACHIEVEMENTS:

- Developed 27 *Community Health Objectives* to which the Eastern Neighborhood's rezoning could be held accountable
- Established subgroup structure around each element of the *Healthy City Vision*

TASKS/ACTIVITIES:

- Translated *Healthy City Vision* elements and images into objectives
- Met monthly as subgroups to develop language around *Community Health Objectives*

A. PROCESS / ACTIVITIES

Once the Council created the *Healthy City Vision,* the group moved on to develop *Community Health Objectives* that would accomplish the vision and ultimately result in greater and more equitable health assets and resources for San Francisco residents. Six Council subgroups were established to focus on each of the elements. Initially, the goal of the subgroups was to identify methods to measure the *Healthy City Vision* and see how well the Eastern Neighborhoods were performing against that vision. An important first step in that process was to translate the *Healthy City Vision* elements into measurable objectives. For instance, one attribute illustrated in the visioning process was "public health services." However, before the group proceeded to identify measures of "public health services," that attribute was translated into an objective—"Assure affordable and high quality public health facilities."

The translation of vision elements into objectives provided the ENCHIA process with a set of distinct goals to hold the rezoning accountable to as the process advanced. In light of the ongoing, parallel Eastern Neighborhoods Planning Process, the Council identified objectives that could be compared to the rezoning plan to assess the extent to which they were being addressed. Generally, there was wide agreement among the Council and its subgroups that the objectives identified through the process were both important to health and relevant to land use. For example, safety for pedestrians depended on traffic and the design of sidewalks which could be affected by limits on parking and public realm design and improvement requirements. The diversity and intensity of uses—homes, jobs, schools, and services—affected travel choices

ENCHIA Evaluation Response

"The most impressive thing was its broad scope and inclusion of issues, like street intersections, supermarkets, and community facilities, as central health issues. I can't think of another process in this city that used such a broad definition of health and gathered evidence to support it."

and thus environmental quality, particularly air quality and noise. The integration of retail and commercial space with residential uses also affected safety from crime.

However, not all objectives were actionable by land use or design rules. For example, rules could encourage or require a retail use but not ensure that it would provide quality, healthy products. Actionable links between land use and employment conditions were also limited. Although contributions to community benefits agreements could help address some of these objectives, some of the objectives could be addressed only through broader policy actions by city agencies.

In addition, Council discussions raised numerous ways that the community objectives were linked to each other and could sometimes be in conflict. For example, locating industrial and residential uses in neighboring areas would shorten travel distances between work and home and between business suppliers and businesses. This could also generate conflict because of the risks presented to residents, pedestrians, and bicyclists from increased noise, heavy vehicle and truck traffic, and air pollution, as well as decreased environmental quality of parks and open spaces. Conversely, improving public spaces and the pedestrian environment would be positive for both retail businesses and neighborhood residents. Similarly, providing housing for all income levels could improve air quality by decreasing intra-regional commutes and their resultant air pollution. Developing green industries with well-paid jobs would support both economic health, access to goods and services, and, in the long run, prevent violence.

Trade-offs among Community Health Objectives

All public policy decisions involve trade-offs. The process of developing *Community Health Objectives* revealed many examples of these trade-offs. The goal in this stage was not to weigh conflicting priorities and goals, nor advocate for or discourage any specific means of evaluating these trade-offs. Rather, the goal was to highlight a set of objectives that the City should seek to accomplish collectively over time and bring to light the trade-offs. Several examples of the types of trade-offs include:

- Promoting attendance at neighborhood-based schools might also result in more segregated schools as neighborhoods are often racially and economically homogeneous.
- Limited land supply meant competition between land available for housing, parks, industry and other desired uses.
- Mixed-use developments and higher densities could be associated with higher population exposure to air pollution and noise.
- Abiding by LEED or Energy Star standards, or exacting impact fees could increase the ultimate cost of housing for consumers.
- Development of green roofs could compete with the use of roofs for solar energy production.
- Efforts to promote high-wage industries requiring higher levels of education or language attainment might limit the available space for industries providing blue-collar jobs.

The Council agreed that, given the holistic approach of the process, *Community Health Objectives* that did not relate directly to land use should be kept as ENCHIA objectives. The Council also felt it was important to proceed with the HIA in such a way that acknowledged the potential conflicts among objectives. Highlighting these conflicts would be an important step in bringing to light the competing interests in the Eastern Neighborhoods rezoning process.

B. OUTCOMES

Over the course of three months, subgroups developed and refined the objectives so that the objectives were amenable to measurement. Today, there are 27 *Community Health Objectives* organized as follows:

ENVIRONMENTAL STEWARDSHIP (ES)

Objective ES.1	Decrease consumption of energy and natural resources
Objective ES.2	Restore, preserve, and protect healthy natural habitats
Objective ES.3	Promote food access and sustainable urban and rural agriculture
Objective ES.4	Promote productive reuse of previously contaminated sites
Objective ES.5	Preserve clean air quality

SUSTAINABLE AND SAFE TRANSPORTATION (ST)

Objective ST.1	Decrease private motor vehicles trips and miles traveled
Objective ST.2	Provide affordable and accessible transportation options
Objective ST.3	Create safe, quality environments for walking and biking

PUBLIC SAFETY (PS)

Objective PS.1	Improve accessibility, beauty, and cleanliness of public spaces
Objective PS.2	Maintain safe levels of community noise
Objective PS.3	Promote safe neighborhoods free of crime and violence

PUBLIC INFRASTRUCTURE/ACCESS TO GOODS AND SERVICES (PI)

Objective PI.1	Assure affordable and high-quality child care for all neighborhoods
Objective PI.2	Assure accessible and high-quality educational facilities
Objective PI.3	Increase park, open space, and recreation facilities
Objective PI.4	Assure spaces for libraries, performing arts, theatre, museums, concerts, and festivals for personal and educational fulfillment
Objective PI.5	Assure affordable and high-quality public health facilities
Objective PI.6	Assure access to daily goods and service needs, including financial services and healthy foods

ADEQUATE AND HEALTHY HOUSING (HH)

Objective HH.1	Preserve and construct housing in proportion to demand with regards to size, affordability, tenure, and location
Objective HH.2	Protect residents from involuntary displacement
Objective HH.3	Increase opportunities for home ownership
Objective HH.4	Increase spatial integration by ethnicity and economic class

HEALTHY ECONOMY (HE)

Objective HE.1	Increase high-quality employment opportunities for local residents
Objective HE.2	Increase jobs that provide healthy, safe, and meaningful work
Objective HE.3	Increase equality in income and wealth
Objective HE.4	Increase benefits to communities impacted by development
Objective HE.5	Promote industry that benefits and protects natural resources and the environment

COMMUNITY PARTICIPATION (CP)

Objective CP.1	Assure equitable and democratic participation throughout the planning process

Stage 5: Generating *Measurable Indicators and Element Profiles* (April 2005—August 2005)

SUMMARY:

In this stage, the ENCHIA process worked to identify indicators of community health that could help measure how well the City was performing with respect to the ENCHIA *Healthy City Vision* and *Community Health Objectives.* Council subgroups and ENCHIA staff gathered a significant amount of data to generate baseline data profiles. Staff also completed qualitative research on how development was impacting specific population subgroups underrepresented on the Community Council as well as on the relationship of health to psycho-social employment attributes.

KEY OUTCOMES/ACHIEVEMENTS:

- Gathered data on over 100 measurable community health indicators
- Generated five *Element Profiles* using quantitative data on selected indicators
- Completed study and report titled: *Tales of the City's Workers: A Work and Health Survey of San Francisco's Workforce*
- Completed study and report titled: *Eastern Neighborhood Community Health Impact Assessment: Results from a Community Assessment of Health and Land Use*

TASKS/ACTIVITIES:

- Conducted research on characteristics of good indicators
- Subgroups collected and reviewed baseline data on selected indicators
- Disaggregated indicators by variables of interest such as race/ethnicity, income, and geography
- Presented data to the larger Council to get feedback on selected indicators and ideas for new indicators
- Conducted numerous focus groups and key informant interviews to complete qualitative studies

After developing and refining the *Community Health Objectives,* subgroups moved onto proposing candidate indicators on which to gather baseline data to measure progress towards each *Community Health Objective.* Ultimately, the Council reviewed and critiqued data profiles for five elements (environmental stewardship, adequate and healthy housing, healthy economy, access to goods and services, and public infrastructure). These *Element Profiles* would help quantify specific neighborhood needs and assets and highlight disparities between the Eastern Neighborhoods and the City.

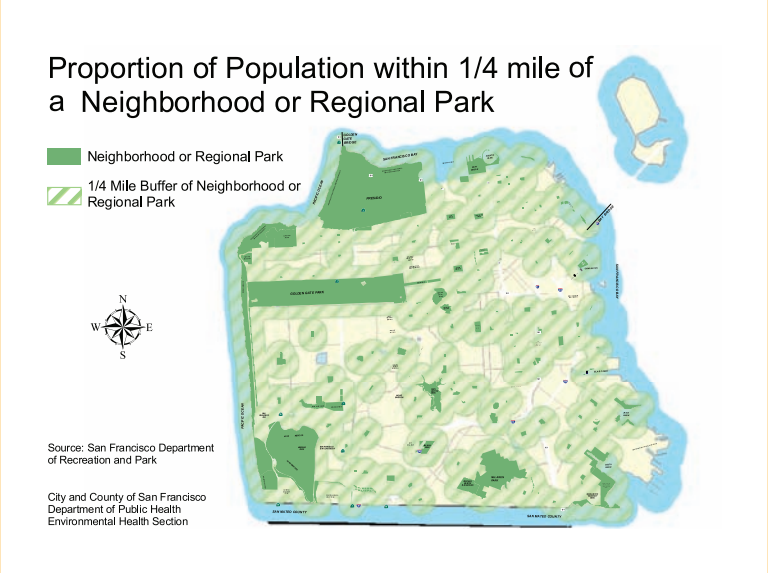
A. PROCESS / ACTIVITIES

After preliminary input from the Council, staff and Council subgroups attempted to gather data on identified indicators, with the goal of creating data profiles for each of the *Healthy City Vision* elements. City agencies participating in the ENCHIA process provided valuable input and support during this period by helping to identify indicators and knowing what data their agencies maintained. They often helped obtain, present, and discuss strengths and limitations of the data.

