

# Creating Healthy Built Environments:

## Case Studies of Local Health Departments in California

### SHASTA COUNTY PUBLIC HEALTH DEPARTMENT



In 2004, the California Department of Public Health's (CDPH) California Center for Physical Activity (a unit of the State and Local Injury Control Section within the Safe and Active Communities Branch) established the Local Public Health and Built Environment (LPHBE) Network. Developed and implemented in partnership with Safe & Healthy Communities Consulting, the LPHBE Network was the first statewide effort in California to provide training, technical assistance, and grants to local public health departments interested in building capacity for promoting safe and active community environments. This document is one of three case studies profiling the healthy built environment work of local public health departments supported by the California Center for Physical Activity and trained by Safe & Healthy Communities Consulting. Each case study highlights how the public health department launched into working on these issues, project examples, and their approach to navigating the political, partnering, and capacity-building challenges posed by built environment work.

*Health problems are not solely caused by individual choices, but by community conditions and norms. Our emphasis for improving health and preventing disease is to develop policies and support community environments that are conducive to healthy behaviors.*

SHASTA COUNTY PUBLIC HEALTH  
DEPARTMENT STRATEGIC PLAN, 2007



Prepared for the California Center for Physical Activity, Safe and Active Communities Branch, California Department of Public Health



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## at a glance

Here's what you'll learn about Shasta County Public Health Department (SCPH) and their healthy built environment efforts:

- Built political support by adopting a strategic plan with measurable goals and objectives for healthy built environments
- Made Smart Growth concepts relevant in a rural context by focusing on cities and subdivisions
- Got cities to collaborate with health by offering small grants
- Worked with the city of Anderson to audit and GIS-map over twenty miles of bike, pedestrian, and trail facilities
- Used the data and maps to strengthen Anderson's General Plan and secure grants for bike and pedestrian facilities
- Established tools and a process for reviewing development proposals and plans

## getting started

Land use and transportation issues are inherently political and often controversial. In Shasta County where there is strong support for individual choice and responsibility, and equally strong concern over preserving the region's rural character, venturing into policy and environmental approaches to health has been a real challenge. Also, there's a common perception that Smart Growth and similar design practices are less relevant to rural communities. To enter into this arena, Shasta County's health officer, Andrew Deckert, knew the public health department would need clear direction, broad political support, and increased capacity.

Deckert and SCPH executives started by establishing a Public Health Advisory Board. Appointed by the County Board of Supervisors, "the advisory board was intended to raise the agency's profile, and by their involvement in setting strategic direction for the agency, lend critical support to many new areas of work for us, including the built environment," explains Deckert. In 2004, with the advisory board's endorsement, SCPH adopted a strategic plan that included policy and environmental approaches to physical activity, nutrition, and injury prevention. It also included measureable goals and objectives for healthy built environments (e.g., increase the ratio of miles of multi-use ways and trails per person). Commenting on the measures, Deckert says, "We forced ourselves to include these, even though we didn't yet

have the capacity to measure things, but this enabled us to build our infrastructure."

The strategic plan gave SCPH the momentum and support needed to allocate internal funds to a new Healthy Communities Unit and hire Minnie Sagar part-time as a public health program and policy analyst to coordinate SCPH's efforts around healthy built environments. For added support and direction, Sagar and Deckert developed a draft set of *Healthy Development Principles\** and presented it to the Public Health Advisory Board for vetting and official adoption.

With internal support in place, in 2005, SCPH used a mini-grant from the CDPH LPHBE Network to kick-off their work engaging communities and local governments around healthy built environments. In conjunction with the local medical society, they used grant funds to hold

the region's first community forum and media event on health and the built environment. The forum featured Richard Jackson, a national leader on the issue, and at the time, California's public health officer.

"The event generated lots of excitement," says Sagar, "but what kept the momentum going with cities was coming to them with funding." Using internal funds,

\* This and other SCPH tools and products are accessible at [www.shastapublichealth.net](http://www.shastapublichealth.net)



she approached each of the county's three cities with the offer of a \$10,000 grant to work collaboratively on a healthy built environment project. "I approached them by making a simple phone call — hey,

we've got this money, what can we do together. It was very casual — no formal presentations, just conversation." Two cities took her up on the offer: the city of Anderson and the city of Redding.



