| | |
|---|---|
| **Topic:** | Healthy Communities; Comprehensive Planning; Equity |
| **Resource Type:** | Guidance Materials and Scholarly Articles |
| **State:** | N/A |
| **Jurisdiction Type:** | N/A |
| **Municipality:** | N/A |
| **Year** *(adopted, written, etc.)***:** | 2011 |
| **Community Type – applicable to:** | Urban; Suburban |
| **Title:** | Comprehensive Planning for Public Health: Results of the Planning and Community Health Research Center Survey |
| **Document Last Updated in Database:** | July 10, 2018 |

## *Abstract*

The American Planning Association devised a guide to reduce health inequities amongst communities. The guide states that careful designing, implementation strategies and individual or community resources can be used to reduce these health inequities. The guide is organized into four major points; "incorporating health equity into foundational skills for public health, maximizing tobacco-free living strategies to advance health equity, maximizing healthy food and beverage strategies and maximizing active living strategies to advance health equity." These resources offer community assistance on policy, local and environmental strategies to reduce inequities and help communities involve specific goals into their practices. One initiative in particular, the Consortium to Lower Obesity in Chicago Children (CLOCC), which developed a successful strategy to prevent obesity in the community.

## *Resource*

# Comprehensive Planning for Public Health

*Results of the Planning and Community Health Research Center Survey*

This report highlights the results of a web-based survey used to identify draft and adopted comprehensive and sustainability plans that explicitly address public health.

**REPORT**

## PLANNING & COMMUNITY HEALTH RESEARCH CENTER
**planning.org/nationalcenters/health/**

**APA**

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# Comprehensive Planning for Public Health

## *Results of the Planning and Community Health Research Center Survey*

### Current Practice

Local governments prepare a variety of plans that are designed to address social, economic and environmental opportunities and problems. The comprehensive plan establishes a 20-30 year blueprint for the long-range future of the entire community and guides local policy decisions. It makes explicit the dependencies and inter-relationships that exist between topics such as housing, transportation, land use, economic development and environmental protection. Also referred to as the general plan or master plan, the comprehensive plan is typically updated every 10-15 years and consists of mandatory elements (as required by state enabling legislation) and voluntary elements (not required by state legislation but important to addressing emerging needs and issues of a community).

The process of creating a comprehensive plan typically begins with an analysis of existing social, economic and environmental conditions in the community, followed by a public visioning process, the development of goals and objectives, and the development of specific policies and programs to meet the needs and improve the future of a community.

While not all local governments across the U.S. are required to develop a comprehensive plan, many are beginning to see the connections between comprehensive planning and public health. Mandatory elements such as housing, transportation and land use, can impact food access, physical activity, housing choice and affordability, school locations, social equity, transportation choices, clean water and air, and more. Several strategies have been used by local governments across the country to plan for health. Some local governments create a stand-alone, voluntary health element in the comprehensive plan, while others incorporate health-related goals and policies into existing mandatory elements of the plan.

A new generation of comprehensive plans—sustainability plans—are also emerging in communities across the

U.S. to expand the social, economic and environmental components of the plan and to address new and emerging issues, such as climate change, health equity, and community-based food systems. While not required by state statute, the sustainability plan is often adopted by the local government and plays an important role in local policy reform.

Considering the impact of the comprehensive plan (including the new generation of sustainability plans) on social, economic and environmental conditions, there is a need to explore the role comprehensive and sustainability plans play in identifying local health issues and promoting the long-term health of a community.

The American Planning Association's Planning and Community Health Research Center (APA), with funding from the Centers for Disease Control and Prevention, is conducting a multi-phase research study to identify, evaluate and analyze the plan-making processes and health goals, objectives and policies of local comprehensive and sustainability plans developed and adopted by communities across the U.S.

As part of the first phase of this project, APA developed a national, web-based survey to:

- Identify draft and adopted comprehensive and sustainability plans that explicitly include public health related goals, objectives, and policies;
- Inventory the public health topics included in the plans;
- Identify the opportunities and barriers faced by each community in the development and adoption of each of these goals, objectives or policies; and,
- Assess the current state of planning for public health in local governments across the country.

## Survey Background

The APA survey targeted planning directors and other local planning department staff engaged in long-range planning at the local government level. The survey was intended as an information-gathering tool to inform further case-study research and help develop a policy report that will feature tools and strategies planning and health professionals can use to integrate health into the plan-making process.

APA conducted two rounds of web-based data collection. On June 30, 2010, APA sent a direct email (with a link to the web-based survey) to all planning directors in its membership database, approximately 1020 members. Because only 388 people (about 38%) responded and completed the survey, APA decided to conduct a second round of data collection. On August 10, 2010, APA sent an email invitation to the listservs of all 50 APA State Chapters, which yielded a greater response.

## Survey Respondents

The first round of data collection yielded 388 responses and the second round 774 responses, for a total of 1162 initial responses. Because 272 of the initial responses represented an entity other than a local government, such as a regional planning agency, state government or development district (116 responses); or included duplicate information, where multiple entries were submitted for a single local government (156 responses), they were removed from the data set. The final number of valid responses was 890.

Of the 890 respondents, more than half work for a city government (54.9%), 13.3% work for a county government, 12.1% work for a town, and the remaining respondents either work for a township, village, tribe, regional planning agency, or combined city-county government. The majority of respondents work for a medium-sized jurisdiction (35.6% for a jurisdiction with a population of 10,000 to 49,999 and 19.4% for a jurisdiction with a population of 50,000 to 149,999 people, respectively). About 12% work for a jurisdiction with a population of 2,500 to 9,999; 9% for a jurisdiction with 150,000 to 499,999; and 8% for a jurisdiction with 500,000 or more people.

The majority of respondents (65.7%) were public-sector planners; 11.0% were appointed officials; 4,8% were public health professionals, urban designers, architects or another type of professional; 1.6% were private-sector planners; and less than 1% were either elected officials, or community advocates. About 16% of respondents did not provide a response.

Approximately 81% indicated planning as an area of professional expertise; 25.6% economic development; 18.8% transportation; 16.4% housing;  and 10.2% parks and recreation (respondents could select more than one response to this question). About 13% reported another type of professional expertise, such as sustainability, environmental planning, community development, urban design, historic preservation, zoning, natural resources, energy, or agriculture. Less than 2% indicated public health as an area of professional expertise.

All but 2 states were represented by the respondents: North Dakota and South Dakota.

# Summary of Findings

**Public Health**
- Approximately 27% of all respondents reported that their jurisdiction's officially adopted comprehensive plan explicitly addresses public health; while only 3% of all respondents reported that their jurisdiction's officially adopted sustainability plan explicitly addresses public health.
- The top 10 most cited public health topics in the identified comprehensive plans include: recreation, public safety, clean water, active transportation, clean air, emergency preparedness, active living, physical activity, environmental health, and aging.
- The top 10 most cited public health topics in the identified sustainability plans include: active transportation, clean air, clean water, climate change, active living, physical activity, recreation, environmental health, food access, and public safety.

**Location of the Public Health Topics in the Plan**
- The majority of respondents noted that public health topics were addressed in the land use, transportation, recreation and open space, or bicycle and pedestrian elements of the comprehensive plan.
- Twenty-three respondents reported that their jurisdiction's adopted comprehensive plan contains a stand-alone health element, of which 8 are from jurisdictions in California, 2 from Minnesota, 2 from Oregon, 2 from Alaska, 2 from Texas, and the rest from 10 other states.

**Public Health Data & Data Collection Tools**
- Of the adopted comprehensive plans that explicitly address health, the majority of respondents indicated that they did not use any of type of public health assessment or data collection tools to identify public health related problems in the community (23.9%) or that they didn't know if such tools were used (23%). Only 9 respondents (3.7%) indicated that they used the health impact assessment as a tool in the identification of public health problems in the community. The most commonly used types of tools included the environmental impact assessment, economic feasibility study, and the brownfields study.
- Of the adopted sustainability plans that explicitly address health, about 30% of respondents indicated that a climate change study was used to identify public health related problems in the community; 26% of respondents indicated that an environmental impact assessment was used; 22.2% brownfields assessment; 22.2% energy analysis; and 18.5% economic feasibility study.

**Level of Involvement of Stakeholders**
- Respondents reported that beyond the local planning agency, the most involved groups or government agencies in the development of the public health components of the adopted comprehensive plan and sustainability plans were the local planning commission and community residents, and the local office of sustainability, community based organizations, and local environmental planning agency, respectively. On average, local health departments were not involved or had little involvement in the development of the public health components for both comprehensive and sustainability plans.

**Successes & Challenges**
- According to respondents for both the adopted comprehensive and sustainability plans, the top two reasons for including public health into the comprehensive plan or sustainability plan were: community support (51.4% and 51.9%, respectively), and community awareness (47.3% and 44.4%, respectively).
- The top two barriers were lack of local government funding (22.2% for comprehensive plans and 33.3% for sustainability plans) and lack of state government funding (18.9% and 29.6%, respectively).

**Impact of the Plan on Public Health**
- About 31% of respondents reported that the public health related goals, objectives and policies in the adopted comprehensive plan have had positive impacts or made positive improvements to the community, including increased pedestrian/bicycle focus in planning decisions, increased recreation opportunities, increased alternative transportation options, and other issues.
- Over one-third of respondents (40.7%) reported that the public health related goals, objectives and policies in the adopted sustainability plan have had positive impacts on public health in their jurisdiction or raised awareness of public health issues, such as increased community gardening, improved sustainability practices, formation of a sustainability committee to promote active living and health eating, and encouraged alternative transportation and green building practices.

# Results of the Survey

## PLANNING FOR PUBLIC HEALTH

Most of the respondents (95% or 845) indicated that their jurisdiction had either a draft or adopted comprehensive plan; however only 260 (or 30.7%) of these respondents indicated that their comprehensive plan explicitly addresses public health (see Figure 1). Map 1 (see page 8) provides an overview of the geographic spread of these municipalities and counties. Of the identified comprehensive plans with public health components, 93.5% (243) have been officially adopted by the local government. (Note: These 243 respondents will be referred to collectively as the selected comprehensive plan (CP) respondents.)

Less than one quarter of the respondents (15.8% or 140) indicated that their jurisdiction had either a draft of adopted sustainability plan; and only 51 (or 36.4%) of these respondents indicated that their sustainability plan explicitly addresses public health (see Figure 2). Map 2 (see page 9) provides an overview of the geographic spread of these municipalities and counties. Of the identified sustainability plans with public health components, 52.9% (27) have been officially adopted by the local government. (Note: These 27 respondents will be referred to collectively as the selected sustainability plan (SP) respondents.)

A regional geographic breakdown of all the adopted comprehensive and sustainability plans can be found in Appendix A (see page 24-27).

## PUBLIC HEALTH TOPICS

To assess the types of public health topics explicitly addressed by comprehensive or sustainability plans, the survey asked selected CP and SP respondents to identify the number and type of public health topics included in the plan. Respondents could choose 1 or more topics from a list of 31 general public health topics. More than half of selected CP respondents indicated that their jurisdiction's adopted comprehensive plan explicitly addresses recreation, public safety, clean water, active transportation, or clean air (see Table 1, page 10).

Less than 10% of selected CP respondents noted that their jurisdiction's comprehensive plan explicitly addresses obesity prevention, social capital, mental health, chronic disease, food security, health disparities, nutrition, clinical services, infectious disease, food safety or injury prevention (see Figure 3, page 12).

More than half of selected SP respondents indicated that their jurisdiction's plan explicitly addresses active trans-

**Figure 1. Does your jurisdiction's draft or adopted comprehensive plan contain explicit goals, objectives or policies that address public health? (n=845)**
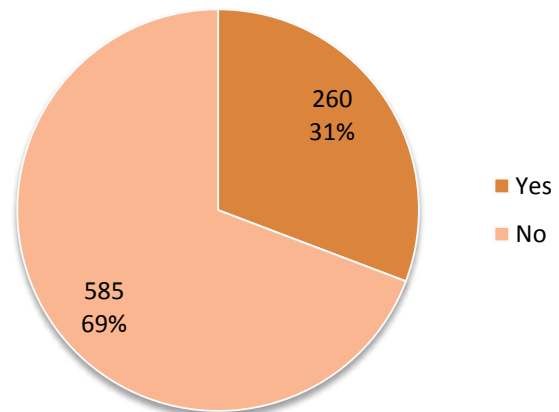


**Figure 1. Does your jurisdiction's draft or adopted sustainability plan contain explicit goals, objectives or policies that address public health? (n=140)**
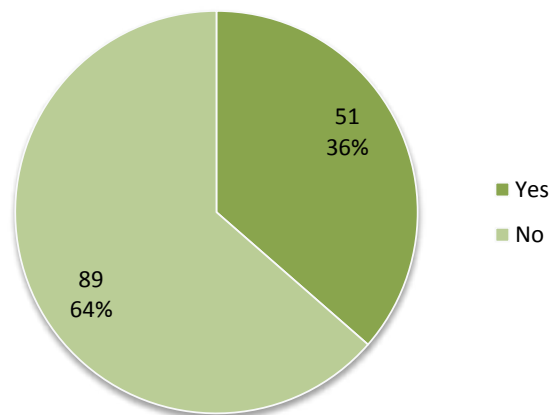
Map 1
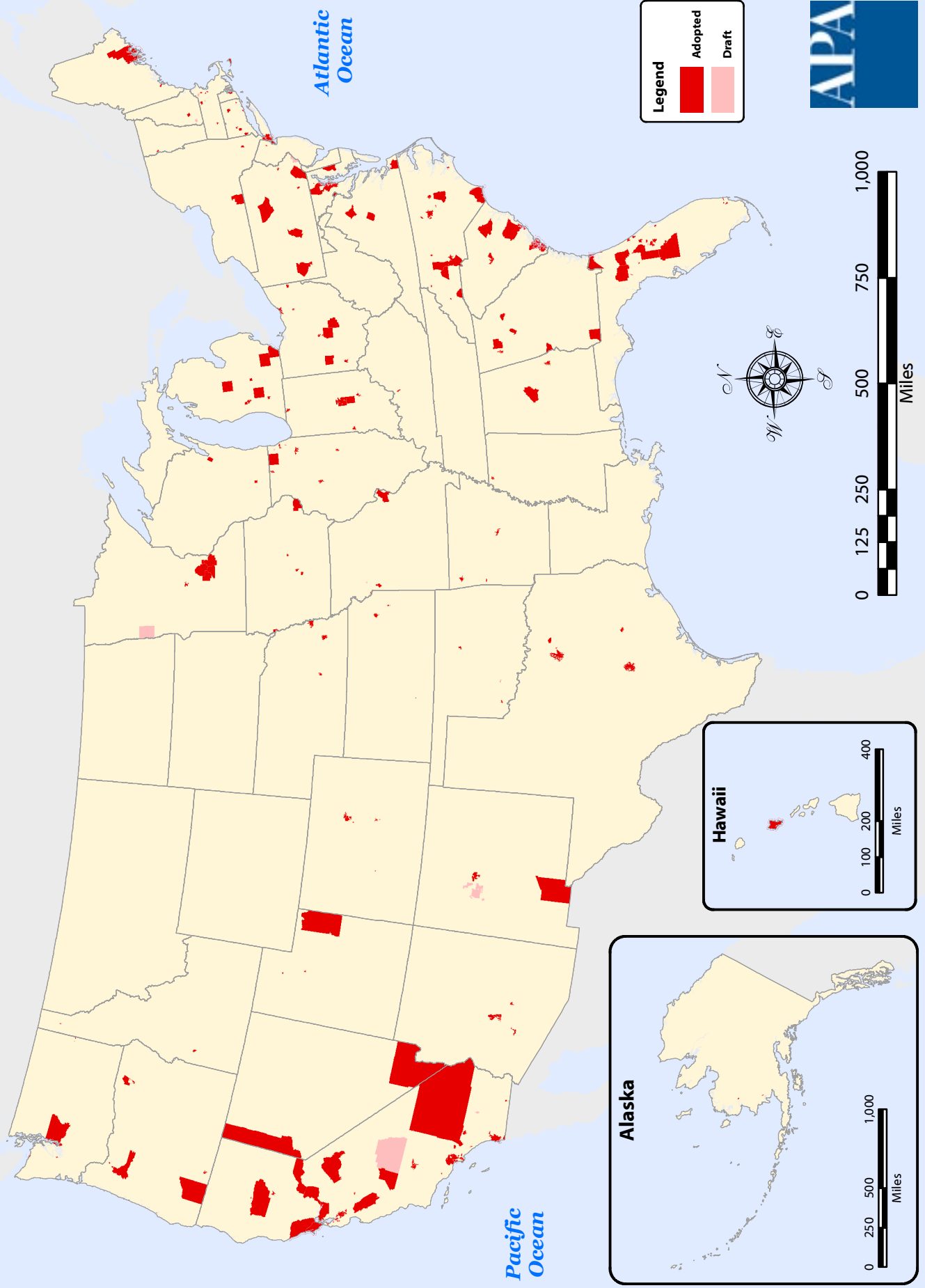
# Comprehensive plans that explicitly address public health