Good indicators were defined as those that were meaningful and valid, regularly collected, reliably measurable and/or observable, actionable, and motivating. Over the course of four months, the Council reviewed indicators and data, brainstormed ways to present the information, and addressed subgroup questions regarding objectives that were difficult to quantify. These discussions were key in clarifying and amending the data presented in the *Element Profiles.*

An Example of Data Use

The San Francisco Recreation and Parks Department (SFRPD) was a participant in the ENCHIA process, providing invaluable data and technical assistance on the significance and limitations of the data they shared. In this example, the location of parks was provided by SFRPD and mapped by staff at SFDPH. Open space distribution was used to assess resident proximity to natural and social environments.



The map illustrates where parks are located throughout the City and which neighborhoods are within ¼ mile proximity to those parks. Additional data highlight that the Eastern Neighborhoods comprised 7% of San Francisco's land area and 11% of the population. And while 6,410 acres of open space exist in San Francisco, only 57 acres of open space were located in the Eastern Neighborhoods (0.9% of the total open space).

This data was used in a number of ways. For example, in the ENCHIA process, the map highlighted areas within the Eastern Neighborhoods lacking parks and provided evidence for requiring parks or development contributions for parks through land use regulations. Council members also independently used these data to advocate for a development impact fee for the Rincon Hill Special Use District in 2005. However, while this indicator spoke to spatial accessibility and the disparities between neighborhoods, it did not illustrate open space quality, safety, or usage. As a result of this assessment, the group proceeded to identify an indicator of parks quality to supplement its picture of parks access.

The Council provided critical insights about the quality, meaning, and degree of representation of indicators data, generally observing that routinely collected public agency data typically provide an incomplete picture of neighborhood conditions. For example, in discussing the safety of a place like the 16th St. BART station, the group noted that there were meaningful differences between safety as measured by a crime rate, as conveyed in media reports or surveys, and as reflected by the number of people walking in the area. According to some Council members, crime data available through the Police Department not only inadequately described the "safety" of a particular setting but also served to stigmatize an area in a way that may be counterproductive to safety.

The inability to locate information on the *quality* of public services and infrastructure was a recurring concern for Council members. For example, proximity to a service or service capacity was often used as a measure for the adequacy of parks and educational, health, or child care facilities. Such information did not convey whether public infrastructure was safe, culturally and linguistically appropriate, attractive, functional, or provided the services actually desired by the local population. The Council members agreed it was incumbent on them and on SFDPH staff to locate more qualitative information to supplement and inform the quantitative data collected.

The Council also requested that community health indicators data be disaggregated by neighborhood, race, and income, when possible. Many Council members provided service or advocacy on behalf of socially excluded or vulnerable groups and wanted the status of these populations reflected in the data.

Another common issue raised by members in reviewing the *Element Profiles* was, "Who is being counted?" For example, counting bicyclists at midday would not have counted those who use bicycles to get around at night. Similarly, the presence of art galleries would not be an indicator of cultural expression across all communities. Throughout these conversations, the Council asked questions to ascertain whether selected measures were appropriate for all cultures and contexts. In the context of the Eastern Neighborhoods rezoning, this issue was particularly important given the diversity of residents and businesses. Other questions included how San Francisco defined population groups and housing needs and how the City could potentially develop and utilize economic development criteria to advance health and well-being.

B. OUTCOMES

By the end of August 2005, ten months after the start of the process, each subgroup had presented a data profile for one element to the Council. To a large extent, these profiles comprised quantitative data in the form of maps, tables, and charts. Hundreds of pieces of information were shared in the Council meetings and many times the information was used by ENCHIA participants in their organizations' struggles with development processes. For example, the South of Market Community Action Network used parks facilities and housing affordability data to advocate for community-impact fees from a large-scale luxury condominium development in the South of Market.

ENCHIA Evaluation Response

"We took some data gathered by ENCHIA and presented [the data] to our Supervisor, and this had a direct impact on development decisions. Sometimes you just don't know how a process like ENCHIA is going to provide you with valuable data."

Council discussions on the indicators provided excellent feedback on how well the data spoke to the each objective. It was also clear that, while many indicators could be measured and mapped, no one indicator told the whole story. Once all the *Element Profiles* data were presented, the group came to agreement that there were very few instances where the City was performing at a "healthy" level, as defined by the *Healthy City Vision*.

To access the Element Profiles or get more information on the findings, visit: http://www.sfdph.org/phes/enchia/enchia_products.htm.

Tales of the City's Workers: A Work and Health Survey of San Francisco's Workforce

One content area where data gaps were particularly apparent was in the *Healthy Economy Element Profile.* The vast majority of data presented focused on unemployment, wages, and health insurance coverage. SFDPH staff and Council members understood that the ability to find and maintain employment had a profound impact on an individual's health and well-being. However, the group had little data on the psycho-social attributes of jobs. As a result, SFDPH staff proposed to conduct a qualitative study investigating eight job-related attributes in several occupational classes. These attributes included physical conditions at work, job security, access to health insurance through employment, lack of control over work, lack of participation in decision making, time spent at work, supportive work environment, and work-life balance.

SFDPH conducted focus groups with workers in four specific occupations: domestic workers, artists, restaurant servers, and computer software engineers. These groups were chosen because they represented diverse, well-defined, and vital occupational classes in San Francisco. In addition to focus groups, SFDPH staff conducted key informant interviews with: 1) health and safety inspectors at SFDPH who saw frequent instances of specific occupational health violations; and 2) worker advocates for workers in the specified industries.

Briefly, results illustrated that San Francisco's occupational structure tended towards two extremes: very low-wage service jobs and highly paid professional positions. Blue-collar jobs, which traditionally provided less educated workers with health insurance, vacation benefits, and pension plans, appeared to be rapidly disappearing. In their place, occupations with the largest number of projected job openings for less educated workers barely paid a living wage; usually did not have health insurance benefits; were frequently shift-work which contributed to worker stress; were rarely unionized positions; and did not provide workers with high decision latitude or the opportunity to control work pace. Based on the multi-dimensional occupational health framework, these emerging positions could not be considered "healthy jobs."

The fastest growing occupations in San Francisco appeared to be science and technical positions. These positions were much "healthier" in that they paid more and provided workers with good benefits. However most of these jobs required at least a college degree and might not be accessible to a wide spectrum of the City's ethnically, economically, and educationally diverse population. For example, research from the California Work and Health Survey, illustrated that Latinos and African-Americans in particular, had been left behind in the State's technology boom and that these groups found it hard to access the fast-growing technical fields.

Overall, the research provided clear information on the links between health, employment, and occupational attributes. In combination with data on labor market trends, the findings illustrated that the current patterns of economic growth in San Francisco would likely perpetuate existing patterns of poverty among low-income workers and workers in certain ethnic and racial groups.

The complete Tales of the City's Workers report can be found at: http://www.sfdph.org/phes/ENCHIA.htm

Results from a Community Assessment of Health and Land Use

The ENCHIA Council collected, presented, and deliberated on a significant amount of quantitative data from available data sources regarding Eastern Neighborhoods assets and needs. While that information was invaluable in providing an overview of neighborhood conditions, the Council recognized the need to address data gaps and gain more experiential accounts of neighborhood health. For example, *Element Profiles* did not reflect how development impacted specific population groups not well represented on the Council, notably youth, seniors, and small businesses. The Council also recognized that accounts based on public data could differ substantially from the experiences of people living in the Eastern Neighborhoods.

To respond to these gaps, ENCHIA staff organized and conducted a *Community Assessment* made up of key-informant interviews and focus groups. Council members were acutely aware of the importance of including community sectors that were most affected by changes in land use and were underrepresented on the Council. Youth, families in single room occupancy hotels (SROs), seniors, residential and commercial property-owners, artists, day laborers, domestic workers, and employers were the primary population groups identified. The *Community Assessment* would focus on individual and family experiences within neighborhoods; participants' beliefs about the impact of neighborhood and physical environment on their health and on children; and beliefs about policies, services, and interventions that would improve the impact of land use changes on individuals and their families. Broadly, the goals of the *Community Assessment* were to:

- Qualitatively deepen the understanding of issues presented in the *Element Profiles*.
- Understand diverse perspectives and experiences with the issues presented throughout ENCHIA deliberations.

The majority of participants were long-term residents and business owners of the Eastern Neighborhoods. All respondents described their neighborhoods as vibrant, dynamic, fluid in culture and diversity, and as places where assimilation did not feel mandatory, all of which provided a variety of opportunities for people to live and function. While many participants spoke positively of their neighborhoods, their responses were more somber when asked about recent neighborhood development changes and the perceived impact of these changes on their lives, businesses, and communities.

> ***"I've seen a lot of changes . . . [These development changes] forcefully changed the neighborhood by allowing people with high-income levels to come into the city, buy property, and evict those who resided here in their homes. We, the working class, are now struggling even harder as many of us have moved out of the City."***

Many participants expressed they were impacted by the physical-environmental changes occurring in the neighborhoods during the dot-com boom. They described these changes as "forced," illustrating a sense of powerlessness, lack of control, or input into such occurrences. Participant impressions implied that the changes in the types and amount of development were externally driven and not inclusive or cognizant of existing resident needs. Among the health impacts resulting from these changes, respondents spoke of a heightened sense of vulnerability that forced them to retreat, socialize less, and lose their sense of connectedness to the communities they cherished. These feelings were compounded by the increased demands of working multiple jobs to pay ever-increasing rents.

Results from a Community Assessment of Health and Land Use, continued

Virtually all participants expressed concerns regarding quality of life issues, including substance use, graffiti, and gangs. Though some targeted criticisms at participants in these activities, others noted that the safety and security of their neighborhoods was a product of larger structural forces. As one participant stated, *"being surrounded by drugs, gangs, homelessness is a consequence of the system."* Others felt frustration with police presence not doing anything about these concerns. Residents of SoMa focused much of their neighborhood description on the presence of cars and the freeway. They also noted that certain sections of the neighborhood felt much safer to them because of street lights that stayed on longer.

> ***"[The changes in the neighborhood put] people in a bad state of mind. If you work two or three jobs, you lose track of your friends, you lose the relationship with those that you care about, and you lose time for your family."***

Among the many health impacts identified by the assessment participants, noise, traffic, and safety emerged as the primary issues of concern. Families were particularly concerned for their children due to the lack of street and park safety.

Participants also faulted enforcement agencies for not controlling noise and traffic levels. Predominant among the seniors was a constant fear of eviction and challenges in mobility due to traffic patterns and with noise and air pollution due to poor housing maintenance and construction.