## the place and agency

Shasta is a rural county located at the northern end of California's Central Valley. Like most of the state's agricultural areas, Shasta is facing significant development pressures and rapid open space and farmland conversion. Ranked as the fourteenth fastest growing county in California, Shasta's population is expected to nearly double from 179,000 to 331,000 by the year 2050.<sup>1</sup> Concerned about losing the county's rural character, many residents and leaders are wary of new policies and development practices that feel too urban. Shasta County has three incorporated cities: Redding, Anderson, and Shasta Lake. Fifty percent of the county's residents live in the city of Redding. The county's population is predominantly white and lower to middle income.<sup>2</sup>

With nearly 170 positions, Shasta County Public Health Department is a relatively small local health department for California. Most of the agency's built environment activities are housed in the Nutrition and Physical Activity Promotion Division and within regional offices that work closely with local communities.

## two highlighted projects

### City of Anderson GIS Mapping & Walkability Project

#### THE PROJECT

In 2005 when Sagar offered a \$10,000 grant to the city of Anderson's Planning Department, she had two goals in mind: "to strengthen the relationship between the two organizations and to raise community awareness on the health and built environment connection." Recently hired as planning director, John Stokes faced updating Anderson's General Plan on a meager budget and with critical gaps in information on the existence and conditions of local bike, pedestrian, and trail facilities. "The data gap hampered our ability to develop a strong general plan circulation element, let alone plan for infrastructure improvements," says Stokes.

Together, Sagar and Stokes decided to work with the community to collect non-motorized transportation data through walk audits and to subcontract with a private firm to geocode and create GIS maps of the data. As an added community benefit, they planned on using the data to produce a walking guide of key walks, trails, and points of interest in Anderson.

Sagar next tapped into SCPH's South Region staff to lead implementation of the project. Christine Haggard, community organizer for South Region, says it was her job "to connect the people to the process." Along with Jeri Butler, South Region public health assistant, Haggard teamed with partners from the





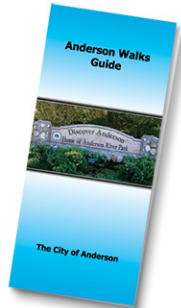


Healthy Eating, Active Communities Coalition (HEAC)\* to launch an eight-month community outreach and data collection process that included:

- Hosting a meeting with over 75 community members to get input on local walkability conditions, learn what residents wanted in a walking guide, and recruit walk audit volunteers.
- Identifying additional resident volunteers, organizing volunteers into community teams, and training teams on how to use the walk audit tool. To engage youth, Butler and her HEAC partners approached the local New Tech High School. Two classes adopted the walk audit as their semester project.
- Auditing ten trails and walks covering a distance of twenty miles. The community teams collected detailed data on the existence, specific locations, and condition of: sidewalks, crossings, bus stops, bikeways, parks, and trails.

\* HEAC is a multi-year and multi-site initiative funded by The California Endowment to reduce childhood obesity through policy, environmental, and systems-level change.

Translating the audit data into maps and a brochure took a team effort. "All of us, including the city's contracted GIS firm, worked together to analyze the data and produce the GIS maps and *Anderson Walks Guide*," says Haggard. "In true collaborative manner, different partners wrote different sections of the walking guide and HEAC paid for the printing." In 2006, SCPH, HEAC and the city of Anderson held a celebration at New Tech High School to present the *Anderson Walks Guide* to the community.



**RESULTS**

"Because of the health department's grant to us," says Stokes, "I was able to justify putting some of my time and my staff's time into this project and we've been able to leverage the results many times over. We used the data to create a non-motorized transportation map for our general plan update and to prioritize repairs and improvements for future infrastructure projects."





He also used the data and community outreach findings to secure a \$400,000 California Safe Routes to School grant, with the funds going towards high priority issues identified by the project. “We continue to use the data in proposals to improve walkability and bikeability in Anderson,” reports Stokes.