**Legend**
Adopted
Draft

Atlantic Ocean

Pacific Ocean

Hawaii

Alaska

Miles
0  125  250  500  750  1,000

Hawaii
0  100  200  400
Miles

Alaska
0  250  500  1,000
Miles

**Map 2**

# Sustainability plans that explicitly addresses public health

Atlantic
Ocean

Pacific
Ocean

Legend
Adopted
Draft

0   125   250     500     750   1,000
Miles

Hawaii

0   100   200   400
Miles

Alaska

0   250   500   1,000
Miles
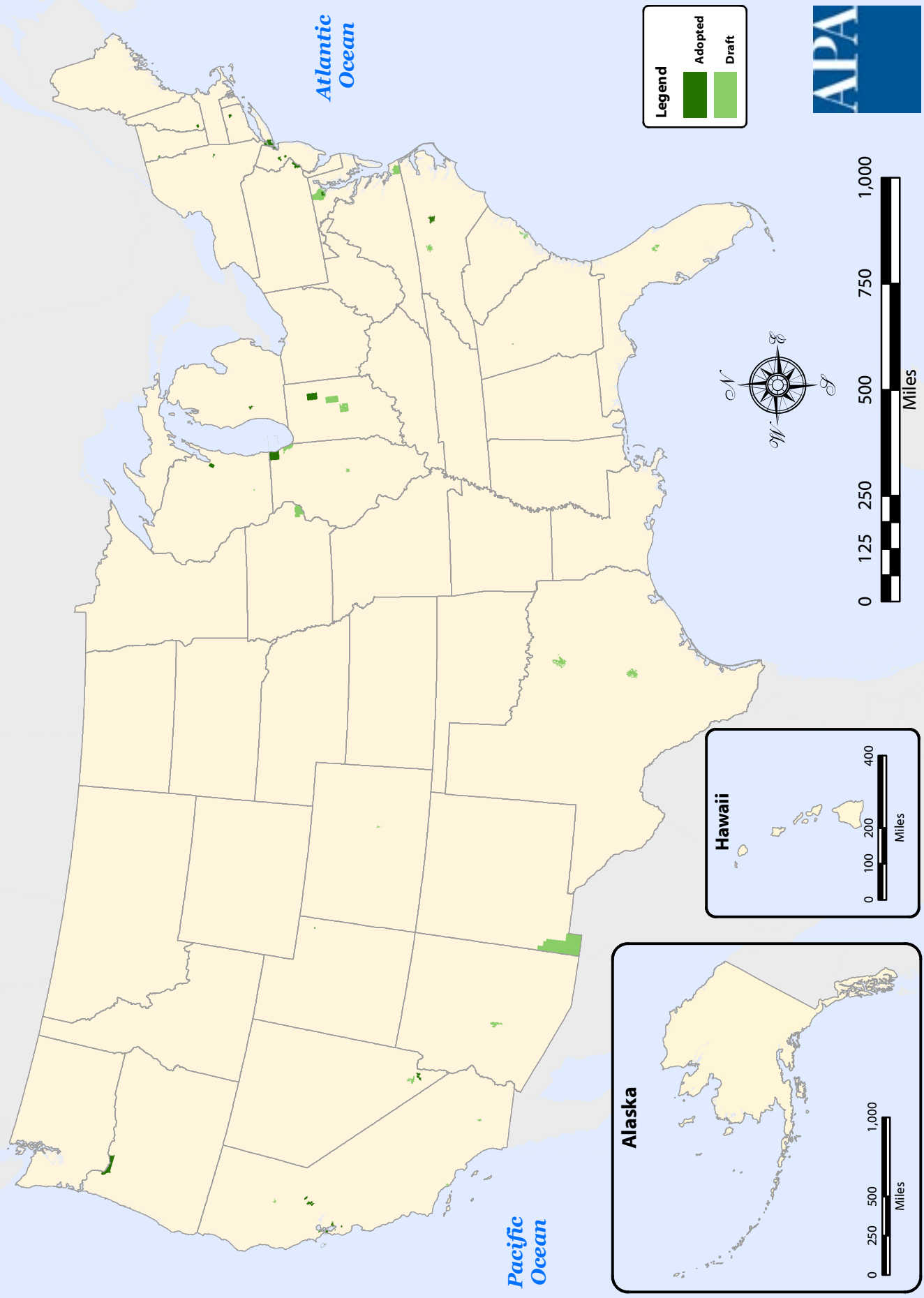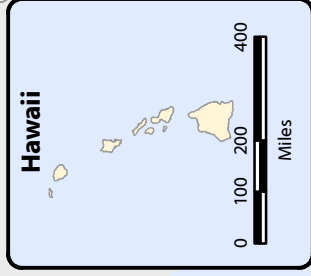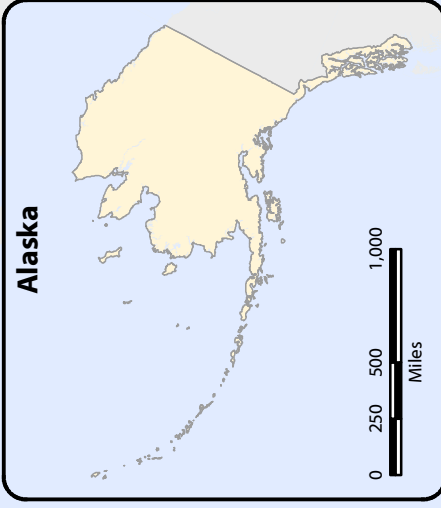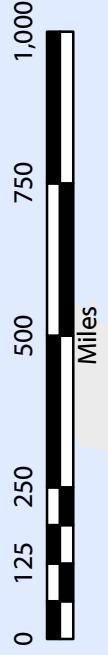
portation, clean air, clean water, climate change, active living, physical activity or recreation (see Table 2).

Less than 10% of selected SP respondents noted that their jurisdiction's sustainability plan explicitly addresses health disparities, chronic disease, infectious disease, injury, obesity, or clinical services (see Figure 4, page 13).

A greater percentage of adopted sustainability plans than adopted comprehensive plans address active living related topics (Group A, 65.7% versus 57.1%), environmental health related topics (Group C, 46.4% versus 36.7%), climate related topics (Group D, 42.6% versus 34.4%), food and nutrition related topics (Group E, 22.2% versus 8.7%), and social health related topics (35.2% versus12.6%) (see Table 3, page 11). However a greater percentage of adopted comprehensive plans than adopted sustainability plans address chronic disease, health care, and safety related topics (see Table 3, page 11).

Only 1 respondent (Omaha, NE) reported that their jurisdiction's adopted comprehensive plan explicitly addresses all of the 31 public health topics. Respondents from Oneida Nation, WI; Alachua County, FL; Austin, TX; Sacramento, CA; and Marin County, CA reported that their jurisdiction's comprehensive plan explicitly addresses between 80 and 90% of the topics (see Table 4, page 11). (For a list of the top 17 jurisdictions, by number of topics addressed, see Appendix B, page 28. For a list of all jurisdictions, see Appendix C, page 29-44.)

Only 2 respondents (Oneida Nation, WI and Raleigh, NC) reported that their jurisdiction's adopted sustainability plan explicitly addresses at least 50% of the public health topics. (For a list of all jurisdictions, by number of topics addressed, see Appendix D, page 45-46.)

Twenty-eight respondents indicated that their jurisdiction's adopted comprehensive plan explicitly addresses public health, but none of the 31 general public health topics listed in the survey. And, two respondents indicated that their jurisdiction's adopted sustainability plan explicitly addresses public health, but none of the 31 general public health topics listed in the survey: Albany, NY and Huntington County, IN (see Table 5, page 14).

### LOCATION OF THE PUBLIC HEALTH TOPICS IN THE PLAN

The survey also asked respondents to report whether or not their jurisdiction's adopted comprehensive plan contains a stand-alone health element. We identified 23 adopted and 4 draft comprehensive plans that contain a stand-alone health element, of which 8 are from jurisdictions in California, 2 from Minnesota, 2 from Oregon, 2

**Table 1. Top 10 most cited public health topics in comprehensive plans**

| Topic | Number of Respondents | Percent of Respondents |
|---|---|---|
| Recreation | 183 | 75.3% |
| Public Safety | 168 | 69.1% |
| Clean Water | 165 | 67.9% |
| Active Transportation | 161 | 66.3% |
| Clean Air | 140 | 57.6% |
| Emergency Preparedness | 111 | 45.7% |
| Active Living | 107 | 44.0% |
| Physical Activity | 104 | 42.8% |
| Environmental Health | 95 | 39.1% |
| Aging | 82 | 33.7% |

*Respondents were able to select more than one response.*

**Table 2. Top 10 most cited public health topics in sustainability plans**

| Topic | Number of Respondents | Percent of Respondents |
|---|---|---|
| Active Transportation | 23 | 85.2% |
| Clean Air | 22 | 81.5% |
| Clean Water | 21 | 77.8% |
| Climate Change | 17 | 63.0% |
| Active Living | 16 | 59.3% |
| Physical Activity | 16 | 59.3% |
| Recreation | 16 | 59.3% |
| Environmental Health | 13 | 48.1% |
| Food Access | 12 | 44.4% |
| Public Safety | 10 | 37.0% |

*Respondents were able to select more than one response.*

**Table 3. Public health topics explicitly addressed in adopted comprehensive or sustainability plans, by group**

| Group | Comprehensive Plans % of Respondents | Sustainability Plans % of Respondents |
|---|---|---|
| **A. ACTIVE LIVING** (active living, active transportation, physical activity, recreation) | 57.1% | 65.7% |
| **B. CHRONIC DISEASE** (chronic disease prevention, health disparities, obesity prevention) | 6.7% | 4.9% |
| **C. ENVIRONMENTAL HEALTH** (brownfields, clean air, clean water, environmental health, environmental justice, toxic exposures) | 36.7% | 46.3% |
| **D. CLIMATE** (climate change, emergency preparedness) | 34.4% | 42.6% |
| **E. FOOD & NUTRITION** (food access, food safety, food security, healthy eating, nutrition) | 8.7% | 22.2% |
| **F. HEALTH CARE** (aging, clinical services, healthy homes, health services, human services, mental health) | 18.9% | 14.8% |
| **G. SOCIAL HEALTH** (social capital, social equity) | 12.6% | 35.2% |
| **H. SAFETY** (injury prevention, public safety) | 35.8% | 20.4% |

**Table 4. Jurisdictions addressing at least 50% of the general public health topics in their adopted comprehensive plan**

| Jurisdiction | State | Number of Public Health Topics | Percent of Public Health Topics |
|---|---|---|---|
| **Omaha** | **NE** | 31 | 100.0% |
| **Oneida Nation*** | **WI** | 28 | 90.3% |
| **Alachua County*** | **FL** | 27 | 87.1% |
| **Austin*** | **TX** | 27 | 87.1% |
| **Sacramento City*** | **CA** | 27 | 87.1% |
| **Marin County*** | **CA** | 25 | 80.6% |
| **Easton*** | **PA** | 23 | 74.2% |
| **Kings County*** | **CA** | 22 | 71.0% |
| **South Gate*** | **CA** | 22 | 71.0% |
| **Dona Ana County** | **NM** | 21 | 67.7% |
| **North Miami** | **FL** | 21 | 67.7% |
| **Baltimore County*** | **MD** | 20 | 64.5% |
| **San Jose** | **CA** | 19 | 61.3% |
| **King County** | **WA** | 17 | 54.8% |
| **Nassau County** | **FL** | 17 | 54.8% |
| **San Diego City** | **CA** | 17 | 54.8% |
| **St. Louis Park*** | **MN** | 17 | 54.8% |
| **Chico** | **CA** | 16 | 51.6% |
| **Lycoming County** | **PA** | 16 | 51.6% |

*\* Comprehensive plan contains a stand-alone health element.*

**Figure 3. Public health topics explicitly addressed in the comprehensive plans**
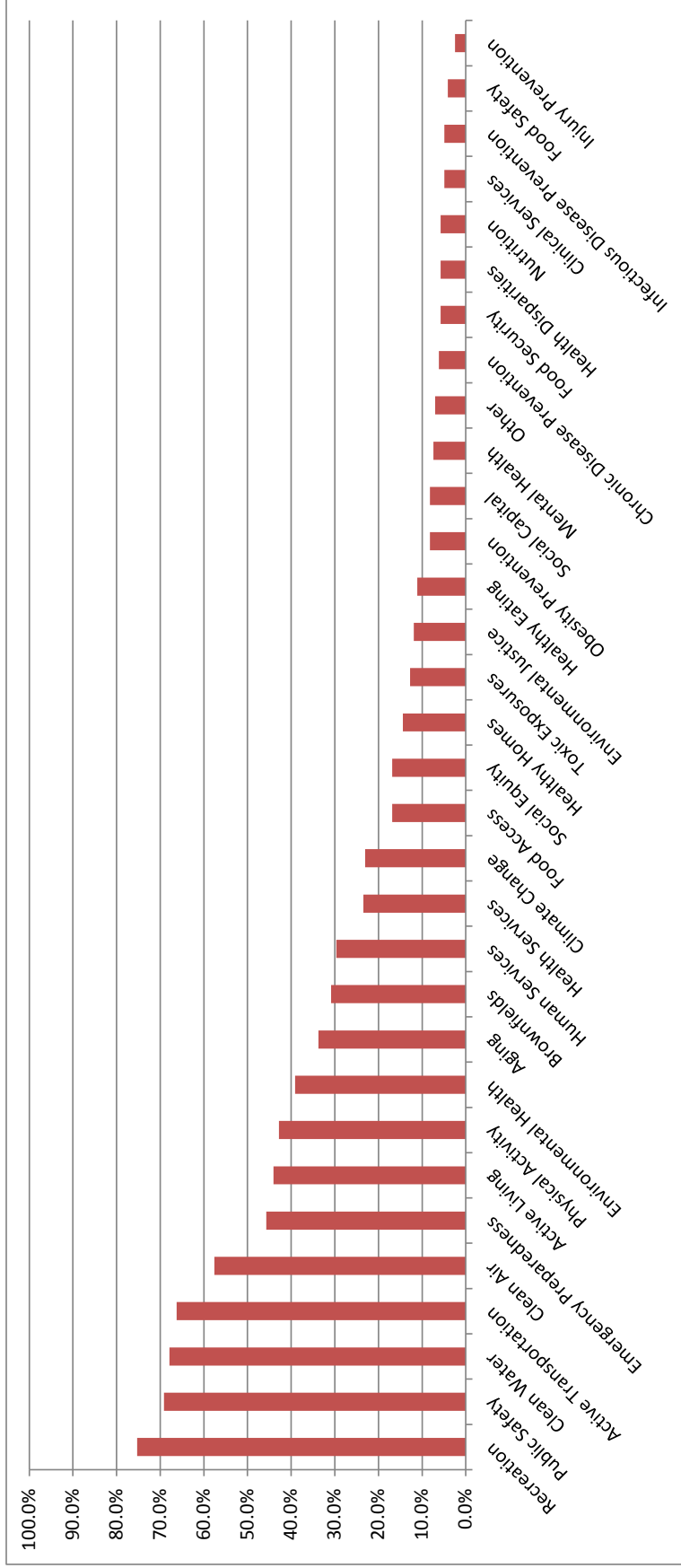