> ***"Since we're all packed into a small area (SoMA) with people, there's a lot of noise from cars, people, restaurants, and garbage trucks at all times of the day; the weekend ones are the worst."***

Among youth, primary concerns were overcrowded living conditions, exposure to gang-violence when traveling to schools across neighborhoods, and lack of employment and training opportunities. Artists felt challenged in securing affordable working space in neighborhoods and had a fear of eviction. Day laborers and domestic workers felt stressed from overcrowding and substandard living conditions. They were concerned with their children's safety in parks and schools, and with unstable jobs and low pay. Small businesses felt pressure to compete with new "upscale businesses" in their neighborhoods and feared clientele loss due to changes in prices and population demographics. Homeowners felt an acute sense of community loss, with family and friends moving farther away. They also found it hard to project the future for their families with poor schools and the lack of parks and community centers. Tenants expressed frustration with attempts to get their landlords to do basic repairs and upkeep of their homes, such as with heating, painting, and fixing broken windows and damaged floors.

The *Community Assessment* was able to gather powerful information and stories about the effects of development changes on people's lives and health. In general, the issues raised in these focus groups corresponded to the objectives and indicators selected by the Community Council, suggesting that the Council Vision for a healthy city reflected those of many stakeholders outside the process.

See Appendix 3 for the Results from a Community Assessment of Health and Land Use report.

Stage 6: Researching and Writing *Policy/Strategy Briefs* (September 2005—December 2005)

SUMMARY:

This stage focused on researching and evaluating a series of policies and strategies relating to urban land use, housing, parks, the economy, and others to improve neighborhood conditions. Staff drafted 27 *Policy/Strategy Briefs* that could be used to realize components of the *Healthy City Vision* and *Community Health Objectives*. Each *Policy/Strategy Brief* was collectively reviewed and revised based on Council feedback. The Council also developed consensus positions on several specific policies being advanced through the local legislative process.

KEY OUTCOMES/ACHIEVEMENTS:

- Generated menu of 27 *Policy/Strategy Briefs,* which included supportive information on existing law/policy/regulation status, implementation mechanism, advantages/disadvantages, case studies, and connections to health
- Developed and agreed on nine policy rating criteria to use in judging the merits of a policy brief
- Collectively reviewed each policy, proposing qualifications for support and improvements
- Received training on consensus decision-making
- Developed and submitted comment letters on specific Planning Department policies targeting parking and housing
- Agreed to develop a standard health-land use assessment tool that could be routinely applied to development plans and projects

TASKS/ACTIVITIES:

- Brainstormed legislative, regulatory, design, and funding policy/strategy ideas to advance *Community Health Objectives*
- Conducted research on dozens of policy ideas
- Interviewed two-dozen experts in related fields
- Drafted briefs to educate Council members of details of policy/strategy concept
- Created rating worksheet and summary worksheets

A. PROCESS / ACTIVITIES

Discussions regarding the *Element Profiles* inevitably led to ideas on strategies to improve neighborhood conditions. An important qualifier for these discussions, however, was the extent to which land use strategies could affect and improve these baseline conditions. For example, after presentations on the Environmental Stewardship and Public Infrastructure *Element Profiles,* the Council brainstormed on potential strategies to support these objectives. A strategy to improve the state of energy efficiency was to encourage city, state, and federal energy-efficient subsidies for developers to provide sustainable

energy sources and green design in new buildings. Another strategy to ensure adequate open space was to set neighborhood open space requirements and levy open space fees on new development.

These discussions compelled the Council to explore and identify more thoroughly potential City policies and strategies to meet the *Community Health Objectives.* Participants had many ideas for how the City could compel "healthier development." In addition, some City administrators were raising concerns that ENCHIA was identifying a range of problems without identifying corresponding solutions. As a result, SFDPH staff began to consider the discussions on policy and strategy improvements as a way to illustrate that the ENCHIA process could be more solution-oriented.

After reviewing and discussing the wealth of data included in the *Element Profiles,* staff and the Council agreed to embark on a process to research and evaluate a series of policies and strategies relating to urban land use, housing, parks, the economy, and other issues to improve the rezoning and neighborhood conditions. Council conversations served as the foundation for this research and subgroups continued to meet to discuss policies and review relevant information.

Given that Eastern Neighborhoods Planning Process was in its formative stages, Council recommendations on environmental, economic, housing, and community-design policies and strategies hoped to shape those plans. A significant number of ENCHIA stakeholders were active in real-time political discussions regarding City policies. The Council process hoped to provide another opportunity for stakeholders to become more informed and to deliberate and develop consensus positions on these policies. Many of these policy issues were not traditional health issues yet had impacts on community health, so the ENCHIA process could provide a new "health-based" perspective on pending policy discussions.

Council members suggested that in order to deliberate policy ideas, the Council would need specific background information, including information on public agency roles, policy regulatory contexts, and the relationship of a particular policy to health. ENCHIA staff developed a two- to three-page "Policy Brief" template to organize the information. ENCHIA *Policy Briefs* were short narratives that described policies and strategies that aimed to meet *Healthy City Vision* objectives. The briefs included a synthesis of the evidence, potential policy implementation mechanisms, and listed the advantages and disadvantages of each policy. The *Policy Briefs* were not intended to be advocacy tools, but balanced documents to support Council members in accurately discussing the policy's potential strengths and limitations. Staff also made clear that the process of evaluating policies would precede the process of *prioritizing* them to ultimately develop ENCHIA recommendations.

Specifically, each *Policy Brief* included the following information:

- Strategy statement to describe the proposed policy/strategy;
- A list of *Healthy City Vision* objectives the policy/strategy aided in acoomplishing;
- Relevant background information on the policy/strategy;

- Information on how the strategy could be implemented in San Francisco, including a description of the related legal, policy, and regulatory context;
- Advantages and disadvantages to the policy/strategy; and
- Case studies and evidence describing when and where the policy/strategy had been implemented elsewhere.

Original Council brainstorming of policies and strategies generated hundreds of ideas. Generally, policy ideas were generated by element subgroups, briefs were researched and written by ENCHIA staff, and briefs were then reviewed within the existing element subgroups. SFDPH staff conducted over two-dozen interviews with policy experts and stakeholders and hundreds of hours of extensive policy and data analysis to complete these briefs and understand policy feasibility. Ultimately, 27 policy ideas turned into Policy/Strategy Statements with supporting *Policy Briefs;* 29 became Policy Statements without supporting *Policy Briefs;* and 18 remained simply ideas of policies that did not have any supporting information. Only 27 *Policy Briefs* were generated due to time, resources, and data constraints. (*See Appendix 4 for Final Policy Briefs.)*

The following 27 policies/strategies were researched and produced as *Policy Briefs:*

- Adopt Structural and Operational Requirements for Residential Hotels
- Amend Inclusionary Housing Ordinance
- Amend Residential Off-Street Parking Requirements
- Area-based Congestion Pricing in the Downtown Business District
- Charging Market Rates for On-Street Parking
- Community Benefits Districts/Business Improvement Districts
- Community Benefits Policy/Community Impact Report
- Community-based Mechanisms to Reduce Air Pollution
- Creating Special Use Districts in San Francisco's Mission District
- Develop a Healthy Economy Element
- Develop City-funded Program to Aid in Providing Child Care Benefits
- Develop Food Enterprise Zones
- Development Impact Fees for the Eastern Neighborhoods
- Establish Housing Development Equity Fund
- Eviction Prevention
- Formula Retail Use Restrictions
- Improve the Effectiveness of Workforce Development Programs
- Increase Collection Fees for Specialized Adult Recreation Programs
- Increased Inclusionary Housing for Zoning Incentives
- Mandatory Paid Sick Days
- Master Strategy for Funding Affordable Housing Development
- Neighborhood Schools as Centers of Community
- Open Space Zoning Requirements
- Promote Accessory Dwelling Units

- Reduce Marine Vessel Air Emissions by Requiring Cruise Ships to Use Shoreside Power
- Regulate Provision of Employee Parking Benefits
- Strengthen First Source Hiring Program

The Council devised a process to evaluate the *Policy Briefs* and discuss each one's merits as a potential ENCHIA recommendation to the Planning Department. To complete the evaluation, the Council developed and agreed upon a set of nine evaluation "criteria" to evaluate and prioritize proposed policies/strategies for recommendation to City Planning and other city departments. The criteria and definitions were as follows:

Evaluation Criteria	Definitions
Equitable	Does not unfairly burden or benefit one group; Promotes equity and justice; Avoids involuntary displacement
Inclusive	Responds to the needs of diverse social, ethnic, cultural groups; Has broad stakeholder support; Promotes community participation and dialogue; Promotes autonomy and control
Efficient	Uses resources efficiently; Cost-effective
Feasible	Has adequate staff and resources for implementation; Enforceable; Has a lead responsible agency or organization; Institutionally sustainable; Scalable; Can be replicated
Healthful	Improves the health of residents and communities; Prevents disease
Comprehensive	Advances multiple objectives simultaneously; Facilitates the achievement of other strategies and objectives; Does not inhibit the achievement of other objectives; Strives for systemic change
Promotes Sustainability	Has long term beneficial impacts; Protects the ecological, social, and economic needs of future generations
Politically Viable	Can achieve sufficient public and political support
Effective	Demonstrated to work

ENCHIA Evaluation Response

"We could have come up with more design solutions, especially since we had architects in the room. I think we could have proposed 'green and healthy' city planning like the green buildings program does for construction. The HDMT does some of this, I guess, but not specifically for the Eastern Neighborhoods."

Staff developed a "Policy Criteria Rating Worksheet" where each criterion and its sample definition/meaning was listed. Additional columns were also included so element subgroups could check off whether the policy met the criteria as described, whether the policy brief needed more information to meet a specific criterion, and whether or how a policy brief could be amended or qualified to meet the criteria. For example, in a policy brief examining congestion pricing in the downtown business district (i.e., charging drivers a fee to enter and drive within a designated zone) Council members commented that, in order for the proposed policy to be "equitable," low-income residents should be exempt from paying fees. In its initial composition, the brief did not specify income-threshold requirements for the fee. Based on Council deliberation and agreement, the brief was amended to reflect this concern. (*See Appendix 5 for Policy Criteria Rating Worksheet.)*

To prepare for this process, staff also set up a training with the Center for Collaborative Policy, an organization providing ENCHIA with technical support on consensus-building methods. The policy evaluation process essentially represented the first time that Council members were required to deliberate and come to consensus on a set of ENCHIA recommendations. Staff encouraged the Council to attend the training to: 1) review and understand the process of applying the evaluation criteria to draft policies/strategies; and 2) develop tools to use in the Council dialogues of whether a strategy met each criterion. About a dozen members of the Council attended the training. Members of the group went through an experimental process to evaluate a specific policy brief.