SCPH also benefits from the new data. “With the baseline data, we can now measure our progress towards built environment objectives in our strategic plan, including our impact on increasing sidewalk, bike, and trail access,” explains Sagar. The project also succeeded in building a partnership between SCPH and the city of Anderson. “Walking in the door with even a small pot of money works — it’s a concrete way to help them and you do something. It’s a ‘win-win’,” says Sagar.

The *Anderson Walks Guide* had some unintended impacts. In addition to being a great resource for Anderson’s residents, Haggard reports that “the chamber and businesses were really excited about it. Anderson didn’t have anything like this and the realtors have told us that it’s a great new selling tool to bring in business.”

## PROLOGUE

With limited funds for community outreach, Anderson’s John Stokes was relying on flyers and newspaper announcements to get the community to attend a general plan update meeting. Unfortunately, says Haggard, “flyers for this type of meeting go out to property owners, but

rarely reach residents that are renters or low-income.” Sagar adds, “the city had already seen the value of public health and where we can connect. So when they started updating their General Plan, they said, ‘let’s tap into your community contacts.’” To do this, Haggard took the city’s flyer, translated it out of “planner-talk,” turned it into a door hanger, and with help from students at New Tech High School and other youth groups, hung the flyers on the doors of all residents.

*The basic problem isn’t that we’re not welcome at most decision-making tables, but that we’re not yet equal partners. This is due in part to our lack of resources, in part to our own learning curve, and in part to the lack of legislation requiring public health to be at land use and transportation planning tables.*

**ANDREW DECKERT**  
HEALTH OFFICER, SHASTA COUNTY PUBLIC  
HEALTH DEPARTMENT

The results were impressive. Over 125 residents attended the first meeting. With help from SCPH and the students, the city was able to hold four additional community meetings. At the meetings, “we helped Anderson by serving as scribes, co-facilitating potentially sensitive discussions of how proposed zoning changes would affect residents, and presenting on the health/community design connection along with showing our DVD *Six Keys to a Healthy Community*,” says Sagar.

The partnership affected the content of the plan. “SCPH’s outreach brought in a whole new sector of the community, which helped us incorporate residents’ vision and needs into the general plan update,” says Stokes. In addition, the combination of the planning director’s vision and the relationships built with SCPH resulted in the city adding a *Health and Safety Element* to their General Plan.\*

\* Anderson’s General Plan and the *Health and Safety Element* are accessible at [www.ci.anderson.ca.us/Generalplan\\_update\\_07.asp](http://www.ci.anderson.ca.us/Generalplan_update_07.asp)



## Integrating Health into Development Review

Large new subdivisions account for much of Shasta County's projected growth. This offers an opportunity to influence the future of the region's physical form, and subsequently the health of the region's residents. "We're a rural area with lots of greenfield. If we're going to have all this growth, we have to try to get people to think about how development can be healthy," explains Sagar. Building on his relationships with Shasta's three city planning departments, Health Officer Deckert met with and asked each planning director to voluntarily add SCPH to the list of agencies notified of and providing comments on new development proposals. All three cities agreed.

### THE PROJECT

SCPH's first task was to develop a tool for assessing the health aspects of proposed developments. The challenge, says Sagar, "was to produce a tool that was locally relevant; stayed within the purview of our focus on chronic disease and injury prevention; reflected the agency's strategic goals; and could assess the type of site maps we typically receive from the cities (e.g., subdivision engineering site maps with minimal information on design details)."

Sagar sought input on the tool from each city's planning director and staff. One planner's comment summed up the feedback, "This is great but it's not going to mean anything to a planner. What does it tell us about how to design for health?" Incorporating this feedback, Sagar produced the *Public Health Development Checklist*. For each proposed change, the checklist provides a brief public health rationale and a healthy design alternative, including details on design features and dimensions. "We ensured internal support," says Deckert, "by getting input and official endorsement of the tool from



our Public Health Advisory Board."

To evaluate their impact on development decisions, SCPH developed a second tool, the Public Health Development Scoring Tool. "We needed an internal process for tracking whether cities and developers heeded our comments — to measure if we made a difference in what actually got built," explains Sagar.