*Respondents were able to select more than one response.*

**Figure 4. Public health topics explicitly addressed in the sustainability plans**
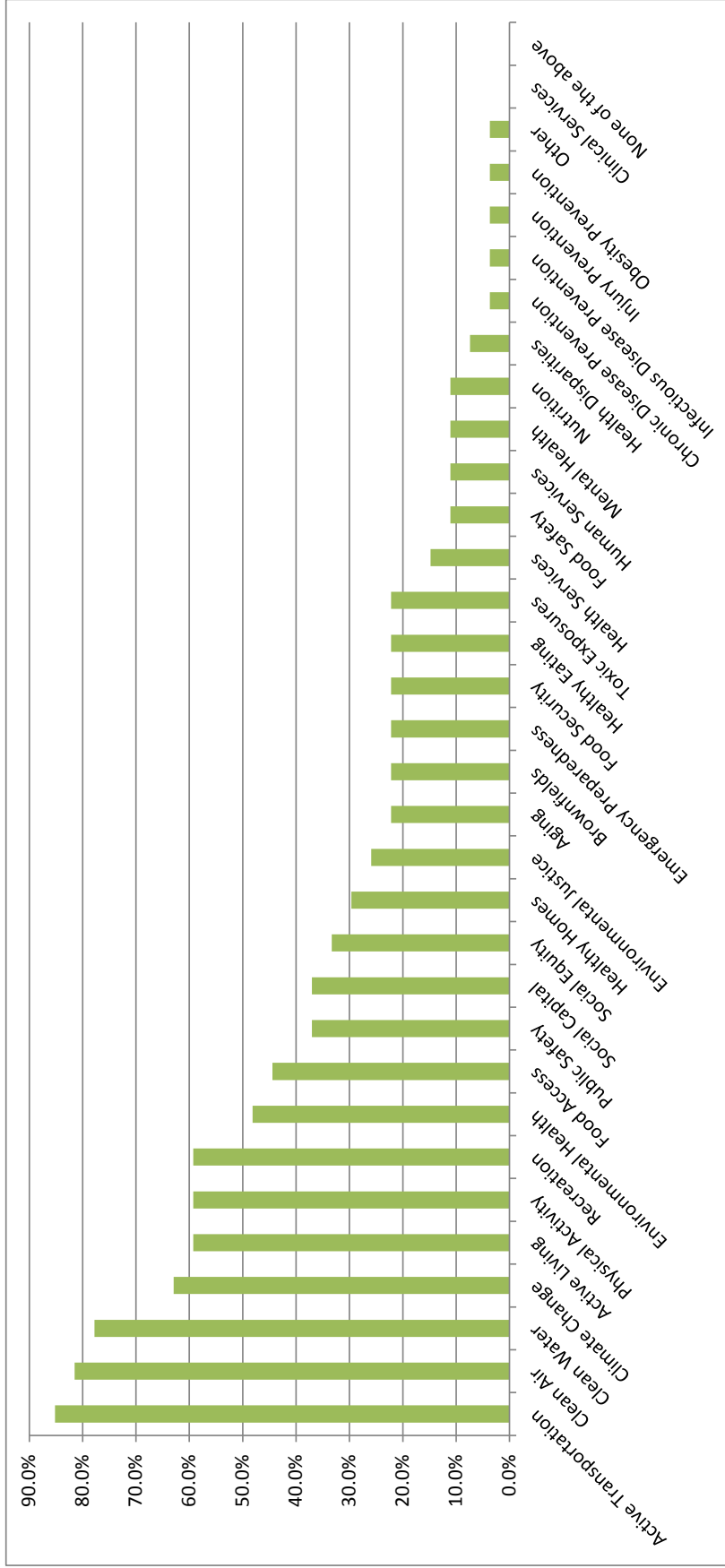


*Respondents were able to select more than one response.*

**Table 5. All identified jurisdictions addressing general public health topics in their adopted sustainability plan**

| Jurisdiction | State | Number of Public Health Topics | Percent of Public Health Topics |
|---|---|---|---|
| Oneida Nation | WI | 25 | 80.6% |
| Raleigh | NC | 16 | 51.6% |
| Burlington | VT | 15 | 48.4% |
| Mansfield | CT | 15 | 48.4% |
| San Francisco | CA | 15 | 48.4% |
| Grand Rapids | MI | 14 | 45.2% |
| Henderson | NV | 14 | 45.2% |
| Philadelphia | PA | 14 | 45.2% |
| Keene | NH | 12 | 38.7% |
| Cupertino | CA | 11 | 35.5% |
| Decatur City | GA | 11 | 35.5% |
| Multnomah County | OR | 11 | 35.5% |
| Sacramento City | CA | 11 | 35.5% |
| Baltimore City | MD | 10 | 32.3% |
| New York City | NY | 10 | 32.3% |
| West Windsor | NJ | 9 | 29.0% |
| Hayward | CA | 8 | 25.8% |
| Amberley Village | OH | 7 | 22.6% |
| Hillsborough Township | NJ | 7 | 22.6% |
| Roseville | CA | 7 | 22.6% |
| Naples City | UT | 5 | 16.1% |
| Easton | PA | 3 | 9.7% |
| San Carlos | CA | 3 | 9.7% |
| San Rafael | CA | 3 | 9.7% |
| Lake County | IL | 2 | 6.5% |
| Albany | NY | 0 | 0.0% |
| Huntington County | IN | 0 | 0.0% |

from Alaska, 2 from Texas, and the rest from 10 other states (see Table 6a and 6b).

The majority of selected CP respondents noted that the public health topics were addressed in the land use, transportation, recreation and open space, or bicycle and pedestrian elements of the comprehensive plan (see Figure 5, page 16).

Only 5 respondents indicated that their jurisdiction's adopted sustainability plan includes a stand-alone health element (see Table 7).

**PUBLIC HEALTH DATA & DATA COLLECTION TOOLS**

The survey asked what types of local public health data (and associated data collection tools) were used in the development of the public health related goals, objectives or policies.

The majority of selected CP respondents indicated that they did not use any public health assessment or data collection tools to identify public health related problems in the community (23.9%) or that they didn't know if such tools were used (23%). The most commonly used types of tools included the environmental impact assessment, economic feasibility study, and the brownfields study. Less than 4% of respondents indicated that they used the health impact assessment as a tool in the identification of public health problems in the community (see Table 8, page 17). Other types of tools used, that weren't mentioned in the survey, included community meetings, bikeability and walkability audits, quality of life surveys, and state health department data.

Whereas, selected SP respondents indicated that several different assessments were used. About 30% of used some type of a climate change study to identify public health related problems in the community; 26% used an environmental impact assessment; 22.2% brownfields assessment; 22.2% energy analysis; and 18.5% economic feasibility study. Only one selected SP respondent indicated that the community health assessment was used as a tool in the identification of public health problems in the community (see Table 8, page 17). Other types of tools used, that weren't mentioned in the survey, included spatial analyses of residential proximity to grocery stores, and information compiled from other community plans.

Most selected CP respondents indicated that they did not use any of the listed local public health data in the formation of the comprehensive plan's public health components (31.3%) or that they didn't know if local public health data was used (23.9%). The most commonly used data included housing conditions (20.2%), water quality (20.2%), air quality (18.5%), and pedestrian and/

**Table 6a. Adopted comprehensive plans containing a stand-alone health element**

| Jurisdiction | State |
|---|---|
| Alachua County | FL |
| Aleknagik | AK |
| Austin | TX |
| Baltimore County | MD |
| Bar Harbor | ME |
| Easton | PA |
| Fort Worth | TX |
| Grand Rapids | MI |
| Hollister | CA |
| Kings County | CA |
| Klamath Falls | OR |
| Marin County | CA |
| Mashatucket Pequot Tribal Nation | CT |
| Oneida Nation | WI |
| Ottawa | KS |
| Placer County | CA |
| Sacramento City | CA |
| Scott County | MN |
| South Bend | OR |
| South Gate | CA |
| St. Louis Park | MN |
| Tioga County | NY |
| Wilsonville | OR |

**Table 6b. Draft comprehensive plans containing a stand-alone health element**

| Jurisdiction | State |
|---|---|
| Dillingham | AK |
| Keene | NH |
| National City | CA |
| Richmond | CA |

**Table 7. Adopted sustainability plans containing a stand-alone health element**

| Jurisdiction | State |
|---|---|
| Amberley Village | OH |
| Henderson | NV |
| Oneida Nation | WI |
| Sacramento | CA |
| San Francisco | CA |

**Figure 5. Location of public health components in different elements of the comprehensive plan**
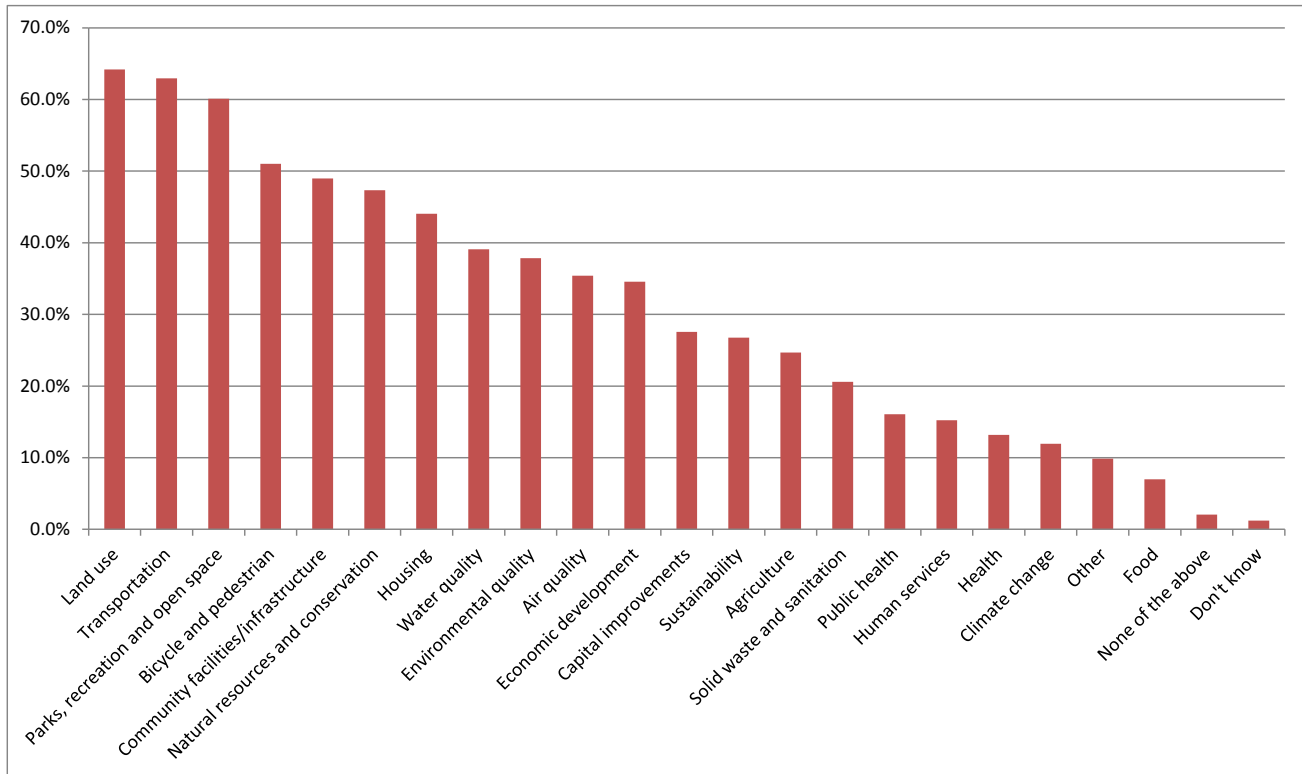


*Respondents were able to select more than one response.*

or bicyclist injuries and fatalities (16.5%) data. Only 7.8% of respondents indicated that physical activity data was used in the development of the public health components, 6.2% food access data, 6.2% health impact assessment data, 4.5% chronic disease data, 3.3% respiratory disease data, and 1.6% food security data (see Figure 6, page 18). Other types of data used, that wasn't mentioned in the survey, included noise pollution data, U.S. Census data, tree canopy data, and pedestrian/bicycle/vehicle crash data.

The most widely used public health data in the development of sustainability plans' public health components was air quality data (25.9%) environmental impact assessment data (22.2%), and water quality data (22.2%). Almost 20% of respondents indicated that food access and distribution data was used in the development of the public health components of their jurisdiction's sustainability plan (see Figure 7, page 19).

### LEVEL OF INVOLVEMENT OF STAKEHOLDERS

On a scale of 1 to 5 (1 = very low involvement to 5 = very high involvement), the survey asked respondents to assess the level of involvement of specific groups or government agencies in the development of the public health components of the comprehensive plan and the

sustainability plan. Of the adopted comprehensive plans, the most involved groups or government agencies were: the local planning agency or department (3.2 average level of involvement), local planning commission (2.9), and community residents (2.5) (see Figure 8, page 20). Of the adopted sustainability plans, the most involved groups or government agencies were: the local planning agency (2.9 average level of involvement), followed by the local office of sustainability, community based organizations, and local environmental planning agency (all 2.1 average level of involvement (see Figure 9, page 21). For both comprehensive plans and sustainability plans, local health departments were not involved or had little involvement in the development of the public health components.

### SUCCESSES & CHALLENGES

Finally, respondents were asked to identify the opportunities and barriers they encountered in their community to integrating public health components in the comprehensive plan and sustainability plan. According to selected CP and SP respondents, the top two reasons for including public health into the comprehensive or sustainability plan were: community support (51.4% and 51.9%, respectively), and community awareness (47.3% and 44.4%, respectively) (see Table 9, page 22). Several se-

lected respondents from California and Florida indicated that their jurisdictions were required to include public health components into the comprehensive plan because of a state mandate. Other selected CP respondents reported that grant funding enabled their jurisdictions to integrate public health components into the comprehensive plan. The top two barriers were lack of local government funding (22.2% for comprehensive plans and 33.3% for sustainability plans) and lack of state government funding (18.9% and 29.6%, respectively). Other important barriers for selected CP respondents included lack of political awareness (18.5%), lack of community awareness (16.9%), and lack of federal government funding (15.6%); and for selected SP respondents, lack of federal government funding (29.6%), lack of government staff resources (18.5%), and lack of foundation funding (18.5%) (see Table 10, page 22).

## IMPACT OF THE PLAN ON PUBLIC HEALTH

About 31% of selected CP respondents reported that the public health related goals, objectives and policies in the adopted comprehensive plan have had positive impacts or made positive improvements to the community, including increased pedestrian/bicycle focus in planning decisions, increased recreation opportunities, increased alternative transportation options, and other issues. About 7% of selected CP respondents reported that the public health components of the comprehensive plan raised community awareness about bicycle trails, obesity, active transportation, water quality, social equity, walkability, general connections between health, land

use and transportation, and other issues. A few reported that the health components increased healthy food access, increased transit-oriented development, enhanced preparation for emergencies or disasters, and improved city cleanliness. Similarly, only a few, selected CP respondents reported that the health components in their jurisdiction's adopted comprehensive plan had very little or no impact on public health in the community.

Over one-third of selected SP respondents (40.7%) reported that the public health related goals, objectives and policies in the adopted sustainability plan have had positive impacts on public health in their jurisdiction or raised awareness of public health issues, such as increased community gardening, improved sustainability practices, formation of a sustainability committee to promote active living and health eating, and encouraged alternative transportation and green building practices. Still, 30% percent of selected SP respondents reported that the impacts are too early to tell. Only one selected SP respondent indicated that the public health components had no impact on public health in their jurisdiction.