B. OUTCOMES

Once the evaluation criteria were established and *Policy Briefs* became available for group review, the Council began its policy evaluation process. For three consecutive monthly Council meetings, the primary activity was to break out into small groups to critique and evaluate several draft policies/strategies. Council members were provided the *Policy Briefs* in advance and were solicited to lead small group discussions on individual strategies/policies. Each group of five to six members would 1) read a selected policy brief; 2) evaluate the policy brief using the Criteria Worksheet; and 3) record policy strengths, weaknesses, amendments, and additional information needs onto a summary worksheet. Each small group repeated this deliberation process for three to four different briefs and then reported findings back to the full Council. The Council then discussed small group findings and provided additional information and input into each policy and evaluation.

The first phase of deliberation resulted in either consensus on the criteria rating or the identification of issues of uncertainty or conflict. For each policy, the Council concluded that either sufficient information existed to determine that a policy met or did not meet a criterion or that more information or knowledge was needed to make a determination. Based on these initial subgroup discussions, staff conducted additional research on identified policy gaps and questions and revised the briefs to reflect these concerns and questions. The vision was that, at subsequent meetings, the small groups would re-examine the revised *Policy Briefs,* taking into account the additional knowledge and expertise incorporated into the briefs. This process of evaluating, critiquing,

and refining policies would lead into a process to prioritize those policies using principles and tools from consensus processes.

At the conclusion of the policy evaluation process, the Council reviewed all 27 policies. Throughout the policy evaluation process, some Council members voiced concerns about the policy prioritization. While the Council felt generating a list of strategies to meet the *Healthy City Vision* was a good idea, Council members were uncomfortable with the prospect of recommending a subset of specific policies.

Many individual organizations were working on or advocating for specific policies on their own or through other coalitions. The Council felt that ENCHIA was not the appropriate venue to be recommending policies, particularly since those policies had not been vetted through a larger community process. Organizations with grass-roots membership felt they did not have the capacity to educate and review all the policies collectively with their memberships. In addition, Council members were reluctant to support a policy without knowing how public participation would be incorporated into the policy design process. Finally, members were hesitant to support policies without seeing clear implementation plans and details. It appeared too risky to advocate for a policy without knowing the full implications of its passage. The Council did complete an informal prioritization exercise. (*See Appendix 6 for Results of Initial Policy Ranking.)* For the vast majority of policies, the total score was very close among all policies. Following this exercise, the Council decided not to advance a particular set of recommendations but to share the research and ideas openly with City agencies as a menu of strategies to create a healthier urban environment.

There were several notable exceptions to this overall sentiment. Three of the policies reviewed by the Council were already well advanced in the public policy arena and several Council members played active roles in those policy processes. ENCHIA staff and Council members proposed reviewing those specific policies and submitting comments on behalf of the Council to relevant City agencies. In so doing, ENCHIA would make transparent the health relationship to that policy and also advocate for public health considerations in the policy weighting process. Specifically, City agencies and/or advocacy organizations were in the process of deliberating on policies affecting parking, affordable housing, and single room occupancy hotel regulations. Over the course of several meetings, each policy was presented and the Council engaged in a dialogue regarding its merits and ways to improve it. Through these discussions, the group came to consensus on a policy position. A comment letter was drafted that provided background on ENCHIA and the process, made a clear health link to the proposed policy, and stated the Council's majority and minority positions on the policy. A brief description of the ENCHIA position on these policies is included below.

Importantly, while the Council was unable to come to consensus on specific policies to advance, the vast majority of the Council was in agreement that the City needed a consistent and comprehensive way to routinely evaluate the health impacts associated with development. As such, the ENCHIA Council charged SFDPH to create, implement, maintain, and disseminate the HDMT and its findings publicly. See the following section for a complete description of this process.

ENCHIA Evaluation Response

"The community meetings and study were important parts of the data process but seemed to get lost after we dropped the whole policy briefs idea. The policy briefs seemed like a lot of work but had little impact."

ENCHIA Community Council Policy Positions

AMENDING PARKING RULES IN THE C-3 DISTRICTS

Policy: The SF Board of Supervisors was considering modifying off-street parking controls in the C-3 (downtown business) district. Modifications would eliminate minimum parking requirements, establish a maximum structured parking cap of one parking space per two units, and unbundle the sale of parking and residential units.

Position: The majority of the Council believed that limiting parking supply was a good method to reduce automobile use. The Council agreed that the proposal to revise off-street parking controls was one that would support the Council's *Community Health Objective* of improving health through sustainable transportation systems. As a result, a majority of the Council agreed to support the legislation. By unbundling the cost of housing production from parking, the Council also agreed housing could be made more affordable in San Francisco. Based on research and evidence collected through the process, the Council also believed that reducing parking requirements in C-3 neighborhoods in San Francisco would result in: 1) reductions in vehicle trips; 2) reductions in vehicle volume; and 3) increases in public transit utilization.

INCLUSIONARY HOUSING AMENDMENTS

Policy: The Board of Supervisor's Land Use Committee was considering amending and expanding multiple components of the City's existing Inclusionary Housing Ordinance.

Position: Throughout the group's policy discussions, the Council identified the City's Inclusionary Housing Ordinance as a critical way for the City to meet the *Community Health Objectives* of developing much needed affordable housing, creating less segregated communities, and mitigating the negative health impacts associated with unaffordable housing. The Council agreed that expansion of the Inclusionary Housing Ordinance could begin to close the large gap between the ratio of identified housing needs and the actual production of affordable housing in San Francisco.

NEIGHBORHOOD SANITATION AND HOUSING HABITABILITY ORDINANCE

Policy: Board of Supervisor Mirkarimi proposed a health code amendment to strengthen housing quality requirements in multi-family apartments and residential hotels.

Position: The Council agreed that this ordinance would achieve a number of important objectives with regards to multi-family housing. The proposed legislation would strengthen code requirements for the control and exclusion of disease vectors, including rats and mosquitoes, by requiring structural barriers to prevent their entry into buildings. The legislation would also prohibit smoking in common areas of multi-unit residential buildings and address one source of noise by prohibiting the transfer of garbage from upper floors to lower floors at nighttime. Structural improvements applied to both tenant rooms and common areas might also prevent many of the adverse health conditions found in the City's residential hotels. The ENCHIA Council believed the legislation could go further and shared its ideas with Supervisor Mirkarimi.

See Appendix 7 for Council Policy Comment Letters.

Eastern Neighborhoods Planning—The State of Affairs

Collectively, the ENCHIA *Element Profiles'* qualitative and quantitative data provided a comprehensive picture of conditions important to community health. Impact analysis would have endeavored to forecast how alternative development scenarios might affect the baseline scenario and, where feasible, quantify effects on specific indicators. SFDPH and the Council recognized that the task of forecasting was not a simple analytic task. In large part, staff did not have quantitative tools to perform this task and anticipated that forecasting would emerge from a deliberative process rather than an analytic one.

Complicating the goals of the ENCHIA process, the Eastern Neighborhoods Planning Process—initially discussed as a parallel process—had significantly slowed down. The Planning Department began taking steps to create Area Plans for each neighborhood. In part, this reflected a response to community demands for comprehensive planning. Formal rezoning proposals were put on hold, and the timeline for the EIR was pushed back. The Planning Process provided little information about the economic, infrastructure, and environmental effects expected from the rezoning. By then, it was clear to the Council that there were few useful planning products for the group to use as a basis for the HIA.

As discussed above, the Council and staff were mindful that their interests lay not only in critiquing the Eastern Neighborhoods plans but in informing and shaping them. Understanding that the Planning Process had limited publicly available products thus far, the Council decided to critique the Eastern Neighborhoods planning efforts relative to the *Healthy City Vision* and *Community Health Objectives* the Council had created at the beginning of the process. Planning Department staff once again briefed the Council on the current status of rezoning and neighborhood planning efforts. They reviewed maps of the proposed rezoning and a description of new land use designations. They also provided the Council with a list of issues and proposals that might be considered through the creation of neighborhood plans.

Council members made the following general observations:

- Rezoning should serve the needs of a comprehensive community vision. While the rezoning addresses an important City interest in balancing land for housing and commercial uses, it also should address the social and economic needs of people in neighborhoods and the need for infrastructure that is important to health such as public space, parks, schools, and public transit.
- The rezoning should spatially define and physically develop coherent and complete mixed-use residential neighborhoods rather than appropriating space for mixed-use residential uses.
- Open space planning should be a priority for healthy neighborhoods.

Council members identified some specific ideas that could help the rezoning with respect to health needs and benefits:

- Rezoning should provide incentives and rules as strong as possible to meet housing cost needs of San Francisco's diverse population.
- Rezoning should create safe and inviting pedestrian environments with street lighting, sidewalk design, transportation improvements, traffic calming, and small pocket parks.
- Rezoning should define "usable" open space—while pedestrian realm improvements are valuable, it is imperative that the city not count "living sidewalks," alleyways, and streets towards public open space requirements.
- Rezoning should be coordinated with all relevant agencies, i.e., Redevelopment, MTA, SFUSD, SFDPH, Recreation and Parks.
- Rezoning should require mixed-income residential projects and neighborhoods as opposed to segregating neighborhoods by social/economic status.
- Neighborhoods, for example, SoMa, should not be broken up but should be planned as coherent and distinct neighborhoods.

See Appendix 8 for Eastern Neighborhoods Rezoning Statement.

Stage 7: Developing the *Healthy Development Measurement Tool* (March 2006—May 2006)

SUMMARY:

At this stage in the process, Council members agreed to develop an assessment tool that could be applied to the Eastern Neighborhoods Planning Process, as well as other planning and development projects. The result, the *Healthy Development Measurement Tool* (HDMT), reflects a systematic approach to assessing social, environmental, economic, and equity priorities through the lens of health. The HDMT also represents the Council's primary policy recommendation for considering health in the process of land use development.

In order to improve the HDMT and support its legitimacy as a useful instrument to evaluate planning, numerous City agencies and nationwide technical reviewers provided feedback on the HDMT. The HDMT is currently being piloted on a residential development project in the southeast sector of San Francisco. The HDMT has been converted into a website for improved dissemination and easier use.