SCPH's process for reviewing development proposals includes:

- Limiting their review primarily to large scale development projects and projects affecting vulnerable populations (e.g., senior housing)
- Clarifying questions or getting additional information on the proposed development by visiting the site and/or calling the planner assigned to the project
- Reviewing the proposal using their checklist and combining comments from both Deckert and Sagar
- Providing the planning department with written comments and a completed checklist

- Tracking the effect of their comments, when possible, using the scoring tool (results are not shared with the cities).

Since late 2006, when they started reviewing development proposals, SCPH has reviewed and commented on ten projects including subdivision site plans, Notices of Preparation, and Environmental Impact Reports (EIR), in addition to general plans and the Regional Transportation Plan. "Projects have ranged in size from a thirty unit senior housing project to a multi-phased 5,000 residential mixed-use master planned development," says Deckert. The time required to review and comment on a project also varies, from a couple of hours for a typical subdivision site map to several hours for a large EIR.

### RESULTS

To date, none of the subdivision projects reviewed by SCPH have been fully built out, making it difficult to determine SCPH's influence on new construction. Despite this, SCPH is seeing signs that they are making a difference. "It's had

a positive effect on our relationships with planning department staff,” says Sagar. “One planner told me that they appreciate being able to share an outside agency’s comments that echo what the city is telling developers.” SCPH’s comments often provide validation for what local planning departments are trying to do. “The support I got from public health helped get approval on a mixed-use district for downtown,” says Anderson’s John Stokes.

## CHALLENGES

Without an official role, it’s difficult to be at the right table at the right time. “We’d like to be involved at the preliminary review stage of development when it’s more likely the developer will integrate our suggestions. We’d also like to be at the meetings when the city gives feedback to the developer. But, we’re not yet at those tables,” explains Sagar. In addition, many of the projects SCPH reviews are large and will take many years to go from review at planning commission hearings to complete build out. “Because we’re not an integral part of the development process, we have few opportunities to see and assess projects as they make their way through the system,” explains Deckert. Additionally, says Sagar, “the task of tracking multiple projects going before multiple planning commissions in different cities is challenging in terms of staff time and resources.”

Fluctuating demand has also been a challenge. Initially the volume of development projects to review was overwhelming, raising questions about SCPH’s ability to meet the demand. “Now with the slow-down in development, we haven’t had a project to comment on in months,” reports Sagar. The rollercoaster effect makes it difficult to plan staffing needs.

Communities don’t necessarily agree with the “healthy” environments advocated by public health. SCPH has seen many good plans go before local planning commissions and not be approved because one or several community members opposed the idea. For example, a proposed trail around a development site didn’t pass because one neighbor strongly opposed the trail being next to her backyard. “Often, the only residents that attend are those who are opposed to the project,” says Sagar. Both SCPH and Anderson’s planning director emphasize the need for building greater community consensus around healthy community design.

## navigating new territory

For most local health departments, working on the built environment brings three typical challenges: navigating the politics, establishing a legitimate role for the agency in land use and transportation planning, and building relationships with non-traditional partners.<sup>3</sup> SCPH grapples with the added question of how to promote healthy community design in a rural setting where these concepts are often considered less appropriate. The following provides a glimpse of how SCPH is managing these challenges.

### The Politics and Establishing Public Health as a Player

**Active Leadership.** “The leadership and hands-on involvement of Andrew Deckert, as public health officer, was absolutely critical,” says Sagar. “He is highly respected and lends credibility. I don’t think any health department should try this without the support of their health officer.” Deckert helped establish internal infrastructure including the Public Health Advisory Board and agency strategic plan that legitimized SCPH’s work on the built environment. He forged relationships with local planning directors and others from the community design sector, and speaks publicly on the built environment to community groups.

Deckert, in turn, attributes SCPH’s progress to the active support received from the highest levels in the agency, including: the Health and Human Services Agency Director Marta McKenzie, Public Health Director Donnell Ewert, and Deputy Directors Terri Fields-Hosler and Melissa Janolewicz. Also, adds Deckert, “our ability and comfort working on policy issues can be traced back to our long-term use of the *Spectrum of Prevention*<sup>4</sup>, an approach to prevention that targets multiple levels of intervention including policy and systems-level change.”