**Table 8. Public health assessment or data collection tools used in the development of public health related goals, objectives or policies**

| Tool | Comprehensive Plans | | Sustainability Plans | |
|---|---|---|---|---|
| | # of respondents | % of respondents* | # of respondents | % of respondents* |
| Agricultural resource assessment | 33 | 13.6% | 3 | 11.1% |
| Brownfields assessment | 41 | 16.9% | 6 | 22.2% |
| Climate change study | 20 | 8.2% | 8 | 29.6% |
| Community food assessment | 14 | 5.8% | 3 | 11.1% |
| Community health assessment | 32 | 13.2% | 1 | 3.7% |
| Economic feasibility study | 44 | 18.1% | 5 | 18.5% |
| Energy analysis | 25 | 10.3% | 6 | 22.2% |
| Environmental impact assessment | 54 | 22.2% | 7 | 25.9% |
| Health impact assessment | 9 | 3.7% | 3 | 11.1% |
| Don't know | 56 | 23.0% | 7 | 25.9% |
| None of the above | 58 | 23.9% | 2 | 7.4% |
| Other | 14 | 5.8% | 3 | 11.1% |

*Respondents were able to select more than one response.

**Figure 6. Public health data used in the development of public health related goals, objectives or policies in comprehensive plans**



None of the above
Don't know
Housing conditions data
Water quality data
Air quality data
Pedestrian and/or bicyclist injuries and fatalities data
Motor vehicle injuries and fatalities data
Environmental impact assessment data
Physical activity data
Environmental health data
Other
Food access data
Health impact assessment data
Food production data
Chronic disease data
Industrial pollutants data
Alcohol and drug use data
Food assistance data
Food distribution data
Toxic substances data
Respiratory disease data
Food waste data
Heat-related illness data
Food security data

0.0%  5.0%  10.0%  15.0%  20.0%  25.0%  30.0%  35.0%

*Respondents were able to select more than one response.*

**Figure 7. Public health data used in the development of public health related goals, objectives or policies in sustainability plans**
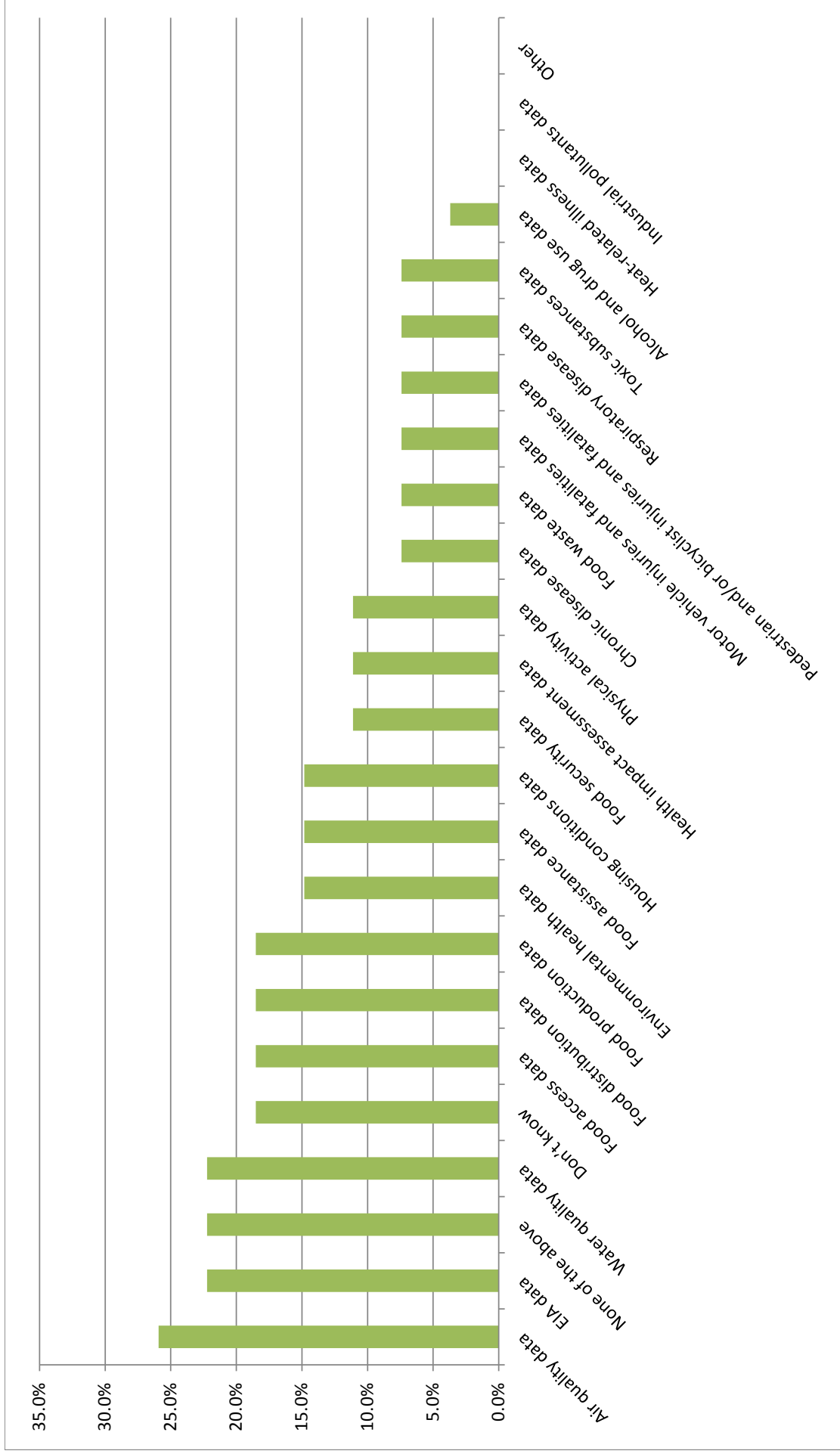


*Respondents were able to select more than one response.

Figure 8. Level of Involvement of groups or government agencies in the development of the public health components of the comprehensive plan
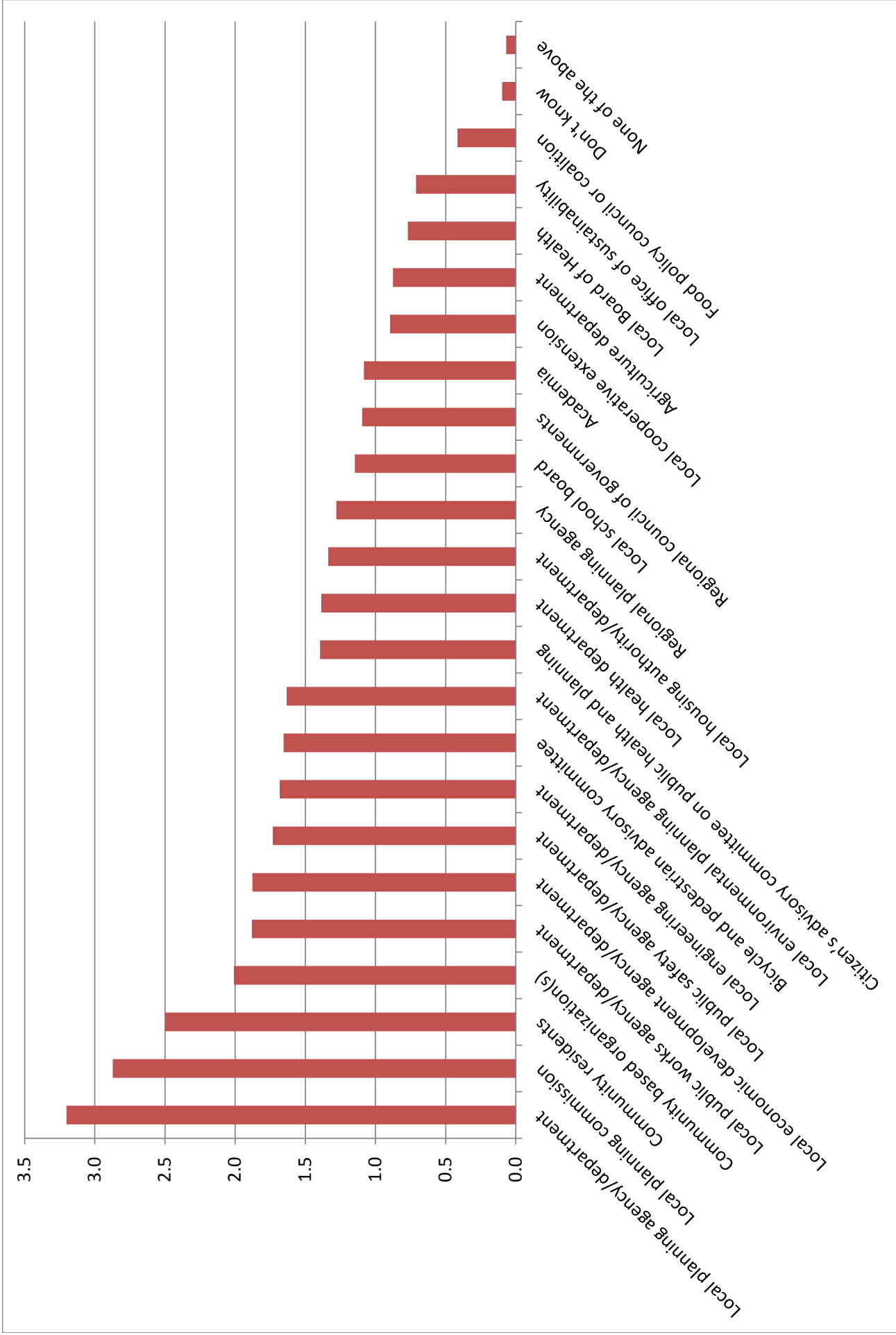
*Respondents were able to select more than one response.*

**Figure 9. Level of involvement of groups or government agencies in the development of the public health components of the sustainability plan**



Categories (top to bottom):
- None of the above
- Agriculture department
- Local school board
- Food policy council or coalition
- Don't know
- Local cooperative extension
- Local council of government
- Local board of health
- Regional planning agency
- Regional housing authority/department
- Local health department
- Local public works agency/department
- Academia
- Local public safety agency/department
- Local economic development agency/department
- Local advisory committee on public health and planning
- Community residents
- Local planning commission
- Citizen's advisory committee
- Local engineering agency/department
- Bicycle and pedestrian advisory committee
- Community based organization(s)
- Local office of sustainability
- Local environmental planning agency/department

X-axis: 0.0, 0.5, 1.0, 1.5, 2.0, 2.5, 3.0, 3.5

*Respondents were able to select more than one response.*

## Table 9. Reasons for including public health

| Reason | Comprehensive Plans | | Sustainability Plans | |
|---|---|---|---|---|
| | # of respondents | % of respondents* | # of respondents | % of respondents* |
| Community awareness | 115 | 47.3% | 12 | 44.4% |
| Community support | 125 | 51.4% | 14 | 51.9% |
| Federal government funding | 10 | 4.1% | 1 | 3.7% |
| Foundation funding | 9 | 3.7% | 0 | 0.0% |
| Government staff resources | 59 | 24.3% | 8 | 29.6% |
| Local government funding | 25 | 10.3% | 5 | 18.5% |
| Political awareness | 72 | 29.6% | 11 | 40.7% |
| Political support | 75 | 30.9% | 10 | 37.0% |
| State government funding | 16 | 6.6% | 1 | 3.7% |
| Support by the local health department | 61 | 25.1% | 4 | 14.8% |
| Support by the local planning agency | 109 | 44.9% | 11 | 40.7% |
| Don't know | 23 | 9.5% | 4 | 14.8% |
| None of the above | 16 | 6.6% | 2 | 7.4% |
| Other | 23 | 9.5% | 1 | 3.7% |

*Respondents were able to select more than one response.*

## Table 10. Barriers to including public health

| Barrier | Comprehensive Plans | | Sustainability Plans | |
|---|---|---|---|---|
| | # of respondents | % of respondents* | # of respondents | % of respondents* |
| Lack of community awareness | 41 | 16.9% | 2 | 7.4% |
| Lack of community support | 13 | 5.3% | 1 | 3.7% |
| Lack of federal government funding | 38 | 15.6% | 8 | 29.6% |
| Lack of foundation funding | 23 | 9.5% | 5 | 18.5% |
| Lack of government staff resources | 39 | 16.0% | 5 | 18.5% |
| Lack of local government funding | 54 | 22.2% | 9 | 33.3% |
| Lack of political awareness | 45 | 18.5% | 1 | 3.7% |
| Lack of political support | 24 | 9.9% | 2 | 7.4% |
| Lack of state government funding | 46 | 18.9% | 8 | 29.6% |
| Lack of support by the local health department | 11 | 4.5% | 1 | 3.7% |
| Lack of support by the local planning agency | 5 | 2.1% | 0 | 0.0% |
| Don't know | 44 | 18.1% | 5 | 18.5% |
| None of the above | 69 | 28.4% | 6 | 22.2% |
| Other | 15 | 6.2% | 2 | 7.4% |

*Respondents were able to select more than one response.*

# Next Steps

From the plans identified in this survey, APA will select a sample of plans that have been adopted by city or county ordinance for further evaluation. Using an evaluation tool (based on a compiled set of model health goals, objectives and policies), each plan will be evaluated and given a score based on:

- The presence or absence of specified health topics;
- The comprehensiveness of each goal, objective or policy;
- The specificity and action orientation of each goal and policy;
- The implementation strategies specified by the plan, and;
- The evaluation methods used to assess the effectiveness of the public health policies outlined in the plan.

Results from the survey and evaluations will be synthesized into a policy report. The report will provide:

- A detailed analysis of the results of the survey and the plan evaluation;
- A list of categories, types and a sample of excerpts of public health related goals and policies included in the evaluated plans; and
- Model public health plan language.

The evaluation portion of this research project and policy report are expected to be completed by October 2011.