KEY OUTCOMES/ACHIEVEMENTS:

- Created working draft of the *Healthy Development Measurement Tool*

TASKS/ACTIVITIES:

- Established subgroup to work on the HDMT
- Selected key indicators and identified a set of associated development targets for inclusion in the HDMT
- Developed template for HDMT components
- Identified potential users and applications
- Solicited and integrated comments from national technical reviewers and City agencies (requests made to over 60 reviewers and 14 city agencies)

A. PROCESS / ACTIVITIES

At several times during the ENCHIA process, Council members had suggested developing a scorecard either as a yardstick to evaluate specific projects and plans or to track progress of growth and development in San Francisco against the *Healthy City Vision* over time. Council members felt that a scorecard could serve as a powerful tool to leverage the wealth of data generated by the process to influence public policy. In concept, a scorecard also provided a potential way to evaluate the Eastern Neighborhoods plans—the primary and initial objective of the ENCHIA process. With the delayed Eastern Neighborhoods Planning Process and less than specific rezoning plans to assess, the group agreed to focus on developing an assessment tool that could be applied to the rezoning and Area Plans once they were complete.

A small working group was convened to discuss how to develop this tool and what ENCHIA products could be made relevant to the tool. The HDMT subgroup came to agreement that the HDMT should be organized similar to the ENCHIA

process. In other words, the HDMT would start from the *Healthy City Vision* and *Community Health Objectives* and would include data and statistics useful for evaluation of each objective. The HDMT would also incorporate a health-based rationale for each of the *Community Health Objectives.* The group also introduced a new concept and component for the HDMT. *Development Targets* were added to provide specific planning and development criteria that could advance the *Community Health Objectives.*

The first draft of the *Healthy Development Measurement Tool* was a set of spreadsheets for four of the elements: healthy economy, adequate and healthy housing, public infrastructure/access to goods and services, and environmental stewardship. Each worksheet listed the *Community Health Objectives* associated with the element and the objective's corresponding indicators and development targets. For each indicator and development target pair, the HDMT also provided a health-based justification describing the specific way human health would be improved by meeting that standard.

Over the course of three months, the HDMT subgroup and full Council reviewed multiple versions of the HDMT, each time finding ways to improve its content and relevance to community concerns. Many new indicators were added to reflect Council members' concerns, which included education, overcrowding, career ladder/ promotional opportunities, income equality, and housing demand. The *Healthy City Vision* was added as a preamble to each Element section. The HDMT also began to specify which indicators and development targets were intended on a project versus plan level. Targets were divided into categories of minimum acceptable, benchmark, and maximum attainable, providing for a range of success. *Community Health Objectives* were revised to use stronger and more accountable language. The HDMT also added an introduction that included an overview, description of how to use the tool, and important caveats. Finally, the group agreed that the HDMT should incorporate baseline data for each indicator to demonstrate how well San Francisco was doing and whether a standard was reasonable.

In addition to integrating Council comments into the HDMT, staff solicited comments from over 60 national technical reviewers in the fields of land use and transportation planning, public health, HIA, EIA, and health equity. Staff also requested comments from over a dozen City agencies. Reviewers were asked whether there were alternative measures to serve as indicators for the *Healthy City Vision* objectives, whether they collected any of the data, whether development targets appeared feasible, whether they were familiar with specific planning standards or targets related to these indicators, whether they saw any trade-offs or conflicts between objectives, indicators, or standards, and finally, ways they might use such a tool in planning, project or policy review, or budgeting. (*See Appendix 9 for Request Letter to Technical Reviewers and City Agencies.)*

Nearly two-dozen reviewers and eight City agencies responded, providing hundreds of comments on all aspects of the HDMT. Comments and questions generally focused on improvements to the Tool, such as:

- Describe clearly the purpose and application or misapplication of the tool.
- Provide more clarity about Tool elements and organization.
- Provide realistic and feasible targets.
- Include explicit actions to achieve targets.

- Add, refine or revise indicators and targets for clarity or measurability.
- Expand, clarify, or reference health justifications.

To respond to these comments, staff agreed to expand and more thoroughly explain caveats and user cautions; more clearly define elements and their relationship to each other; add additional indicators and targets; provide a menu of policy strategies, regulations, design specification, and physical changes that aid in the achievement of development standards; demonstrate measurability of indicators by including baseline data; describe methods and data sources for evaluation of target achievement; and, finally, revise health justifications to make stronger connections between health and land use. (*See Appendix 10 for list of HDMT Technical and City Reviewers.)*

B. OUTCOMES

Today, the *Healthy Development Measurement Tool* (HDMT) combines virtually all the work and products of the ENCHIA process into one document that provides land use planners, public agencies, and community stakeholders with a set of metrics to assess the extent to which urban development projects, plans, and policies affect health.

In its current form, components of the HDMT include:

- *Healthy City Vision* organized into seven elements that comprise a healthy city—Environmental Stewardship, Sustainable and Safe Transportation, Public Safety, Public Infrastructure/Access to Goods and Services, Adequate and Healthy Housing, Healthy Economy, Community Participation.
- *Twenty-seven Community Health Objectives* that, if achieved, would result in greater and more equitable health assets and resources for San Francisco residents and workers.
- *Measurable Indicators* for each of the objectives to help measure progress towards the objectives and evaluate the benefits of projects, plans, and policies.
- *Baseline Data* for each indicator to describe how well the City was performing with respect to an indicator.
- *Development Targets* to provide specific planning and development criteria to advance Community Health Objectives. Development targets represent actions that can be taken through land use and transportation policies, plans, and projects that achieve progress towards indicators of community health.
- *Health-based Rationales* that provide justifications for why achieving each target would improve human health. The health justifications provide information regarding the nexus between measures of health at the societal level and those at the individual level.
- *Policy and Design Strategy* Recommendations that explain how objectives, indicators, and targets can be achieved through policy or project design specifications.

The Council intended the HDMT to support more accountable and health-oriented planning and to put forward a specific method to turn health and planning discourse into action. The Council spent time envisioning how the HDMT could be used and how it might be institutionalized. The group agreed that the HDMT would

be most effective as a website, where users could gain access to baseline data and move easily between the elements and objectives. As the ENCHIA process concluded, the Council envisioned that City agencies could use the HDMT in comprehensive planning, in plan and project review, and in agency-specific planning and budgeting. The HDMT was designed for several potential purposes identified in the table below. For example, to evaluate land use development plans, one could assess how the expected outcomes of development projects or policies affected the community health indicators, or whether a plan achieved development targets. The HDMT could be used by anyone who has data on the outcomes of a project, plan, or policy, including planners, developers, government agencies, and community residents and organizations.

HDMT Users	HDMT Applications
Government agencies (e.g., Planning, Public Health, Housing, Redevelopment, Recreation and Parks, Public Works, Transportation)	• Serves as a checklist or screening tool to evaluate projects, identify project benefits and needs for improvement, and guide staff reports • Provides measurable health objectives and indicators to advance planning goals and evaluate development • Supplies monitoring indicators for community health assessments • Guides infrastructure budgeting
Community planning groups or planning processes	• Helps evaluate the benefits and health impacts of development projects and plans • Provides measurable health objectives and indicators to advance planning goals and evaluate development
Developers	• Informs design choices and demonstrates the benefits of projects
Everyone	• Helps to gain consensus between relevant stakeholders and move towards meeting multiple objectives

ENCHIA Evaluation Response

"The tool is the most important product of this process. This is exactly the type of thing that can change development and provide groups and government an alternative to current practices that promote unhealthy planning."

The HDMT also included a set of caveats. These caveats represented responses to known or likely criticisms. For example, staff wanted to acknowledge that the HDMT provided only one "lens" (i.e., health) to support greater transparency and discussions in public policy processes and does not result in a judgment on a project (i.e., good vs. bad). The HDMT also did not represent a new form of environmental regulation or a set of enforceable standards. By providing information about both the positive and negative effects on health objectives, the HDMT would help to reveal trade-offs and aid those involved in decision-making to make more informed choices. The HDMT was also primarily relevant for evaluating land use development in dense, socially and economically diverse cities like San Francisco. Other jurisdictions would likely need to modify the HDMT to meet local needs and priorities. The HDMT illuminated the trade-offs but did not provide a means to weigh conflicting priorities and goals, nor did it advocate for or discourage any specific means of evaluating these trade-offs. Finally, the HDMT was meant to be used in a comprehensive way by using all objectives and indicators.

Currently, SFDPH staff are pilot testing the HDMT on Executive Park, a 3,000-unit residential development project proposed for the southeastern corner of San Francisco. Community organizations are concerned with the proposed project's ability to provide adequate community services and infrastructure for new residents, as well as the project's impact on surrounding neighborhoods. As a result, they requested that SFDPH apply the HDMT to Executive Park to identify potential impacts and project improvements.

In order to facilitate applications, the HDMT was also converted into a website for easier maintenance and dissemination—www.TheHDMT.org. The website provides baseline data (e.g., maps, tables, and graphs) on all of the HDMT indicators; provides data sources; explains the data and their limitations; and describes what makes each indicator a community health indicator. Pilot applications are also underway for the East South of Market Area Plan, the Mission Area Plan, and the Potrero Hill/Showplace Square Area Plan. In addition to an assessment of these particular plans, these pilot applications will inform how to apply the HDMT to a particular plan, where to obtain project information, how to interpret data in light of a project, how to identify plan gaps, and what types of recommendations can be provided for a plan. The results of these first applications will also help identify what aspects of the HDMT need improvement.

The current Healthy Development Measurement Tool can be accessed at www.TheHDMT.org.

To access various iterations of the HDMT, visit: http://www.sfdph.org/phes/enchia/enchia_products.htm.

V. LESSONS LEARNED

To review, the goals of the Eastern Neighborhoods Community Health Impact Assessment (ENCHIA) process were to:

- Identify and analyze the likely impacts of land use plans and zoning controls on community concerns, including housing, jobs, and public infrastructure;
- Provide recommendations for land use policies and zoning controls that promoted community priorities;
- Promote meaningful public involvement and consensus in land use policy-making
- Develop capacity for inter-agency working relationships; and
- Illustrate the feasibility of HIA methods.

This section discusses the ways in which the ENCHIA process did and did not accomplish the aforementioned goals. To reiterate, this review primarily reflects SFDPH staff's assessment of the process. A forthcoming evaluation will include information on Council members' impressions of the value, effectiveness, and success of the ENCHIA process.

A. IDENTIFY AND ANALYZE THE LIKELY IMPACTS OF LAND USE PLANS AND ZONING CONTROLS ON COMMUNITY CONCERNS, INCLUDING HOUSING, JOBS, AND PUBLIC INFRASTRUCTURE.

The 18-month ENCHIA process was designed to operate in parallel with the rezoning, area planning, and environmental impact review processes. The vision was that by evaluating how well the Eastern Neighborhoods plans performed against a set of community-identified social and health concerns, the HIA would provide findings and recommendations that could be used by the City to shape the plans. However, it was not necessarily clear to many participants at the outset how or if the ENCHIA process would translate into a practical mechanism of influence. Nonetheless, the Council underwent a process to identify community hopes and concerns (reflected in the *Healthy City Vision*) and successfully defined objectives and measures that could be used later to evaluate the Eastern Neighborhoods rezoning and Area Plans.