**Focus on Urbanized Areas.** SCPH strategically focused their built environment work on cities rather than unincorporated areas. Like many rural areas, most of Shasta County’s population resides in cities with the majority of development in the county clustered in or near the cities. “By targeting our cities, we had the potential to affect a greater number of people,” explains Deckert. “And, since there is more support for healthy community design in our cities, it made it easier to build new partnerships and have an impact on the process.”

*They’ve raised the profile and awareness of what they do — it’s not just immunizations. More of us now understand that land use and transportation are important issues to the health department.*

JOHN STOKES  
PLANNING DIRECTOR, CITY OF ANDERSON



**Frame and Communicate the Message.** “When we talk about the built environment and community design, we always lead with ‘health’ and end with ‘health,’” says Deckert. “We force ourselves to be grounded in health and the prevention of specific diseases and injuries — that is our expertise and value-added.” SCPH developed a DVD, *Six Keys to a Healthier Community*, for use at community forums. The DVD explains in layman’s terms how walkability and community design solutions promote health. SCPH also brought in communications experts to train staff and community leaders on how to communicate environmental and policy approaches to health.

## Building New Relationships

**Walk in the Door with Something Your Partners Can Use.** Using internal funds, SCPH offered grants to their cities. They also paid for Stokes and key community leaders to attend the national New Partners for Smart Growth Conference. Deckert recalls how, “traveling and attending the conference together was a great opportunity to get to know each other better. It translated into a much stronger working relationship.”

**Be a Constructive Partner.** “Minnie [Sagar] walked in with an open attitude, wanting to learn and acknowledging what she didn’t know. She came in with expertise in health, but recognized that she isn’t an expert in planning,” recalls Anderson’s John Stokes. In fact, Sagar purposely tried to stay positive and constructive when working with her new city partners. “We really need to understand and respect their perspective and realities,” says Sagar. Going further, Stokes cautions public health professionals “to be careful how you come across to planners who’ve been doing this work for years. You need to make sure the message isn’t ‘everything you’ve been doing is wrong.’”

**Be Persistent.** “It’s all about timing. For example, I had money to offer the city of Shasta Lake, but they didn’t have a project where we could collaborate — they weren’t ready for our help. It took almost two years of keeping in touch with their planning director,” recalls Sagar. During those two years, SCPH’s regional office continued to work with Shasta Lake on other projects, building greater familiarity and trust between the agencies. When the city was ready, SCPH’s internal grant funds were no longer available, but Sagar didn’t let the opportunity slip-by. She worked with Shasta Lake to obtain a grant to develop a non-motorized transportation GIS data layer.

*There was a history of good relations and experience between our agencies. They had already worked with us on issues that were outside of the ‘traditional’ public health realm.*

JOHN STOKES  
PLANNING DIRECTOR, CITY OF ANDERSON

Sagar stresses that she tries to “balance knocking on the door with not being too pesky ... just letting them know that I’m here and ready.” She also nurtures relationships and stays on their radar by sharing news and keeping her partners updated via email.

**Structure Agency to Foster Partnering.** SCPH’s decentralized structure helped them reach out and partner with cities and communities. “With four regional offices all building good connections in their local areas, we were already a ‘known entity’ with the cities ... not necessarily with the planning departments, but with staff from the police, and parks departments,” says Sagar. Stokes adds, “I hadn’t worked with them directly, but our police department had so I could just walk over and ask ‘who are these people from county health?’”

The trust and relationships established by SCPH’s regional offices also proved instrumental in their ability to engage residents and community groups around health and built environment issues. “From my perspective, this is one of the most significant resources the health department brings to the table,” says Stokes.

Finally, SCPH’s decentralized structure allows them to use a team approach and draw on multiple staff and types of expertise when implementing built environment projects. “It really is a team effort - without the help of regional office staff, this work couldn’t be done,” says Sagar.