**APPENDIX A. Regional geographic breakdown of adopted comprehensive and sustainability plans**

**Western states with adopted comprehensive plans & sustainability plans that excplicitly address public health**

Legend

Comprehensive

Sustainability

Both

*Pacific Ocean*

Alaska

Hawaii

500

250

125

Miles

0

N

500

250

Miles

0

1,000

500

250

Miles

0

APA

**APPENDIX A (cont.)**

## Central states with adopted comprehensive plans & sustainability plans that excplicitly address public health



Legend

Comprehensive
Sustainability
Both
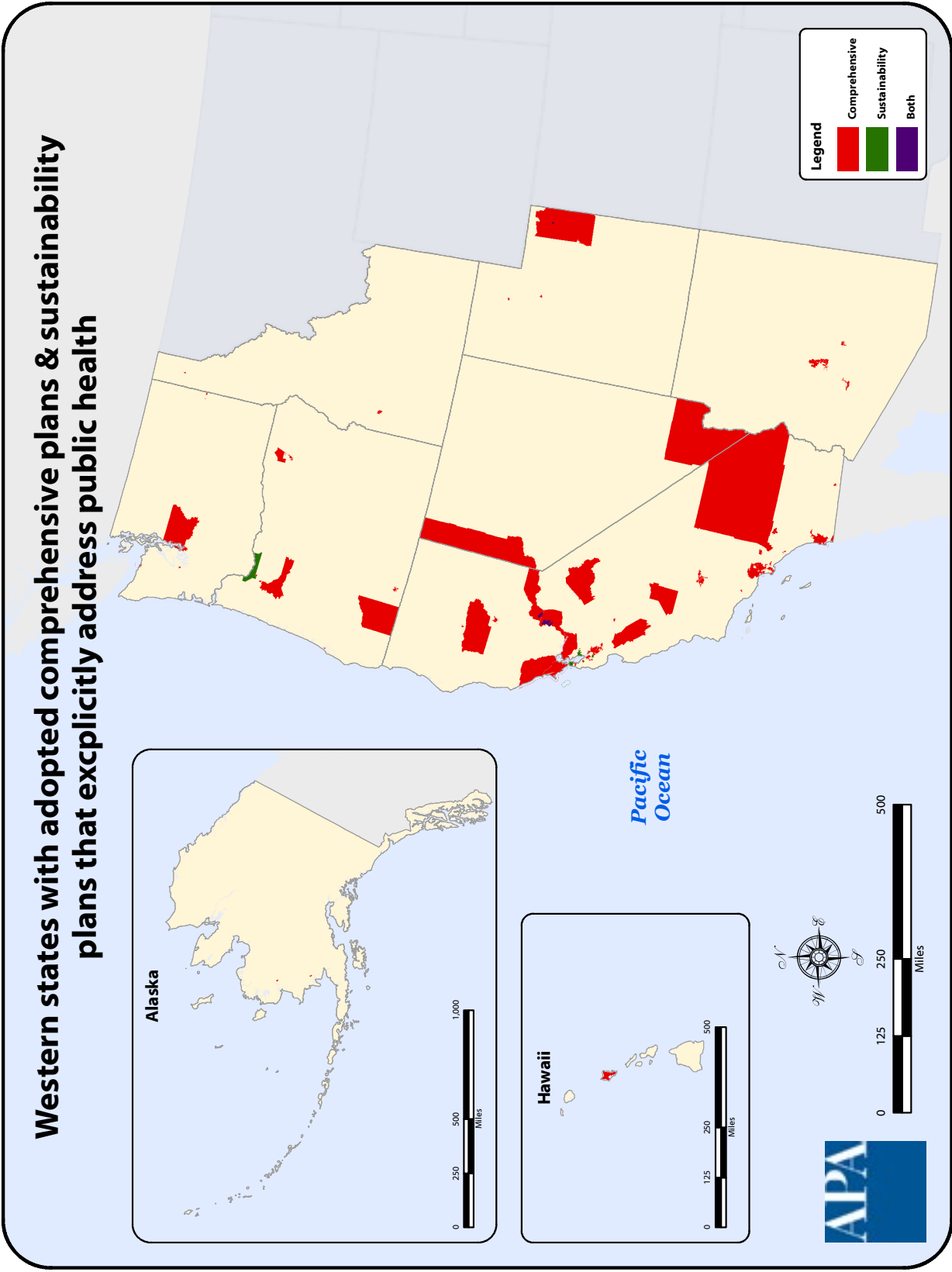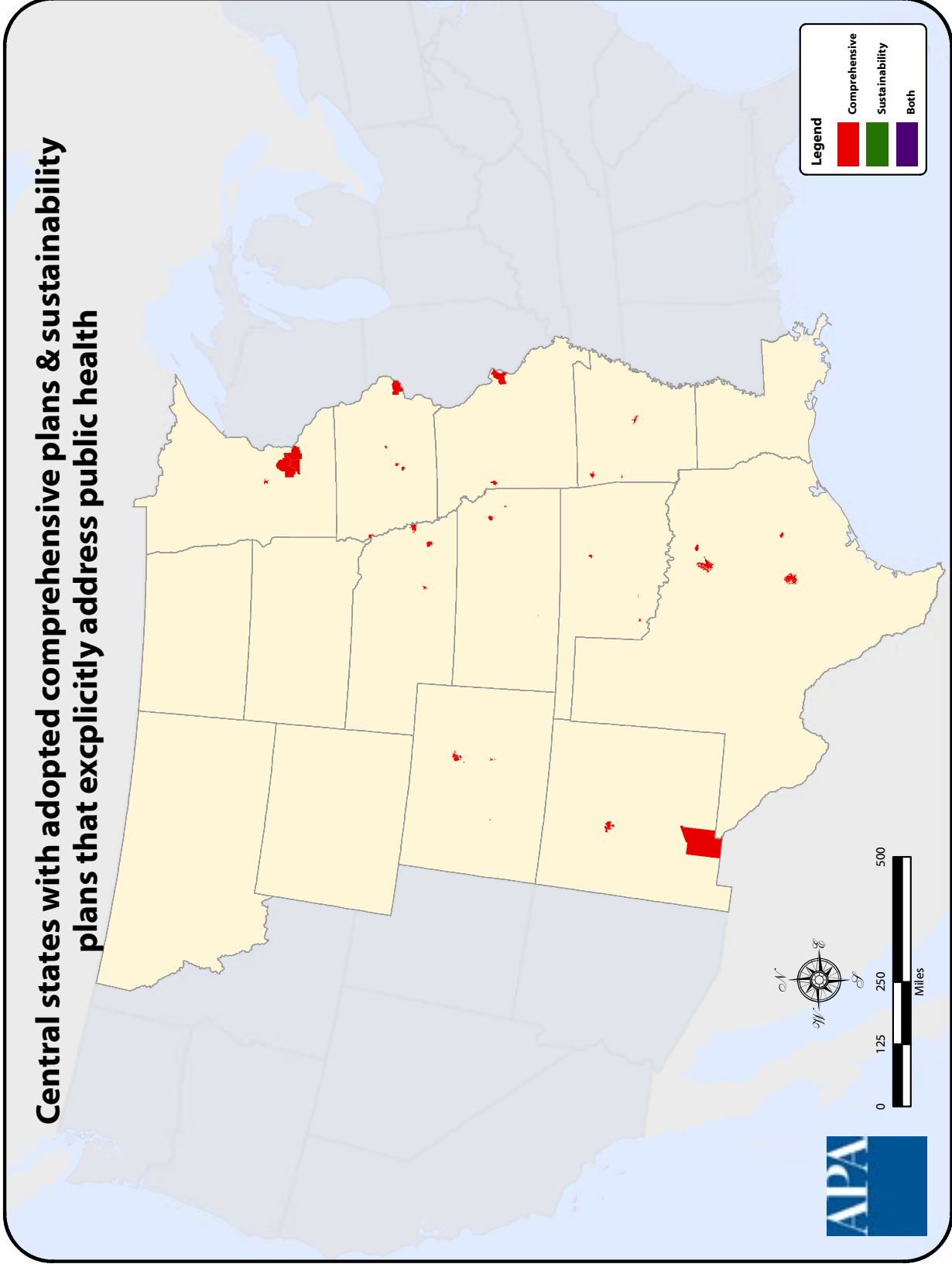
**APPENDIX A (cont.)**

**Northern states with adopted comprehensive plans & sustainability plans that excplicitly address public health**



Atlantic Ocean

Legend
Comprehensive
Sustainability
Both

0    125    250    500
Miles

# Southern states with adopted comprehensive plans & sustainability plans that explicitly address public health

**Legend**

Comprehensive
Sustainability
Both

*Atlantic Ocean*

0   125   250   500
Miles
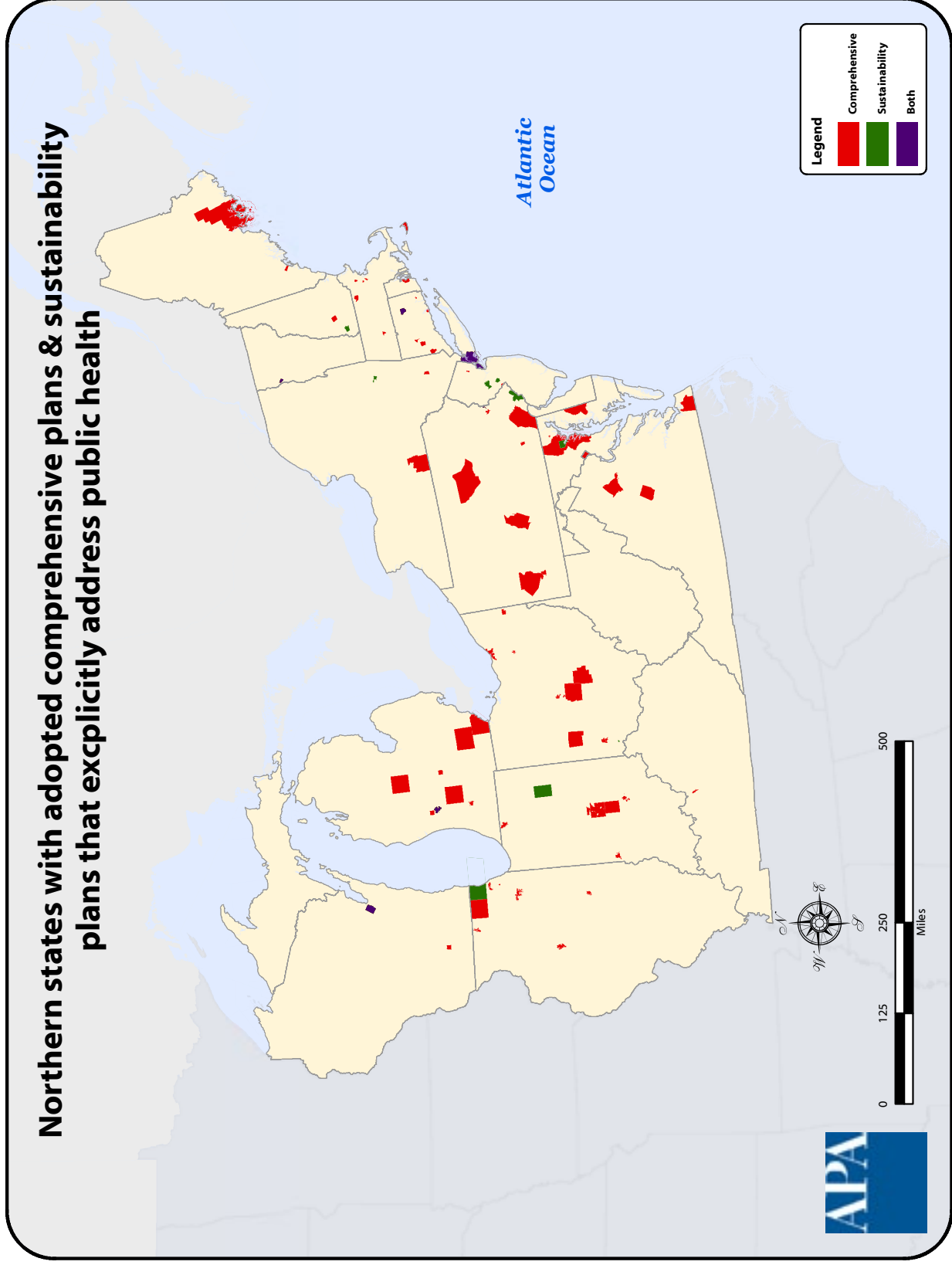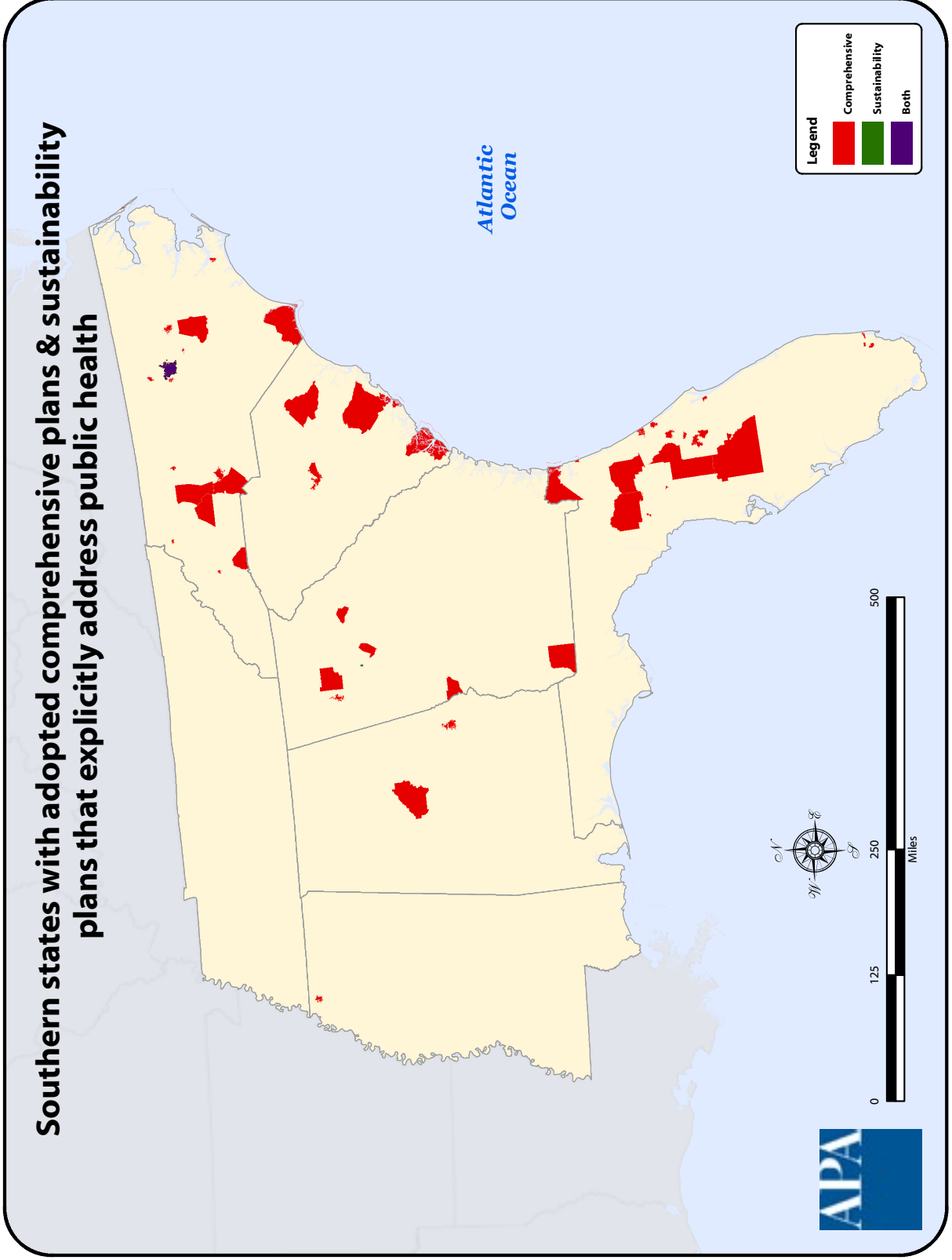
# APPENDIX B. Jurisdictions explicitly addressing 50% or more public health topics in the comprehensive plan

| | NE | WI | CA | FL | TX | CA | PA | CA | CA | FL | NM | MD | CA | CA | FL | MN | WA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Omaha | Oneida Nation* | Sacramento City* | Alachua County* | Austin* | Marin County* | Easton* | Kings County* | South Gate* | North Miami | Dona Ana County | Baltimore County* | San Jose | San Diego City | Nassau County | St. Louis Park* | King County |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | | |
| Active Living | * | * | * | * | * | * | * | * | * | | * | * | * | * | | * | * |
| Active Transportation | * | * | * | * | * | * | * | * | * | * | * | * | * | * | | * | * |
| Physical Activity | * | * | * | * | * | * | * | * | * | * | * | * | * | * | | * | * |
| Recreation | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | * | | * | * | * | * | * | * | * | * | * | | | | * | | |
| Health Disparities | * | | * | * | * | | | | | * | | * | | | * | | |
| Obesity Prevention | * | | * | * | * | * | * | * | * | | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | | |
| Brownfields | * | * | * | * | | * | * | | * | * | * | * | | | * | * | |
| Clean Air | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Clean Water | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Environmental Health | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Environmental Justice | * | * | * | * | * | | | * | | * | * | * | | | * | * | * |
| Toxic Exposures | * | * | | | | | * | | * | | * | | * | * | | * | * |
| **CLIMATE** | | | | | | | | | | | | | | | | | |
| Climate Change | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | | |
| Emergency Preparedness | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | | |
| Food Access | * | * | * | * | * | * | * | * | * | | | | * | * | | | * |
| Food Safety | * | * | | | * | * | | | | | | * | | | | | * |
| Food Security | * | * | * | * | * | * | | * | * | | | | * | | | | * |
| Healthy Eating | * | * | * | * | * | * | * | * | * | * | | * | * | | | | * |
| Nutrition | * | * | * | * | * | * | * | * | * | | | | * | | | | * |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | | |
| Aging | * | * | * | * | * | * | * | | * | * | * | * | * | * | * | * | |
| Clinical Services | * | * | * | * | * | | | | | | * | | | | | | |
| Healthy Homes | * | * | | * | * | * | * | * | | * | | | * | * | | * | * |
| Health Services | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| Human Services | * | * | * | * | * | | * | * | | * | * | * | | | * | * | * |
| Infectious Disease Prevention | * | * | | * | * | * | * | | | * | * | * | | | | * | |
| Mental Health | * | * | * | * | * | * | | | * | | | | | | * | | * |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | | |
| Social Capital | * | * | * | | | | * | | * | * | * | | | | | * | * |
| Social Equity | * | * | * | * | * | * | * | * | | | * | * | * | | * | * | |
| **SAFETY** | | | | | | | | | | | | | | | | | |
| Injury Prevention | * | * | | | | | | | | | | | | | | | |
| Public Safety | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * | |
| **Number of Topics** | 31 | 28 | 27 | 27 | 27 | 25 | 23 | 22 | 22 | 21 | 21 | 20 | 19 | 17 | 17 | 17 | 17 |
| **% of Topics** | 100% | 90% | 87% | 87% | 87% | 81% | 74% | 71% | 71% | 68% | 68% | 65% | 61% | 55% | 55% | 55% | 55% |