Initially, the process assumed it would have some draft or preliminary plans for review. By the time the formal ENCHIA process ended, however, the Planning Department had neither finalized the Eastern Neighborhoods rezoning nor released neighborhood Area Plans. As a result, the ENCHIA Council had no subject for a formal evaluation. In the absence of plans, the Council fell back on identifying gaps in

the overall Eastern Neighborhoods Planning Process—i.e., the extent to which the Planning Department was addressing public infrastructure or affordable housing.

About two-thirds of the way through the ENCHIA process, understanding that the absence of rezoning and Area Plans constrained the process, the Council sent a comment letter on the rezoning to the Planning Department. This statement described in general terms the ways that the Eastern Neighborhoods Planning Process could be improved to advance community health and specific issues that the rezoning should consider. The Council highlighted the need for comprehensive planning to come prior to the rezoning and emphasized the need for adequate public infrastructure and mitigations for environmental quality concerns.

Because the ENCHIA process did not follow a rigid set of procedures, it had the flexibility to revise its goals and desired outcomes to respond to external forces. When confronted with the absence of detailed zoning and Area Plans, the Council refocused its efforts on creating an assessment tool general enough to apply to all future development projects and plans. This tool became the *Healthy Development Measurement Tool* (HDMT).

While many Council members lamented the failure in completing this first objective, as the ENCHIA process wound down, the broader value of the HDMT became apparent—it reflected a diverse set of Council member issues and concerns. It offered a specific methodology, validated via a deliberative community process to evaluate planning against the requirements of healthy physical and social environments and against particular local needs for housing, jobs, and public infrastructure. Furthermore, the HDMT helped link public health to a wider set of public interests and agencies. Finally, the HDMT provided the foundation for a regular, health-oriented institutional review of San Francisco's development projects and plans. The HDMT was viewed as a way to potentially overcome the lack of a "mandate" considering public health in planning and as an approach to reduce the overall fragmentation of public agencies that prevented comprehensive evaluation and action.

ENCHIA Evaluation Response

"I am very disappointed that the ENCHIA did not get to the rezoning issue in the Mission and SOMA. I mean we could have just taken the definition of PDR and analyzed the likely health impacts of this as a policy objective of the Planning Department."

Peter Cohen, ENCHIA Community Council Member

"I came to the ENCHIA process as more of a technical 'expert' than as an advocate, but I am also closely associated with the community perspective because of our direct work with organization partners in many of the Eastern Neighborhoods. I was compelled by the notion of blending a strong analytical framework around health issues within a larger framework of good planning, community-building, and equitable development. Through the many interesting discussions one of the most useful outcomes was creating a broader collective definition of 'health'—it's not just about eating your fruits and vegetables or riding your bike to the store; it's a more comprehensive notion about the places we live that reflect tenets of welfare and opportunity and equity that make for truly healthy communities. In the end, and I know this is somewhat idealistic, I hope that this kind of ongoing shift in thinking will lead to a point where planning and development and healthy communities are inherently mutually reinforcing."

B. PROVIDE RECOMMENDATIONS FOR LAND USE POLICIES AND ZONING CONTROLS THAT PROMOTED COMMUNITY PRIORITIES.

The vast majority of the Council was in agreement that the City needed a way to objectively consider the health impacts associated with development. As such, the foremost policy recommendation from the ENCHIA Council was for SFDPH to create, implement, maintain, and disseminate the HDMT and its findings publicly.

With respect to policies targeting other City agencies, the ENCHIA Community Council successfully researched and evaluated a series of policy and strategy recommendations to improve environmental, housing, infrastructure, and economic priorities. The process of identifying these policy recommendations was organic, fueled mostly through dialogue at the Council level. Members had many ideas for how to actualize their *Healthy City Vision,* and staff spent a significant amount of time researching ways to turn those ideas into policy proposals. The group evaluated and refined these proposals and went through a process to rank them. However, the Council was unable to come to agreement on a group of policies to put forth as specific recommendations or to mobilize collectively around as a policy agenda.

When it came time to vote on a subset of policies that the Council would formally put its weight behind as ENCHIA recommendations, members of the process were reluctant to do so. SFDPH staff suggested alternatively that the ENCHIA process could sponsor and try to advance one of the policies as an ENCHIA strategy. This idea was also rebuffed, however. Efforts to advance polices were not embraced by the Council for a number of reasons. Those groups whose work did not relate to land use directly felt drawn to respond and use their resources for more acute and seemingly relevant needs. Some members were suspicious that the devil was in the details, and that the *Policy Briefs* did not have enough factual information to judge whether a policy was meeting specific evaluation criteria, or whether they were good enough ideas to put their weight behind. Others felt that no brief could adequately include the details necessary to make the policy ideas seem real—primarily because the Council policy discussions were taking place outside of a political process and had not been vetted by Council member constituencies. Limited knowledge among Council members regarding the complex land use policy landscape may have also been a factor.

Members were also concerned that, to reach consensus, the policies would inevitably be too watered down to mean anything. On a staff level, it appeared that some Council members felt uncomfortable with the policy recommendation process because it required consensus among organizations who did not typically work together. Coming to agreement on a *Vision* and *Objectives* was one thing but agreeing to jointly back a policy reflected deeper concerns around trust and strategy. Other members felt the ENCHIA process should stay focused on producing data and making clear links between development and health—that this was the strongest and most appropriate role for the process.

Overall, there was a need to clarify the range of potential strategies/actions for carrying the ENCHIA work forward in order to give relevance and purpose to the policy analysis stage. In hindsight, the process could have benefited from a "mapping"

ENCHIA Evaluation Response

"It seemed like the DPH staff worked tirelessly on this process and held it together at times when I couldn't figure out where we were going. Every time it looked like the process was about to falter, they just seemed to say 'ok, we'll do that' or 'we can research this issue' and this kept people coming back to meetings."

out of the connections between these seemingly disparate initiatives as they related to land use and the *Healthy City Vision*. The process could also have identified clear paths to operationalize the policies. Furthermore, it was not well understood within the Council that most of the proposed policies and strategies were *already* in motion to some extent. The ENCHIA process would have provided an opportunity to shape and/or reinforce them.

The reluctance of the Council to advance policies and strategies collectively was particularly discouraging for some staff. Writing policy briefs and evaluating and prioritizing policies had taken time and strained staff resources. While this set of tasks emerged through the Council process, staff realized in hindsight that the policy brief research and writing process might have been narrowed to a set of manageable parameters—for example, examining those policies that had the most direct and visible link to health. ENCHIA staff at times felt uncomfortable speaking with authority about issues outside their expertise. However, as the last set of briefs were reviewed by the Council in December, staff had improved their process and felt more comfortable with the products. In the end, all the policy research was collated into a "menu of policies and strategies," that provided a set of ideas for how to accomplish aspects of the *Community Health Objectives* in the *Healthy Development Measurement Tool*. Today, many policies are included as part of the HDMT menu of policy and design strategies.

On a positive note, the Council was able to produce an agreed upon set of policy evaluation criteria and to review and refine 27 policies and strategies for how to meet community needs. External pressures had criticized the process' focus on "problems" rather than solutions. Though a large effort, the months-long policy discussion served the overall process well by illustrating a commitment to identifying real solutions and alternatives to existing development and land use practices. A significant aspect of being able to accomplish this was that the evaluation criteria were based on the Council's *Healthy City Vision,* which tied the policy review process back to the underlying HIA approach. In addition, Council members used their research and findings in submitting statements on several real-life policies that were being considered by the City. Today, ENCHIA Council members may take positions on the specific policies that differ from their analysis at the Council level. However, the ENCHIA policy phase represents a clear attempt to provide potential levers that improve upon the larger economic, environmental, infrastructure, and housing issues the Council faced.

C. PROMOTE MEANINGFUL PUBLIC INVOLVEMENT AND CONSENSUS IN LAND USE POLICY-MAKING.

There were several important reasons for incorporating the principles of public involvement and consensus within the ENCHIA process. First, public involvement would help ensure that ENCHIA was responsive to actual public needs. It also provided a means to integrate experiential and local knowledge into a formal assessment process. Supporting consensus was also necessary given the history of competing interests in San Francisco land use planning. Involving stakeholders and building consensus in the assessment had the potential to generate buy-in for the results of ENCHIA and to create a group of advocates for the analytic methodology.

Jason Corburn, ENCHIA Technical Advisor

"The ENCHIA is one of the first efforts by a municipal government in the U.S. to successfully combine issues of land use planning, participatory governance, and social justice. The healthy development tool reflects an exciting new analytic template, generated collaboratively by community members and professionals, that will help both activists and governments ensure that land use plans and urban development promote the essential needs for a healthy city—such as economic opportunities, affordable housing, a clean environment, and meaningful public participation in decision-making for everyone."

SFDPH staff implemented values of participation by integrating community priorities in the planning process, by guiding tasks and activities within the Council, and by collectively developing group products. The process began with broad objectives and without a pre-defined road map. It moved forward through gaining collective agreement at each stage of the process. Through the facilitated process, the Community Council members generated the content focus and questions for the assessment based on their experiences with urban development conflicts and trade-offs and how their constituents unequally felt the benefits and burdens of development more broadly. Staff then proposed research activities, strategies, and products that might help achieve their priorities. This process ran into obstacles when the group could not agree to prioritize a collective policy agenda. The group ultimately found a forward-moving strategy that reflected group consensus, i.e., the *Healthy Development Measurement Tool.* This allowed the Council's ideas and energies to be focused on a "product" and a new analytical tool that could, potentially, be institutionalized. ENCHIA staff also worked hard to make the process as transparent as possible by posting all meeting information, including presentations, notes, and group decisions on a publicly accessible website.

ENCHIA brought together many different stakeholders under the auspices of conducting an HIA of the Eastern Neighborhoods Planning Process. The diversity in Council membership and in their consistent participation reflects a clear success in gaining trust and meaningfully involving affected constituents. SFDPH staff spent significant time attempting to get a balance of interests and experiences at the table at the outset. However, there were clear gaps in gaining the involvement and commitment of many sectors. For example, SFDPH made several outreach efforts to real estate interests and the business community, including San Francisco Planning and Urban Research, the local Chamber of Commerce, and the Director of the Bay Area Council. Unfortunately, few representatives of these groups accepted the invitation at the outset.