## building organizational capacity

### Staffing

Bolstered by their updated strategic plan, SCPH was able to justify shifting internal funds to create a budget and infrastructure for built environment work. By 2006, they established a new Healthy Communities Unit, created a county job classification that allowed for new types of activities (e.g., conducting health impact assessments), and hired staff for the unit. Deckert explains they’re able to address the built environment by having “a lot of people carry a small portion of the work.” Current staff capacity includes nearly one FTE spread among two staff in the Healthy Communities Unit, one full-time health educator for the Safe Routes to School Program, a portion of a health educator’s time for the Healthy Shasta effort, almost one FTE spread across three HEAC project staff including a community organizer, public health





## Building Staff Capacity

“We’ve made a substantial effort to educate our workforce on healthy built environments,” says Deckert. During new employee orientation, all staff members are introduced to the built environment as a public health issue. Staff members working more directly on these issues were sent to numerous state and national conferences and trainings on public health’s role in land use and transportation planning; how to conduct walk audits; Smart Growth; and how to communicate these concepts to the public. Additionally, on her own initiative, Sagar has taken university classes on land use planning.

## next steps

In the coming year, SCPH looks forward to working with their local governments on several plans including Redding’s Bike Master Plan, Shasta County’s Parks/Trails/Open Space Master Plan, and a health impact assessment of Shasta Lake’s draft general plan. “We’ll also work at the regional planning level,” says Deckert. “As members of the steering committee to ShastaFORWARD — a regional transportation planning process led by the Regional Transportation Planning Agency — we’ll help shape and support health as part of the Regional Transportation Plan<sup>5</sup>.”

SCPH will continue to work with key countywide coalitions, like Healthy Shasta<sup>6</sup>, that are using policy and environmental strategies to improve healthy eating and active living. Moreover, Deckert and Sagar say they plan to reinvest in building greater awareness and support for healthy community design. “We want to develop a communications plan that targets residents, developers, and decision-makers and conveys the rationale and strategies for improving health through policy and the built environment,” says Sagar.

assistant, and community development coordinator, and 10 percent of the Health Officer’s time.

## Funding

Fiscal support for Shasta’s built environment efforts comes primarily from internal realignment dollars — a flexible source of state funds derived from sales tax and licensing fees and redistributed back to the county. However, “grants have played an important role in helping us engage partners, hold major events and train staff,” notes Deckert. Three separate CDPH LPHBE Network seed grants, totaling \$22,000, gave SCPH their start and helped to leverage larger funds including a portion of a four-year \$500,000 HEAC grant from The California Endowment and, more recently, a \$300,000 Caltrans Safe Routes to School grant. SCPH has also received support from local organizations, including a \$75,000 grant from Mercy Medical Center and the YMCA to work on healthy community environments with a local collaborative.



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## THE CASE STUDY PROJECT

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The *Creating Healthy Built Environments: Case Studies of Local Health Departments in California* series is intended to assist local public health agencies in California and other states with developing strategies and overcoming common barriers to policy and built environment work. It is also meant to inform the growing number of private foundations and government agencies that provide public health departments with funding and support to promote healthy community design. Copies of the case studies are available for download at [www.safehealthycommunities.com](http://www.safehealthycommunities.com) and [www.caphysicalactivity.org/lphbe](http://www.caphysicalactivity.org/lphbe). The California Center for Physical Activity website also includes information on the CDPH LPHBE Network and resources.

## REFERENCES

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- 1 Shasta County Regional Transportation Planning Agency, *ShastaFORWARD*, [www.shastaforward.com](http://www.shastaforward.com)
- 2 U.S. Census Bureau. *State & County QuickFacts: Shasta County, California*. <http://quickfacts.census.gov/qfd/states/06/06089.html>
- 3 Zenzola, T. *Land Use Planning and Community Design: The Role of Local Public Health Agencies. A Focus Group Report, 2005*. National Association of County and City Health Officials. [www.naccho.org/topics/environmental/landuseplanning/upload/land-use-planning-and-local-public-health-officials.pdf](http://www.naccho.org/topics/environmental/landuseplanning/upload/land-use-planning-and-local-public-health-officials.pdf)
- 4 Cohen L, Swift S. "The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention." *Injury Prevention*, 1999;5:203-207.
- 5 Shasta County Regional Transportation Planning Agency, *ShastaFORWARD*, [www.shastaforward.com](http://www.shastaforward.com)
- 6 Healthy Shasta, [www.healthyshasta.org](http://www.healthyshasta.org)

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