# APPENDIX C. Public health topics explicitly addressed in comprehensive plan

| | AK | | AL | | AR | | | AZ | | | | | CA | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Aleknagik* | Bethel | Auburn | Shelby County | Fayetteville | Greenwood | North Little Rock | El Mirage | Gila Bend | Glendale | Peoria | Queen Creek | Anderson | Azusa | Bakersfield | Berkeley |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | * | | * | | | | * | | * | * | * | * | | | |
| Active Transportation | | * | | | | | * | * | | * | * | * | * | | | |
| Physical Activity | * | | | * | | | | * | | * | | | * | | | |
| Recreation | * | * | * | * | | | * | * | | * | * | * | * | * | | |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | | | | | | | | |
| Health Disparities | | | | | | | | | | | | | | | | |
| Obesity Prevention | | | | * | | | | | | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | | * | | | | | * | * | | * | | | | | | |
| Clean Air | * | | | * | | | * | | | * | * | * | | * | | |
| Clean Water | * | * | | * | | | * | | | * | * | * | | * | | |
| Environmental Health | * | * | | * | | | * | | | * | | | * | | | |
| Environmental Justice | | * | | | | | | | | * | | | | | | |
| Toxic Exposures | | | | | | | | | | | | | | * | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | | | | | | | | | | | | * | | |
| Emergency Preparedness | * | * | | * | | | * | | | | * | * | | * | | |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | | | | | | * | | | | | | | | |
| Food Safety | | | | | | | | | | | | | | | | |
| Food Security | | | | | | | | | | | | | | | | |
| Healthy Eating | | | | | | | | | | | | | | * | | |
| Nutrition | | | | | | | | | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | * | * | * | | | | | | | | * | | | | |
| Clinical Services | * | | | | | | | | | | | | | | | |
| Healthy Homes | | * | | | | | | | | | | | | | | |
| Health Services | * | | * | | | | | | | * | | | | * | | |
| Human Services | | | | | | | | | | * | | * | | * | | |
| Infectious Disease Prevention | | | | | | | | | | | | | | | | |
| Mental Health | | | | | | | | | | | | | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | | | | | | | | | | | | |
| Social Equity | | | | | | | | | | | | | | | | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | |
| Public Safety | * | * | * | * | | | * | * | | * | * | * | * | * | | |
| **Number of Topics** | 9 | 11 | 4 | 10 | 0 | 0 | 8 | 7 | 0 | 12 | 7 | 10 | 6 | 9 | 0 | 0 |
| **% of Topics** | 29% | 35% | 13% | 32% | 0% | 0% | 26% | 23% | 0% | 39% | 23% | 32% | 19% | 29% | 0% | 0% |

| CA (cont.) | Brisbane | Carson | Chico | Contra Costa | East Palo Alto | El Centro | Emeryville | Glendale | Glendora | Highland | Hollister* | Kings County* | Laguna Hills | Lakewood | Lemoore | Los Angeles City |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | | * | | | | * | | * | | | * | * | | | |
| Active Transportation | * | * | * | | * | | * | | | | | * | * | | | * |
| Physical Activity | | | | | | | | * | * | * | * | * | * | | * | |
| Recreation | * | * | * | | * | * | * | * | * | * | * | * | * | | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | | | | * | | | | |
| Health Disparities | | | | | | | | | | | | | | | | |
| Obesity Prevention | | | | | | | | | | | | * | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | * | * | | | | | * | * | | | | | | | * | |
| Clean Air | * | * | * | | | * | * | * | | * | | * | * | | | * |
| Clean Water | * | | * | | | | * | * | * | * | * | * | * | | | * |
| Environmental Health | * | * | | | | * | | * | | | | * | * | | | * |
| Environmental Justice | | | | | * | * | | | | | | * | * | | | |
| Toxic Exposures | * | | * | | * | | * | * | | | | * | | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | * | | * | | | | * | | | * | | * | * | | | |
| Emergency Preparedness | * | | * | | * | | | * | * | * | * | * | * | | | * |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | * | | | | * | | | | | * | | | | |
| Food Safety | | | | | | | | | | | * | | | | | |
| Food Security | | | | | | | * | | | | | * | | | | |
| Healthy Eating | | | | | | | * | | | | | * | * | | | |
| Nutrition | | | | | | | | | | | | * | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | * | | * | | | | | | | | | | | | | |
| Clinical Services | | | | | | | | | | | | | | | | |
| Healthy Homes | | | | | | | | | | | | * | | | | |
| Health Services | | | * | | | | | | | | | * | | | | * |
| Human Services | * | * | * | | * | | | | * | | | * | | | | * |
| Infectious Disease Prevention | | | | | | | | | | | | | | | | |
| Mental Health | | | * | | | | | | | | | | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | | | * | | | | | | | | | |
| Social Equity | | | * | | | | | | | | | * | * | | | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | |
| Public Safety | * | | * | | * | * | * | * | * | * | * | * | * | | | * |
| **Number of Topics** | 12 | 5 | 16 | 0 | 7 | 5 | 13 | 9 | 7 | 6 | 8 | 22 | 13 | 0 | 3 | 9 |
| **% of Topics** | 39% | 16% | 52% | 0% | 23% | 16% | 42% | 29% | 23% | 19% | 26% | 71% | 42% | 0% | 10% | 29% |

| | CA (cont.) | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Los Banos | Marin County* | Moreno Valley | Mountain View | Palo Alto | Placer County* | Rancho Palos Verdes | Roseville | Sacramento City* | Sacramento County | San Benito | San Bernardino County | San Carlos | San Diego City | San Jose | Santa Paula |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | * | | | | | | | * | | * | | * | * | * | * |
| Active Transportation | | * | * | * | * | | | * | * | | * | | * | * | * | * |
| Physical Activity | | * | | * | | | | * | * | | * | | * | * | * | |
| Recreation | * | * | * | * | * | | * | * | * | | * | | * | * | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | * | | | | | | | * | | | | | | | |
| Health Disparities | | | | | | | | | * | | | | | | | |
| Obesity Prevention | | * | | | | | | | * | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | | * | | | | * | | | * | | | | | | | |
| Clean Air | * | * | * | | * | * | | * | * | | * | | * | * | * | |
| Clean Water | * | * | * | | * | * | | * | * | | * | | | * | * | |
| Environmental Health | | * | * | | * | * | | | * | | * | | | * | * | |
| Environmental Justice | | | | | | | | | * | | | | | * | | |
| Toxic Exposures | | * | | | * | * | | * | * | | | | | * | * | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | * | * | | * | | | | * | * | | * | | * | * | * | |
| Emergency Preparedness | | * | * | * | * | | * | * | * | | * | | | * | * | * |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | * | | * | | | | | * | | * | | | * | * | |
| Food Safety | | * | | | | | | | | | | | | | * | |
| Food Security | | * | | | | | | | * | | | | | | * | |
| Healthy Eating | | * | | | | | | | * | | * | | | | * | |
| Nutrition | | * | | | | | | | * | | | | | | * | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | * | | | * | | | | * | | | | | * | * | |
| Clinical Services | | | | | | | | | * | | | | | | | |
| Healthy Homes | | * | | | | | | | | | | | | * | * | |
| Health Services | | * | | | * | | | | * | | * | | | * | * | |
| Human Services | | | | | * | | | | * | | | | | | | * |
| Infectious Disease Prevention | | * | | | | | | | | | | | | | | |
| Mental Health | | * | | | | | | | * | | | | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | | | | | * | | | | | | | |
| Social Equity | | * | * | | * | | | | * | | | | | * | | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | * |
| Public Safety | * | * | * | * | * | * | | * | * | | * | | | * | * | * |
| **Number of Topics** | 5 | 25 | 8 | 7 | 11 | 7 | 2 | 9 | 27 | 0 | 13 | 0 | 6 | 17 | 19 | 7 |
| **% of Topics** | 16% | 81% | 26% | 23% | 35% | 23% | 6% | 29% | 87% | 0% | 42% | 0% | 19% | 55% | 61% | 23% |

| | CA (cont.) | | | | | | | | CO | | | | CT | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Santa Rosa | Sonoma | South Gate* | South San Francisco | tehama county | Tuolumne | Walnut Creek | West Hollywood | Aurora | Castle Pines North | Fountain | Gunnison | Danbury | Mansfield | Mashatucket Pequot Tribal Nation* | Old Saybrook |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | | * | | | | * | | | * | * | | | * | * | * |
| Active Transportation | | * | * | | * | | * | * | * | * | * | | | * | * | * |
| Physical Activity | * | | * | | | | * | | * | | | | | * | * | * |
| Recreation | * | | * | | * | * | * | * | * | * | | | * | * | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | * | | | | | | | | | | | | | |
| Health Disparities | | | | | | | | | | | | | | | | |
| Obesity Prevention | | | * | | | | | | | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | | * | * | | | | | | * | | | | | | | * |
| Clean Air | * | * | * | * | * | * | * | * | * | * | * | * | | * | * | |
| Clean Water | * | * | * | * | * | * | * | * | * | * | | * | | * | * | * |
| Environmental Health | | * | * | | * | * | | | | | | | | * | * | * |
| Environmental Justice | | | | | | | | | | | | | | | | |
| Toxic Exposures | | * | * | | * | | | | | | | | | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | * | * | * | | * | | * | * | * | | | | * | | | |
| Emergency Preparedness | | * | * | | * | * | * | | * | | | | * | | * | * |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | * | | | | | * | * | | | | | * | | |
| Food Safety | | | | | | | | | | | | | | | | |
| Food Security | | | * | | | | | | | | | | | | | |
| Healthy Eating | | | * | | | | | | * | | | | | | | |
| Nutrition | | | * | | | | | | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | | * | | | | * | | * | | | * | | * | | * |
| Clinical Services | | | | | | | | | | | | | | * | | |
| Healthy Homes | | * | | | * | | | | | | | | | * | | |
| Health Services | | * | * | | | | * | | | | * | | | | | |
| Human Services | | | | | | | * | * | | | * | | | | | |
| Infectious Disease Prevention | | | | | | | | | | | | | | | | |
| Mental Health | | | * | | | | | | | | | | | | * | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | * | | * | | | | | | | | | * | | |
| Social Equity | * | | | | | | | | | | | | | | * | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | * |
| Public Safety | * | * | * | | * | * | * | * | * | * | * | * | | * | * | * |
| **Number of Topics** | 7 | 11 | 22 | 2 | 11 | 6 | 11 | 9 | 12 | 6 | 5 | 8 | 0 | 11 | 13 | 11 |
| **% of Topics** | 23% | 35% | 71% | 6% | 35% | 19% | 35% | 29% | 39% | 19% | 16% | 26% | 0% | 35% | 42% | 35% |

| | Thomaston | Woodbury | District of Columbia | Alachua County* | Belleview | Deltona | Doral | Jacksonville Beach | Lake County | Miami Lakes | Nassau County | North Miami | Orlando | Ormond Beach | Polk County | Port Orange |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **CT (cont.)** | | **DC** | **FL** | | | | | | | | | | | | |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | | | * | | | | | | | | | * | | * | * |
| Active Transportation | * | | * | * | * | * | * | | * | * | | * | * | * | * | * |
| Physical Activity | | * | * | * | | * | | | * | | | * | * | | * | * |
| Recreation | | | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | * | * | | | | | | | * | * | | | | |
| Health Disparities | | | * | * | | | | | | | * | * | | | | |
| Obesity Prevention | | | | * | | | | | | | | | | * | * | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | * | | * | * | * | * | | | * | | * | * | | * | | * |
| Clean Air | | | * | * | * | * | | * | * | * | * | * | * | * | | * |
| Clean Water | * | * | * | * | * | * | | | * | * | * | * | * | | | * |
| Environmental Health | | * | | * | | * | | * | * | | * | * | * | | | * |
| Environmental Justice | | | * | * | | * | | | | | * | * | | | | |
| Toxic Exposures | | | | | | | | | | | | | | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | | * | | * | | | * | | * | * | * | | | |
| Emergency Preparedness | * | | * | * | * | * | * | | | * | * | * | | * | * | * |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | | * | | | | | | | | | | | * | * |
| Food Safety | | | | | | | | | | | | | | | | |
| Food Security | | | | * | | | | | | | | | | | | |
| Healthy Eating | | | | * | | | | | | | | | * | | * | |
| Nutrition | | | | * | | | | | | | | | | | | * |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | | * | * | | | | | | | * | * | | | | * |
| Clinical Services | | | | * | | | | | | | | | | | | |
| Healthy Homes | | | | * | | * | | | | | | | * | * | | |
| Health Services | | | * | * | | | | | | | * | * | | | | |
| Human Services | * | | * | * | | * | | | | | * | * | | | | * |
| Infectious Disease Prevention | | | | * | | | | | | | | * | | | | |
| Mental Health | | | * | * | | | | | | | * | | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | | * | | | | | * | * | | | | |
| Social Equity | | | | * | | | | | | | * | * | | | | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | |
| Public Safety | * | | * | * | * | * | * | | | | * | * | * | * | * | * |
| **Number of Topics** | 6 | 3 | 15 | 27 | 7 | 14 | 4 | 4 | 8 | 6 | 17 | 21 | 11 | 7 | 9 | 14 |
| **% of Topics** | 19% | 10% | 48% | 87% | 23% | 45% | 13% | 13% | 26% | 19% | 55% | 68% | 35% | 23% | 29% | 45% |