ENCHIA Evaluation Response

"The process was stacked with community organizations and didn't have enough developers and lawyers— the people who really drive development and policy in this city."

In part, the gaps in participation reflected SFDPH's limited formal role and power in land use planning and decision-making. Some Council members reflected that SFDPH appeared to be in a similar position as other interest groups—i.e., as an intervener for health interests in the development process. For some stakeholder interests, there was potentially little to be gained by participating in the process. A multi-

stakeholder consensus-based process might not provide any additional benefits to advancing stakeholder interests. In other words, for those who chose not to participate, there may have been no clear reward in working with other groups to achieve a shared set of objectives. For example, developers and business-owners may not have participated because they felt their voices were already being heard through other means. This was particularly true given that SFDPH had no regulatory purview over land use matters.

SFDPH worked hard to sustain involvement from the 25–30 organizations who participated in the process. Nevertheless, a number of organizations, predominantly local developers, large and small businesses, and service providers, were unable to sustain their participation over the course of the 18-month process and left the ENCHIA Council. The reasons for this were varied across organizations and were not necessarily openly stated to staff. From a staff perspective, however, there were several identifiable causes. For example, some organizations may have felt that, given SFDPH's limited power in the land use arena and the absence of strong participation from the Planning Department, the ENCHIA process could not guarantee success or any impact upon the Eastern Neighborhoods Planning Process. Therefore, they could not invest their limited resources in the process.

Others may have felt the ENCHIA process was taking too long to move towards a clear outcome, whilst many important issues closer to their organizational interests were being decided outside the ENCHIA process. For others, it appeared that Council discussions and outcomes were not in accordance with their organizational values—i.e., the process was incorporating too strong a perspective on land ownership or did not have a broad enough perspective.

Finally, it was clear to staff that there were knowledge gaps between Council members with respect to the substance and methods of land use planning. Though SFDPH staff made an effort to balance the information presented for a range of knowledge levels, the ENCHIA process was not intended to be set up for training "citizen planners." As a result, some organizations stated that their personal knowledge of land use policies was not sufficient to make a valuable contribution to the process.

For those that did regularly participate in the Council, the *Healthy City Vision, Community Health Objectives, Element Profiles,* and *Healthy Development Measurement Tool* are all examples of products that were the result of dialogue and deliberation. Consensus worked in the sense that no one group had the ability to stop a group decision; where there was dissent (e.g., taking a position on the C-3 parking ordinance), all opinions were noted and reflected in group documents. Furthermore, where ENCHIA staff positions about the process were at odds with the Council's (e.g., policy and strategy recommendation phase), SFDPH did not impose its will on the group. Instead, it respected its commitment to a participatory process and allowed the process to change accordingly.

ENCHIA Evaluation Response

"There were too few community voices at the table. Only one or two groups actually have a membership base and residents never really got a chance to weigh-in. The process was slanted toward policy wonks and private developers, as usual."

D. DEVELOP CAPACITY FOR INTER-AGENCY WORKING RELATIONSHIPS.

A number of City agencies participated on the ENCHIA Council, providing general information on agency programs, identifying and gathering data for *Element Profiles,* and generating ideas for policies and strategies to meet the *Healthy City Vision*.

Through the process, SFDPH staff was able to work effectively and collaboratively with other agencies to support the Council. When the *Healthy Development Measurement Tool* was sent out for City agency review, many of these agencies were familiar with the ENCHIA process and understood the premise and principles guiding the HDMT.

SFDPH faced an important challenge during the first stage of the ENCHIA process when a supportive Planning Department manager who had envisioned and initially planned the ENCHIA process with SFDPH left the Planning Department. As a result, the Planning Department decided not to co-lead the ENCHIA process in partnership with SFDPH but to play a more informational and advisory role similar to other local public agencies. This loss weakened the process as many Council members perceived that the lack of Planning Department leadership signaled limited official City "buy-in" to the process as well as to the implementation of ENCHIA recommendations.

ENCHIA Evaluation Response

"My relationships with the DPH have improved through this process. I trust them more and they [DPH] have helped us work better with other city agencies."

Some agencies with critical roles in land use development were invited but did not participate in the ENCHIA process. Two critical agencies that were missing were the Mayor's Office of Housing (MOH) and the Mayor's Office of Economic and Workforce Development (MOEWD).

The Technical Advisory Committee (TAC), though established to play an ongoing role, in reality did not serve the Council on a regular basis. While the TAC members provided independent support to the SFDPH staff, they interacted very little with the Council. In part, many of the questions coming from Council members had to do with strategy and politics. ENCHIA staff, other City agency staff, and individual Council members were able to provide direct answers to many of the group's technical questions. In the end, the TAC and a broader group of technical experts provided a critical review of the *Healthy Development Measurement Tool*. Members of the TAC provided insight into how to improve aspects of the Tool, specifically on indicators and development targets.

ENCHIA Evaluation Response

"I thought City Planning could have done more. They showed up and gave updates, but they weren't proactive."

Since the conclusion of ENCHIA process, there has been additional inter-agency dialogue. Staff from the Planning Department requested that SFDPH review a public benefits needs assessment for the Eastern Neighborhoods. The Planning Department also recently requested SFDPH participation in developing a scope for an environmental review of a major hospital. Finally, the HDMT has been referenced as one of several guides to help achieve sustainability in the Treasure Island Development Plan.

ENCHIA Council members expected SFDPH to manage the process and also to be responsive and willing to act on their concerns regarding specific development issues in the Eastern Neighborhoods. This was a difficult expectation, however. SFDPH was happy to organize and coordinate the Council, plan the meetings, conduct the research, and draft documents. However, as a public agency convening the process, SFDPH needed the Council to make the group's findings relevant to development issues and proposals it faced. Given the political landscape, SFDPH attempted to stay out of the dialogue on specific development projects and decisions and instead supported Council members to take ENCHIA findings and apply them to relevant concerns. SFDPH reiterated the value that Council members could play in making health a key constituent in development discussions. In the end,

however, many members of the Council reiterated the expectation that the City's public health agency should be the leading advocacy voice for health interests in the planning process.

While Council organizations recognized the value of SFDPH putting health and land use evidence forward and legitimizing the relationship more formally, many organizations did not feel they had the capacity or legitimacy to use public health evidence effectively in public policy dialogues. In addition, some grass-roots and community-based organizations were seeking a public agency to "come out on their side." For example in many instances, Council organizations would ask SFDPH to come and testify on their behalf in legislative hearings.

This expectation was in conflict with SFDPH's goal of keeping the process participatory by putting science in the service of community-identified concerns and fostering deliberation among stakeholders. If SFDPH simply took expert-based positions on particular issues, it would be business as usual—with government making judgments outside of relevant community and social contexts. At the same time, community groups were right in as much as SFDPH did have the responsibility to inform decision-makers about important health impacts.

ENCHIA Evaluation Response

"I see a lot of these same people at other meetings, but now I'm more likely to go talk with them or try and work with them now that I know them better."

ENCHIA Evaluation Response

"When a city agency says, 'you decide what we should do and how it will impact decision making,' it seems a little disingenuous. You (DPH) have more power over decision-making than any of us (community group representative), and if we select something you can't endorse or do politically, then what? Tell us how far you are willing to take this (ENCHIA analysis) and make it a part of the City's decision making?"

More broadly, a number of relationships between SFDPH and constituent groups developed out of the process. SFDPH gained new opportunities to be a supportive partner of community efforts. For example, SFDPH worked with PODER and the SF Bike Coalition on a health rodeo/fair in the Mission; provided evidence to transportation advocates who were supporting a better CEQA process; and supported the Neighborhoods Parks Council in planning for a waterfront greenway. SFDPH also successfully partnered with the Bike Coalition to coauthor a grant and was awarded funds to implement a community-based transportation plan for Treasure Island, a San Francisco neighborhood going through significant redevelopment and environmental remediation. After the ENCHIA process ended, SFDPH was asked to participate on the Western SoMa Citizens Planning Task Force to provide health-based technical support in developing a neighborhood area plan. SFDPH is also working with community organizations to pilot the *Healthy Development Measurement Tool* in Visitacion Valley and in the Mission. Several organizations which participated on the Council are now including health analysis, HIA, and partnerships with SFDPH in their proposals to funders.

Beth Altshuler, ENCHIA Community Council Member

"At MIG, Inc. we are using the HDMT to guide the development of the Richmond General Plan Health Policy Element. The HDMT provides the initial research around these issues, which allows us to look at a broader range of issues in greater detail. Without the Tool, the Richmond Health Policy Element would have been limited to a less comprehensive scope."

E. ILLUSTRATE THE FEASIBILITY OF HEALTH IMPACT ASSESSMENT METHODS.

Overall, the ENCHIA process provides many lessons for the practice of HIA in the land use policy arena. The process illustrates that the idea and goals of HIA engaged a range of community stakeholders. Yet, in the absence of established models for collaborative approaches to HIA in the U.S. and with the lack of clear mandates for health assessment in land use planning, health agencies wishing to pursue a similar approach will have to be creative and adaptive in order to make meaningful and influential contributions.

Translating the principles of comprehensiveness, inclusiveness, equity, and consensus into a land-use-related public process was challenging to staff and the Council in numerous ways. First, given the long history of the Eastern Neighborhoods planning process, it was important to the Council that ENCHIA and its outcomes have power and influence in the process. Historically, several efforts had aimed to broaden the scope of the Eastern Neighborhoods Planning Process to include social and economic issues, the needs of equity, and resident voices. While an official effort convened by a city agency added stature to efforts to open up the planning process, SFDPH had, at best, an advisory role in this policy arena. Many participants sought assurances of regulatory influence or at least a sense of the implementation possibilities, in advance of investing their time and effort in completing the process. Some suggested that the group demand the inclusion of the assessment into the EIA, legally required by CEQA. Others wanted to map a pathway towards the institutionalization of HIA as a city requirement.

ENCHIA Evaluation Response

"The focus on housing and economics was important, since these are the key drivers of health and inequality. I mean, if this process focused on how to get people to walk more and lose weight, it would have been a total disaster."