| | FL (cont.) | | | | GA | | | | | | HI | IA | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Putnam County | Rockledge | Williston | Winter Springs | Athens-Clarke County | Cartersville | cherokee | Columbus | Decatur County | Rockdale County | Honolulu | Ankeny | Lansing | Marshalltown | Scott County | Sioux City |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | | | * | | | * | | | * | * | * | * | | | |
| Active Transportation | * | | | * | | | | * | * | * | | * | * | * | * | |
| Physical Activity | | | | | | | * | * | | * | * | * | * | | * | |
| Recreation | * | | * | * | | | * | * | | * | | * | * | | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | | | | | | | | |
| Health Disparities | | | | | | | | | | | | | | | | |
| Obesity Prevention | | | | | | | | | | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | | | | | | | | | | * | | | | * | * | * |
| Clean Air | | * | * | | | | * | * | * | * | | | | * | * | |
| Clean Water | * | * | * | * | | | * | | * | * | * | * | * | * | * | |
| Environmental Health | * | | | * | | | | | * | | | | * | | | * |
| Environmental Justice | | * | | | | | | * | | * | | | | | | |
| Toxic Exposures | | | | | | | | | | | | | | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | | | | | | | | | | | | | | |
| Emergency Preparedness | * | | | | | | | | * | | | | * | | * | * |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | | | | | | | | | | | | | | |
| Food Safety | | | | | | | | | | | | | | | | |
| Food Security | | | | | | | | | | | | | | | | |
| Healthy Eating | | | | | | | | | | | | | | | | |
| Nutrition | | | | | | | | | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | | | | | | * | * | | * | | | * | | | |
| Clinical Services | | | | | | | | | | | | | | | | |
| Healthy Homes | | | | | | | * | | * | | | | | * | * | |
| Health Services | | | | | | | * | | | | | | | | * | |
| Human Services | | | | | | | * | | | | | | | | | * |
| Infectious Disease Prevention | | | | | | | | | | | | | | | | |
| Mental Health | | | | | | | | | | | | | | | | * |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | | | | | | | | | | * | | |
| Social Equity | | | | | | | | | | | | * | | | | * |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | |
| Public Safety | * | | * | * | | | * | * | * | * | | * | * | * | * | * |
| **Number of Topics** | 6 | 3 | 4 | 6 | 0 | 0 | 10 | 7 | 7 | 10 | 3 | 6 | 9 | 7 | 10 | 8 |
| **% of Topics** | 19% | 10% | 13% | 19% | 0% | 0% | 32% | 23% | 23% | 32% | 10% | 19% | 29% | 23% | 32% | 26% |

| | ID | | IL | | | | | | | | | IN | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | West Des Moines | Meridian | Sandpoint | Champaign | Glenview | Joliet | Machesney Park | Maywood | McHenry County | Mount Prospect | Peoria | Roscoe | Carmel | Columbus | Indianapolis | Johnson County |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | | | * | * | | * | * | | | * | * | | | | |
| Active Transportation | * | * | | * | * | | * | * | | * | * | * | | * | * | |
| Physical Activity | | | | * | | | | | | | * | | | | | * |
| Recreation | * | * | * | * | * | * | | * | | * | * | * | | * | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | | | | | | | | |
| Health Disparities | | | | | | | | | | | | | | | | |
| Obesity Prevention | | | | | | | | | | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | | | | | | | * | * | | | * | | | * | * | |
| Clean Air | | * | | * | | | | | | | * | * | | * | * | |
| Clean Water | | * | * | * | * | | * | | | | * | | | * | * | |
| Environmental Health | | | | | | | | * | | * | * | * | | | | |
| Environmental Justice | | | | | | | | | | | | | | | | |
| Toxic Exposures | | | | | | | | | | | | | | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | | * | | | | | | | | | | | | |
| Emergency Preparedness | * | * | | | | | | | | | | | | * | | |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | | | | | | | | | | | | | | |
| Food Safety | | | | | | | | | | | | | | | | |
| Food Security | | | | | | | | | | | | | | | | |
| Healthy Eating | | | | | | | | | | | | | | | | |
| Nutrition | | | | | | | | | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | | | * | | | | | | * | * | | | * | * | |
| Clinical Services | | | | | | | | | | | | | | | * | |
| Healthy Homes | | | | | | | | | | | * | | | | | |
| Health Services | | * | | * | | | * | | | | | | | | * | |
| Human Services | * | | | | | | * | | | * | | | | | | |
| Infectious Disease Prevention | | | | | | | | | | | | | | | | |
| Mental Health | | | | | | | | | | | | | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | | | | | | | | | | * | | |
| Social Equity | | | | | | | | | | * | | | | | | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | |
| Public Safety | * | * | * | * | * | * | * | * | | * | * | * | | * | * | |
| **Number of Topics** | 5 | 7 | 3 | 10 | 5 | 2 | 7 | 6 | 0 | 7 | 11 | 7 | 0 | 8 | 9 | 2 |
| **% of Topics** | 16% | 23% | 10% | 32% | 16% | 6% | 23% | 19% | 0% | 23% | 35% | 23% | 0% | 26% | 29% | 6% |

| | IN | | KS | | | KY | MA | | | | | | MD | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | South Bend* | Terre Haute | Greensburg | Ottawa* | Topeka | Radcliff | Belmont | Brookline | Easthampton | Groton | Nantucket | Reading | Anne Arundel | Baltimore County* | Bel Air | Caroline County |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | * | | * | * | | * | | * | | | | | * | * | | |
| Active Transportation | * | | * | * | * | * | | * | * | * | | | * | * | * | |
| Physical Activity | | | * | * | | | * | | * | | | | * | * | * | |
| Recreation | * | | * | * | * | * | * | * | * | * | | * | * | * | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | | | | | | | | |
| Health Disparities | * | | | | | | | | | | | | | * | | |
| Obesity Prevention | | | | * | | | | | | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | * | | | | | | | | * | | | | | * | * | |
| Clean Air | | | * | | | * | | | | * | | * | * | * | | |
| Clean Water | | | * | * | | * | | | * | * | | * | * | * | * | * |
| Environmental Health | | | * | | | | | | | * | | | * | * | | * |
| Environmental Justice | | | | | | | | | | | | | | * | | |
| Toxic Exposures | | | | | | | | | | * | | | | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | | | | | * | | * | | | * | * | * | | |
| Emergency Preparedness | * | | * | | | | | | | * | | | * | * | * | |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | | | | | | | | | | | | | | |
| Food Safety | | | | | | | | | | | | | | * | | |
| Food Security | | | | | | | | | | | | | | | | |
| Healthy Eating | | | | | | | | | | | | | | * | | |
| Nutrition | | | | | | | | | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | | | | | | | | | * | | | * | * | * | |
| Clinical Services | | | | | | | | | | | | | * | | | |
| Healthy Homes | | | * | | | | | | | | | | | | * | |
| Health Services | | | | | | | | | | * | | | * | * | | |
| Human Services | | | | | * | | | | * | | | | * | * | * | |
| Infectious Disease Prevention | | | | | | | | | | | | | | * | | |
| Mental Health | | | | | | | | | | | | | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | | | | | | | | | | | | |
| Social Equity | | | | | | | | * | | | | | | * | | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | |
| Public Safety | * | | | | * | * | | | | * | | | * | * | * | |
| **Number of Topics** | 7 | 0 | 9 | 6 | 4 | 6 | 3 | 4 | 7 | 10 | 0 | 4 | 14 | 20 | 10 | 3 |
| **% of Topics** | 23% | 0% | 29% | 19% | 13% | 19% | 10% | 13% | 23% | 32% | 0% | 13% | 45% | 65% | 32% | 10% |

| | ME | | | | MI | | | | | | | | MN | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Bar Harbor* | Cranberry Isles | Cumberland | Hancock County | Alpine Township | Barry County | Grand Rapids* | Isabella County | Kalamazoo | Monroe County | Washtenaw County | Watertown Charter Township | Carver County | Dakota County | Hennepin County | Saint Paul |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | | | * | * | * | * | * | | * | | * | | * | * | * |
| Active Transportation | * | | * | * | * | | * | | * | * | | * | | * | * | * |
| Physical Activity | | | * | * | | * | * | | | * | | * | | | | |
| Recreation | * | | * | * | * | | * | | * | * | | * | | * | | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | | | | | | | | |
| Health Disparities | | | | | | | | | | | | | | | | |
| Obesity Prevention | | | | | | | | | | | | | | * | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | | | | * | | * | * | | * | | | | | * | | * |
| Clean Air | | | | * | | * | * | | | * | * | | | * | | * |
| Clean Water | * | * | * | * | | * | * | | | * | * | * | | * | | * |
| Environmental Health | | | | | * | * | | * | * | * | * | * | | | | |
| Environmental Justice | | | | | | | | | | | | | | | | |
| Toxic Exposures | * | | | | | | | | | | | | | * | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | * | | | | | | | | | | | * | | |
| Emergency Preparedness | * | * | * | | | | | | | * | | | | | | |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | * | | | | * | * | * | * | | | | * | | |
| Food Safety | | | | | | | | | | | | | | | | |
| Food Security | | | | | | | | | | | | | | | | |
| Healthy Eating | | | | * | | | | | * | | | | | | | |
| Nutrition | | | | | | | | | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | * | | * | * | * | | * | * | | * | | * | | * | | |
| Clinical Services | | | | | | | | | | | | | | | | |
| Healthy Homes | | | | | | | | | * | | | | | | | |
| Health Services | * | | | | | | | * | | | | | | | | |
| Human Services | * | | | | | | | | | * | | | | | | |
| Infectious Disease Prevention | | | | | | | | | | | | | | | | |
| Mental Health | * | | | | | | | | | | | | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | | | | | | | | | | | | |
| Social Equity | | | | | | | * | | | * | | | | | | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | |
| Public Safety | | | * | * | * | * | | | * | * | | * | | | | |
| **Number of Topics** | 9 | 2 | 9 | 10 | 6 | 7 | 10 | 5 | 8 | 13 | 3 | 8 | 0 | 11 | 2 | 6 |
| **% of Topics** | 29% | 6% | 29% | 32% | 19% | 23% | 32% | 16% | 26% | 42% | 10% | 26% | 0% | 35% | 6% | 19% |

| | MN (cont.) | | | | MO | | | MS | NC | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Scott County* | St. Cloud | St. Louis Park* | Victoria | Lee's Summit | Parkville | St Louis County | Hernando Mississipi | Black Mountain | Boone | Brunswick County | Butner | Catawba County | Charlotte-Mecklenburg | Clemmons | Concord |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | * | | * | * | * | * | | * | | | | * | | * | * | * |
| Active Transportation | * | | * | * | * | * | | * | * | * | | * | * | * | * | * |
| Physical Activity | | | * | * | * | * | | * | | | | | * | | | * |
| Recreation | * | | * | * | * | * | | * | | * | | * | * | * | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | | | * | | | | | |
| Health Disparities | | | | | | | | | | | | | | | | |
| Obesity Prevention | | | | | | | | * | | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | | | * | | | | | * | | | | | | * | | * |
| Clean Air | | | * | * | | | | * | * | * | | * | | * | * | |
| Clean Water | * | | * | * | * | * | | * | * | * | | * | * | * | * | * |
| Environmental Health | * | | * | | * | * | | | * | | * | | * | | * | |
| Environmental Justice | | | | | | | | | | | | | | | | * |
| Toxic Exposures | | | * | | | | | | | | | | | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | | | | | | | | | | | | | | |
| Emergency Preparedness | * | | * | | * | * | | | | | | | | | | |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | | * | | * | | | | | | | | | | |
| Food Safety | | | | | | | | | | | | | | | | |
| Food Security | | | | | | | | | | | | | | | | |
| Healthy Eating | * | | | * | | | | | | | | | | | * | |
| Nutrition | | | | | | | | | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | * | | * | * | | | | * | | * | * | * | | | | * |
| Clinical Services | | | | | | | | | | | | | | | | |
| Healthy Homes | | | * | | | | | | | | | | | | | * |
| Health Services | * | | * | | | | | | | | | | | | | * |
| Human Services | * | | * | | | | | | | | | | | * | | * |
| Infectious Disease Prevention | | | * | | | | | | | | | | | | | |
| Mental Health | | | | | | | | | | | | * | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | * | | | | | | | | | | | | | |
| Social Equity | | | | | | | | | | | | | | | | * |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | * | | | | |
| Public Safety | * | | * | | * | * | | * | * | * | | * | * | * | | * |
| **Number of Topics** | 11 | 0 | 17 | 9 | 8 | 9 | 0 | 10 | 5 | 6 | 5 | 7 | 6 | 8 | 7 | 13 |
| **% of Topics** | 35% | 0% | 55% | 29% | 26% | 29% | 0% | 32% | 16% | 19% | 16% | 23% | 19% | 26% | 23% | 42% |

| | NC (cont.) | | | | | | | | | | | NE | | | NH | NJ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Davidson | Havelock | Iredell County | Kill Devil Hills | Morrisville | Pineville | Polk County | Raleigh | Wayne County | Wilson | Wilson's Mills | Grand Island | Lincoln | Omaha | Hillsborough | Montclair |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | * | | | | | | * | * | * | * | | * | | * | | |
| Active Transportation | * | * | * | * | * | | | * | | * | * | * | | * | | |
| Physical Activity | * | * | | * | | | * | | | * | | | | * | | |
| Recreation | * | * | * | * | | * | * | * | * | * | * | | | * | * | |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | | | | | | * | | |
| Health Disparities | | | | | | | | * | | | | | | * | | |
| Obesity Prevention | | | | * | | | | | | | | | | * | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | | * | | | * | | | | | * | | * | | * | | |
| Clean Air | * | * | * | * | | | | * | * | * | * | | | * | | |
| Clean Water | * | | * | * | | | * | * | * | * | | * | | * | * | * |
| Environmental Health | | * | * | * | | | * | * | | | | | | * | * | |
| Environmental Justice | | * | | | | | | * | | | * | | | * | | |
| Toxic Exposures | | | | | | | | | | | | | * | * | | * |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | | * | | | | * | | | * | | | * | | |
| Emergency Preparedness | | * | * | * | | | * | | | | | * | * | * | | |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | * | | * | | | | | * | | * | | | | * | | |
| Food Safety | | | | | | | | | | | | | | * | | |
| Food Security | | | | | | | | | | * | | | | * | | |
| Healthy Eating | * | | | | * | | | | | | | | | * | | |
| Nutrition | * | | | | | | | | | | | | | * | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | * | | | | | | | * | | * | | | | * | | * |
| Clinical Services | | | | | | | | | | | | | | * | | |
| Healthy Homes | | | | | | | | | | | | * | | * | | |
| Health Services | | | | * | | | * | * | | | * | | | * | | |
| Human Services | | * | | * | | | * | * | | | * | | | * | * | |
| Infectious Disease Prevention | | | | * | | | | | | | | | | * | | |
| Mental Health | | | | | | | | | | | | | | * | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | * | | | | | | | | | | | * | | * | | |
| Social Equity | * | | | | | | | * | | | | * | | * | | |
| SAFETY | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | * | | |
| Public Safety | * | * | * | * | | * | * | * | * | * | | | | * | * | * |
| **Number of Topics** | 13 | 9 | 8 | 13 | 3 | 2 | 9 | 15 | 5 | 11 | 7 | 8 | 2 | 31 | 5 | 4 |
| **% of Topics** | 42% | 29% | 26% | 42% | 10% | 6% | 29% | 48% | 16% | 35% | 23% | 26% | 6% | 100% | 16% | 13% |

| | NJ | NM | | NV | | | NY | | | OH | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | Trenton | Albuquerque | Dona Ana County | Clark County | Sparks | Washoe County | Marlborough | New York | Tioga County* | Cleveland | Delaware | Fairfield County | Franklin County | Miami County | Middletown | Monroe |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | | * | * | * | | | | | | | | * | | * | |
| Active Transportation | * | | * | * | * | | * | | | | | * | * | | * | |
| Physical Activity | | | * | * | | | * | | | | | | * | * | * | |
| Recreation | * | | * | * | * | * | | | | | | * | | * | * | |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | * | | | | | | * | | | | | | | |
| Health Disparities | | | | | | | | | | | | | | | | |
| Obesity Prevention | * | | | | | | | | | | | | * | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | * | | * | | * | | | | | | | | | * | * | |
| Clean Air | * | | * | * | * | * | | | | | | | * | * | * | |
| Clean Water | * | | * | * | * | * | * | | | | | | * | * | * | |
| Environmental Health | | | * | * | | * | | | | | | | | * | * | |
| Environmental Justice | | | * | | | | | | | | | | | | | |
| Toxic Exposures | | | * | * | | | | | | | | | | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | * | | * | | | | | | | | | | | | * | |
| Emergency Preparedness | | | * | * | * | | * | | | | | | | | | |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | * | | | | | | | | | | | | * | | | |
| Food Safety | | | | | | | | | | | | | | | | |
| Food Security | | | | | | | | | | | | | * | | | |
| Healthy Eating | | | | | | | | | | | | | | | | |
| Nutrition | * | | | | | | | | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | | * | | | | | | * | | | | * | * | * | |
| Clinical Services | | | * | | | | | | | | | | | | | |
| Healthy Homes | * | | | | | | | | | | | * | | | | |
| Health Services | | | * | | | | | | * | | | | | | | |
| Human Services | | | * | * | | | | | * | | | | | * | | |
| Infectious Disease Prevention | | | * | | | | | | | | | | | | | |
| Mental Health | | | | | | | | | | | | | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | * | | | | | | | | | | | | * | |
| Social Equity | | | * | | | | | | | | | | * | | | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | |
| Public Safety | * | | * | * | | * | * | | | | | | | * | * | |
| **Number of Topics** | 11 | 0 | 21 | 11 | 7 | 5 | 5 | 0 | 4 | 0 | 0 | 3 | 10 | 9 | 12 | 0 |
| **% of Topics** | 35% | 0% | 68% | 35% | 23% | 16% | 16% | 0% | 13% | 0% | 0% | 10% | 32% | 29% | 39% | 0% |