SFDPH had convened ENCHIA with the understanding that ENCHIA was to occur in parallel with the CEQA process. Staff attempted to explain why this incremental approach might ultimately lead to the institutionalization of an HIA process. Still, some Council members questioned this position, and the potential relevance the ENCHIA process would have in the absence of a clear CEQA connection. Some felt that apart from CEQA, a mechanism was needed to institutionalize the ENCHIA framework of analysis. SFDPH staff recognized that these demands reflected both distrust and frustration with government and historical planning processes. However, given the novel nature of the process and SFDPH's own position within City government, staff was not able to give assurances of influence. Nor were staff able to commit to a specific course of institutionalization. However, SFDPH committed to working with participants to find ways to incorporate ENCHIA findings into the Eastern Neighborhoods Planning Process. Knowing this, it may have been useful from the outset to explore more explicitly potential strategies to operationalize the ENCHIA outcomes and create those levers. This could have ensured the process was not marginalized simply because of SFDPH's lack of direct power over land use matters.

ENCHIA Evaluation Response

"The SFDPH needs to commit to how far they are willing to endorse the use of the HDMT. Are you going to recommend it be used for all new developments, in EIAs, or not? Ultimately, the power of this tool will be whether an agency takes it on as their own, because community groups don't have the capacity or staff to use this all the time."

Second, while public health evidence provided support for SFDPH interest and interventions in land use planning, there was pressure to refrain from what appeared to others as "advocacy." Political pressures from within and outside City government required that SFDPH maintain an "objective" tone to the process even in the face of

obvious unmet community health needs. ENCHIA's value was in developing a rigorous analytical framework, where well-grounded science could speak for itself without a political agenda. SFDPH understood why perceptions of objectivity and neutrality were central to the legitimacy of a process convened by a public agency. This understanding was not shared by all participants, however. SFDPH remained silent when some Council members called on the process to organize political pressure on planning agencies to be more responsive to social and health needs. Staff also decided to steer the process away from reviewing and taking positions on specific projects proposed in the boundaries of the Eastern Neighborhoods, knowing that project-related decision-making was contentious.

Some City officials also challenged the process, viewing ENCHIA as duplicative or competitive with the formal planning process. Some felt ENCHIA could expose failures of city planning (e.g., the consideration of health and equity) and identify additional externalities of development (e.g., industrial-residential conflicts). While ENCHIA staff valued consensus, some city officials regarded ENCHIA as a potential instrument of anti-development in San Francisco. At times, these agencies made clear overtures for SFDPH to return to its traditional responsibilities and not to intrude on issues considered to be the domain of sister agencies.

Today, it is possible to demonstrate some ways that the ENCHIA process and its products have indirectly influenced the Eastern Neighborhoods Planning Process. While the Council did not complete a formal assessment of the plans, the ENCHIA process produced an HIA methodology (HDMT) for plan and project evaluation, and the Mission, Potrero Hill/Showplace Square, and East SoMa Area Plans are currently being assessed by SFDPH staff. The Planning Department has received and reviewed the HDMT and other ENCHIA products and has committed to using the indicators and development criteria, where possible, in the content of its plans. While communication and cooperation between the planning and health agencies has, at times, been less than ideal, recently released Area Plans demonstrate meaningful changes that are responsive to longstanding community needs. Assessing the discrete impact of the ENCHIA process and products on these plans is not possible. The degree to which neighborhood plans ultimately respond to the community health considerations or use the framework and language of "healthy communities" will largely depend on how these considerations are taken up and communicated by interest groups in the political process.

Lydia B. Zaverukha, SF Recreation and Parks Department Representative

"This was an invaluable process for health-oriented community development, appropriately placing first priority on the integration of community health needs and impacts. It should become the model for San Francisco's City Planning process, allowing for the alignment of the needs of City agencies, the community, and the development sector."

Evaluation of Participant Perspectives on ENCHIA

A formal evaluation of the ENCHIA process and outcomes was implemented by Jason Corburn, an assistant professor at Columbia University. Dr. Corburn followed the process from conception to completion, attended a majority of meetings, and interviewed and surveyed participants. The primary objectives for the ENCHIA evaluation included:

- Identifying features of ENCHIA that participants thought contributed to discussion, research, and action that promoted more healthy places/neighborhoods;
- Determining which processes and outcomes of ENCHIA addressed specific issues of concern for the Eastern Neighborhoods;
- Analyzing the extent to which the ENCHIA process was inclusive (i.e., represented the range of stakeholders necessary to generate legitimate outcomes);
- Assessing whether ENCHIA improved participants' understanding of the issues involved in HIA and land use-public health decision-making more generally;
- Assessing whether ENCHIA improved relationships among participants (a commonly stated goal of consensus-building processes); and
- Assessing whether ENCHIA altered the "standard operating procedures" of city government specific to land use and environmental health decision-making.

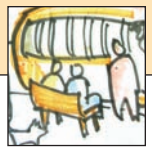
We expect the final evaluation to be completed by summer 2007. Below, we provide a summary of preliminary evaluation findings focusing on Council participant perspectives. Data were derived from a survey instrument that was distributed to all ENCHIA participants at the end of the 18-month process and included 20 questions regarding the ENCHIA process and outcomes. Open-ended interviews were also conducted with participants and staff between May and November 2006.

KEY FINDINGS FROM THIS EVALUATION INCLUDE:

- 73% of respondents thought the ENCHIA process was managed effectively and efficiently.
- 41% of respondents thought that the initial goals of the process were reasonable and achievable.
- 73% of respondents thought that the SFDPH made credible efforts to be as inclusive as possible of different interest groups and points of view.
- Almost 20% of respondents thought that the ENCHIA had a "definite impact" on Eastern Neighborhoods planning, while 41% thought the process had "some impact" and 14% no impact at all.
- 64% of respondents thought that the ENCHIA had "some impact" encouraging legislators to consider health arguments in planning processes outside of the Eastern Neighborhoods.
- 59% of respondents said that the health language and arguments from ENCHIA helped them in their own work, and 36% of respondents noted that the Healthy Development Measurement Tool was a very useful outcome.
- 59% of respondents noted that the ENCHIA approach to planning was useful in their own work.

Finally, 77% of respondents noted that participation in ENCHIA had improved their relationships with other organizations they did not formerly work with before the process began and 59% thought ENCHIA had improved their capacity to participate in land use planning processes using public health evidence.

See Appendix 11 for Detailed Evaluation of Participant Perspectives.



VI. CONCLUSION

ENCHIA represents the first attempt to comprehensively develop and deliberate HIA methods in a community-based U.S. context. Undoubtedly, ENCHIA increased the understanding of the human health impacts of development among Council participants. It also resulted in the expresssion of public health concerns and evidence in public policy dialogues and debates. Many organizations began to use data produced through the ENCHIA process to present a new perspective on the housing, economic, and environmental issues Council organizations were concerned with.

Both the ENCHIA process and the HDMT represent innovative approaches to public health practice. Given growing involvement of public health practitioners in built environment work, this experience demonstrates the ability of a local public health agency to engage in land use planning as a strategy for health promotion. It also reflects a model to improve working relationships with a diverse group of constituents, and through the *Healthy Development Measurement Tool,* provides clear methods to turn health and planning discourse into action.

Marya Morris, Health and Planning Technical Expert

"The ENCHIA process and the final report represent major milestones in the burgeoning movement to create healthy neighborhoods by addressing upfront the impacts of land use and transportation policies and plans on the people's health. As one of the first of such assessments of its scale to be undertaken and completed in the U.S., it will undoubtedly serve as a roadmap and educational reference tool for community groups, planners, public health experts, and local leaders all over the U.S. who want to measure health impacts of the built environment in their own community."

April Veneracion, ENCHIA Community Council Member

"The ENCHIA process helped to define the principles of a Healthy Neighborhood to include issues from housing to jobs, open space, and environmental stewardship. I am hopeful that the work of our broad-based Council will inform the planning and zoning process currently underway in the Eastern Neighborhoods of San Francisco."

There are signs that the ENCHIA process has influenced the Eastern Neighborhoods Planning Process. The Planning Department has received and reviewed the HDMT and other ENCHIA products, and has committed to using the indicators and development criteria, where possible, in developing recently released Area Plans. The degree to which neighborhood plans ultimately respond to the community health considerations articulated in ENCHIA will largely depend on how these considerations are taken up and communicated by interest groups in the political process.

While health agencies may experience a lack of institutional power in land use decision making, those agencies can develop tools and identify gaps that highlight

public health needs and considerations. Health agencies may be also challenged by playing multiple roles—being a community health advocate, facilitating the process, and serving as a technical expert. Successfully engaging community stakeholders in the planning and implementation of health impact assessments will be critical for both its success and relevance.

Overall, SFDPH believes the project maintained and fostered broad stakeholder participation, responded to unforeseen challenges along the way, and generated specific outcomes applicable to a range of public health and urban development scenarios. The ENCHIA process also provides many lessons for public health practice in the land use policy arena. Today, as SFDPH prepares to apply the *Healthy Development Measurement Tool* to other planning contexts, SFDPH sees this work as a reflection of the state of the field—a clear need for tools and methods to assess health in land use planning. ■

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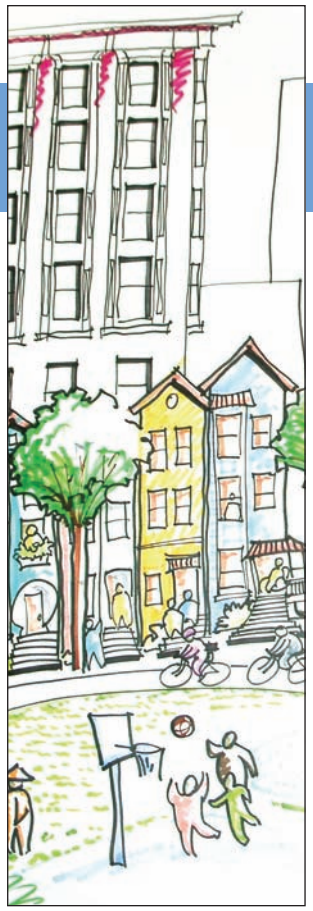
VIII. APPENDICES



Appendix 1:	Matrix of Potential ENCHIA Participants/Stakeholders
Appendix 2:	Council List of Healthy City Vision Attributes
Appendix 3:	Results from a Community Assessment of Health and Land Use
Appendix 4:	Final Policy Briefs
Appendix 5:	Policy Criteria Rating Worksheet
Appendix 6:	Results of Initial Policy Ranking
Appendix 7:	Policy Comment Letters: Amending Parking Rules in the C-3 Districts; Inclusionary Housing Amendments; Neighborhood Sanitation and Housing Habitability Ordinance
Appendix 8:	Eastern Neighborhoods Rezoning Statement
Appendix 9:	Request Letter to Technical Reviewers and City Agencies
Appendix 10:	HDMT Technical and City Reviewers
Appendix 11:	Detailed Evaluation of Participant Perspectives

For report appendices, please visit: www.sfdph.org/phes/enchia.htm