| | OH (cont.) | | | | OK | | OR | | | | | | | | | PA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Powell | Upper Arlington | Wadsworth | Youngstown | Altus City | Medicine Park | Stillwater | Central Point | Confederated Tribes of the | Jackson County | Klamath Falls* | Marion County | Milwaukie | North Bend | Wilsonville* | Allegheny County |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | | | * | | * | | * | | | * | | * | | | |
| Active Transportation | | | * | * | | * | * | * | | | * | | * | * | * | * |
| Physical Activity | | | | * | | * | * | * | | | * | | * | | * | |
| Recreation | | * | * | * | | * | * | * | * | * | * | | * | | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | * | | | | | | | |
| Health Disparities | | | | | | | | | | | * | | | | | |
| Obesity Prevention | | | | | | | | | | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | | | * | * | | * | | | | | | | | | | * |
| Clean Air | | | | * | | | * | * | | * | * | | * | | * | |
| Clean Water | | | | * | | * | * | * | | * | * | | * | | * | |
| Environmental Health | | | | | | | * | * | | * | | | * | | * | |
| Environmental Justice | | | | | | | | | | | | | * | | | |
| Toxic Exposures | | | | * | | | | | | | | | | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | | | | | | * | | | * | | | | | |
| Emergency Preparedness | | | * | | | | * | * | * | * | * | | | * | | |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | | | | | | | | | | | | | | |
| Food Safety | | | | | | | | | | | | | | | | |
| Food Security | | | | | | | | | | | | | | | | |
| Healthy Eating | | | | | | | | | | | | | | | | |
| Nutrition | | | | | | | | | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | * | * | * | | | | * | * | | * | | | | | |
| Clinical Services | | | | | | | | | * | | | | | | * | |
| Healthy Homes | | | | * | | | | * | | | | | | | | |
| Health Services | * | | | | | | | * | * | | * | | | | * | |
| Human Services | * | | | | | | | * | * | | * | | | | | * |
| Infectious Disease Prevention | | | | | | | | | | | | | | | | |
| Mental Health | | | | | | | * | | | | | | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | | | | | | | | | | | | |
| Social Equity | | | | | | | * | * | | | | | | | | * |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | |
| Public Safety | | * | * | * | | * | * | * | | * | * | | * | * | * | * |
| **Number of Topics** | 2 | 3 | 6 | 11 | 0 | 7 | 10 | 15 | 7 | 6 | 13 | 0 | 9 | 3 | 9 | 6 |
| **% of Topics** | 6% | 10% | 19% | 35% | 0% | 23% | 32% | 48% | 23% | 19% | 42% | 0% | 29% | 10% | 29% | 19% |

| | PA (cont.) Bethlehem | Blair County | Chester County | East Hempfield Township | Easton* | Lycoming County | Rostraver Township | RI North Kingstown | SC Beaufort County | Berkeley County | Columbia | Florence County | James Island | Mount Pleasant | TX Austin* | College Station |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | | | | * | * | * | | * | | * | | | * | * | * | |
| Active Transportation | | * | * | * | * | * | * | * | | * | * | * | * | * | * | * |
| Physical Activity | | | | * | * | * | | * | | | | | | * | * | * |
| Recreation | | * | * | * | * | * | * | * | * | * | * | | | * | * | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | * | | | | | | | | | | * | |
| Health Disparities | | | | | | | | | | | | | | | * | |
| Obesity Prevention | | | | | * | | | | | | | | | | * | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | | * | | * | * | * | | * | | | * | | * | | | |
| Clean Air | | * | * | * | * | * | * | * | | * | * | * | * | * | * | |
| Clean Water | | * | * | * | * | * | * | * | | * | * | * | * | * | * | * |
| Environmental Health | | * | | | * | | | * | | | * | | | | * | |
| Environmental Justice | | * | | | | | | | | | | | | | * | |
| Toxic Exposures | | | | | | | | | | | | | * | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | | | * | | | * | * | | * | | | | * | |
| Emergency Preparedness | | * | * | * | * | * | | * | | * | | | * | * | * | * |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | * | | * | * | | * | * | | | | | | * | |
| Food Safety | | | | | | * | | | | | | | | | * | |
| Food Security | | | | | | | | * | | | | | | | * | |
| Healthy Eating | | | | | * | * | | | | | | | | | * | |
| Nutrition | | | | | * | | | | | | | | | | * | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | * | | * | * | * | | | | * | | | * | * | * | |
| Clinical Services | | | | | | | | | | | | | | | * | |
| Healthy Homes | | | | | * | | | * | | * | | | * | | * | |
| Health Services | | | | * | * | * | | | | | | | * | | * | |
| Human Services | | * | * | * | * | * | | * | | | * | | | | * | |
| Infectious Disease Prevention | | | | | * | | | | | | | | | * | * | |
| Mental Health | | | | | | | | | | | | | | * | * | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | * | | | | | | | | | | | |
| Social Equity | | * | | | * | | | | | | * | | | | * | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | * | | | | | | | | | | |
| Public Safety | | * | | * | * | * | * | * | | * | * | | * | * | * | * |
| **Number of Topics** | 0 | 11 | 8 | 11 | 23 | 16 | 6 | 15 | 3 | 9 | 10 | 3 | 14 | 8 | 27 | 6 |
| **% of Topics** | 0% | 35% | 26% | 35% | 74% | 52% | 19% | 48% | 10% | 29% | 32% | 10% | 45% | 26% | 87% | 19% |

| | TX (cont.) | | UT | | | | VA | | | VT | WA | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Fort Worth* | Plano | Highland City | Naples City | Roy City Corporation | Uintah County | Chesapeake | Culpeper | Fluvanna County | Burlington | King County | Liberty Lake | Millwood | Port Angeles | Seattle | Shelton |
| **ACTIVE LIVING** | | | | | | | | | | | | | | | | |
| Active Living | * | * | * | | | * | * | | | * | * | | * | * | | * |
| Active Transportation | * | * | | | * | | * | * | | * | * | | | * | * | * |
| Physical Activity | * | * | | | * | * | * | | | * | * | | * | * | * | * |
| Recreation | * | * | * | * | * | * | * | * | * | * | | | | * | | * |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | | | | | | | | |
| Health Disparities | | | | | | * | | | | | | | | | * | * |
| Obesity Prevention | * | | | | | | | | | * | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | | |
| Brownfields | * | | | | | | | | | * | | | | | | |
| Clean Air | * | * | * | | * | | * | * | * | * | * | | | * | * | |
| Clean Water | * | * | * | | * | * | * | * | * | * | * | | | * | * | |
| Environmental Health | * | | | | | | | * | | * | * | | | * | * | |
| Environmental Justice | | | | | | | | | | | * | | | | * | |
| Toxic Exposures | | | | | | | * | | | | * | | | | | |
| **CLIMATE** | | | | | | | | | | | | | | | | |
| Climate Change | | | | | | | | | | * | | | | | * | |
| Emergency Preparedness | * | * | | | * | * | | * | * | * | | | | * | | |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | | |
| Food Access | | | | | | | | | | | * | | | | | |
| Food Safety | * | | | | | | | | | | * | | | | | |
| Food Security | | | | | | | | | | | * | | | | | |
| Healthy Eating | | | | | | | | | | | * | | | | | |
| Nutrition | | | | | | | | | | | * | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | | |
| Aging | | * | | | | | * | * | | * | | | | | | * |
| Clinical Services | | | | | | | | | | | | | | | | |
| Healthy Homes | | | | | | | | | | | * | | | | | |
| Health Services | | | | | * | * | | | | | | | | * | * | |
| Human Services | * | | | | * | * | * | | * | | * | | | * | * | |
| Infectious Disease Prevention | | | | | | | | | | | | | | | | |
| Mental Health | | | | | | | | | | | * | | | | * | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | | |
| Social Capital | | | | | | | | | | | * | | | * | | |
| Social Equity | * | | | | | | | | | | * | | | * | * | * |
| **SAFETY** | | | | | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | | | | | |
| Public Safety | * | * | | * | * | * | * | * | * | | | | | * | * | * |
| **Number of Topics** | 14 | 9 | 4 | 2 | 8 | 9 | 10 | 8 | 6 | 13 | 17 | 0 | 2 | 13 | 13 | 8 |
| **% of Topics** | 45% | 29% | 13% | 6% | 26% | 29% | 32% | 26% | 19% | 42% | 55% | 0% | 6% | 42% | 42% | 26% |

| | WA | WI | |
| --- | :---: | :---: | :---: |
| | Tacoma | Fitchburg | Oneida Nation* |
| **ACTIVE LIVING** | | | |
| Active Living | * | | * |
| Active Transportation | * | * | * |
| Physical Activity | | * | * |
| Recreation | * | * | * |
| **CHRONIC DISEASE** | | | |
| Chronic Disease Prevention | | | |
| Health Disparities | | | |
| Obesity Prevention | | * | |
| **ENVIRONMENTAL HEALTH** | | | |
| Brownfields | * | * | * |
| Clean Air | * | * | * |
| Clean Water | * | * | * |
| Environmental Health | | * | * |
| Environmental Justice | | | * |
| Toxic Exposures | | | * |
| **CLIMATE** | | | |
| Climate Change | * | | * |
| Emergency Preparedness | | * | * |
| **FOOD & NUTRITION** | | | |
| Food Access | * | | * |
| Food Safety | | | * |
| Food Security | | | * |
| Healthy Eating | | | * |
| Nutrition | | | * |
| **HEALTH & HEALTH CARE** | | | |
| Aging | | | * |
| Clinical Services | | | * |
| Healthy Homes | | | * |
| Health Services | | | * |
| Human Services | | | * |
| Infectious Disease Prevention | | | * |
| Mental Health | | | * |
| **SOCIAL HEALTH** | | | |
| Social Capital | | | * |
| Social Equity | * | | * |
| **SAFETY** | | | |
| Injury Prevention | | | * |
| Public Safety | * | * | * |
| **Number of Topics** | 10 | 10 | 28 |
| **% of Topics** | 32% | 32% | 90% |

| | Oneida Nation, WI | Raleigh, NC | Burlington, VT | Mansfield, CT | San Francisco, CA | Grand Rapids, MI | Henderson, NV | Philadelphia, PA | Keene, NH | Cupertino, CA | Decatur City, GA | Portland / Multnomah County, OR | Sacramento, CA | Baltimore, MD | New York, NY |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ACTIVE LIVING** | | | | | | | | | | | | | | | |
| Active Living | * | * | * | * | | | * | | * | * | * | * | * | | * |
| Active Transportation | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Physical Activity | * | | * | * | * | * | * | | * | * | * | * | * | * | * |
| Recreation | * | * | | * | | * | * | * | * | * | * | * | * | * | |
| **CHRONIC DISEASE** | | | | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | * | | | | | | | | | | |
| Health Disparities | * | * | | | | | | | | | | | | | |
| Obesity Prevention | | | | | | | | * | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | | | | |
| Brownfields | | | | | | * | | * | | | | | * | * | * |
| Clean Air | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Clean Water | * | * | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Environmental Health | * | * | | * | * | * | * | * | | * | | * | * | | |
| Environmental Justice | * | * | * | | * | | | * | | | | | | | |
| Toxic Exposures | * | | | | | * | * | | | | | | * | | |
| **CLIMATE** | | | | | | | | | | | | | | | |
| Climate Change | | * | * | * | * | | * | * | * | * | | * | * | * | * |
| Emergency Preparedness | * | | | | * | * | | | | * | | | | | * |
| **FOOD & NUTRITION** | | | | | | | | | | | | | | | |
| Food Access | * | * | * | * | * | | * | * | * | | | | * | * | * |
| Food Safety | * | | * | | | | | | * | | | | | | |
| Food Security | * | | * | * | | | | | * | | | | * | | * |
| Healthy Eating | * | | * | | * | * | * | | | | * | | | | |
| Nutrition | * | | | | * | | * | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | | | | |
| Aging | * | * | * | * | | | | | * | | | | | | |
| Clinical Services | | | | | | | | | | | | | | | |
| Healthy Homes | * | | * | | | * | * | * | | * | | | | * | |
| Health Services | * | * | | * | | | | | | | | | | | |
| Human Services | * | * | | * | | | | | | | | | | | |
| Infectious Disease Prevention | | | | | * | | | | | | | | | | |
| Mental Health | * | | | | * | | | | | | | * | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | | | | |
| Social Capital | * | * | * | * | | * | * | * | * | | | * | | | * |
| Social Equity | * | * | * | * | | * | | * | | | | * | * | | * |
| **SAFETY** | | | | | | | | | | | | | | | |
| Injury Prevention | * | | | | | | | | | | | | | | |
| Public Safety | * | * | | * | | * | * | | | * | * | | | | |
| **Number of Topics** | 25 | 16 | 15 | 15 | 15 | 14 | 14 | 14 | 12 | 11 | 11 | 11 | 11 | 10 | 10 |
| **% of Topics** | 81% | 52% | 48% | 48% | 48% | 45% | 45% | 45% | 39% | 35% | 35% | 35% | 35% | 32% | 32% |

| | West Windsor, NJ | Hayward, CA | Amberley Village, OH | Hillsborough Township, NJ | Roseville, CA | Naples City, UT | Easton, PA | San Carlos, CA | San Rafael, CA | Lake County, IL | Albany, NY | Huntington County, IN |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ACTIVE LIVING** | | | | | | | | | | | | |
| Active Living | * | * | * | * | * | | | | | | | |
| Active Transportation | * | * | | * | * | * | * | * | * | | | |
| Physical Activity | | * | * | | * | | | | | | | |
| Recreation | * | | * | | * | * | | | | | | |
| **CHRONIC DISEASE** | | | | | | | | | | | | |
| Chronic Disease Prevention | | | | | | | | | | | | |
| Health Disparities | | | | | | | | | | | | |
| Obesity Prevention | | | | | | | | | | | | |
| **ENVIRONMENTAL HEALTH** | | | | | | | | | | | | |
| Brownfields | * | | | | | | | | | | | |
| Clean Air | * | * | * | * | * | | * | * | | | | |
| Clean Water | * | * | * | * | | | * | | | * | | |
| Environmental Health | * | | | * | | | | | | * | | |
| Environmental Justice | | | * | * | | | | | | | | |
| Toxic Exposures | | * | | | | | | * | | | | |
| **CLIMATE** | | | | | | | | | | | | |
| Climate Change | * | * | | * | * | | | | * | | | |
| Emergency Preparedness | | | | | | * | | | | | | |
| **FOOD & NUTRITION** | | | | | | | | | | | | |
| Food Access | | | | | | | | * | | | | |
| Food Safety | | | | | | | | | | | | |
| Food Security | | | | | | | | | | | | |
| Healthy Eating | | | | | | | | | | | | |
| Nutrition | | | | | | | | | | | | |
| **HEALTH & HEALTH CARE** | | | | | | | | | | | | |
| Aging | | | | | * | | | | | | | |
| Clinical Services | | | | | | | | | | | | |
| Healthy Homes | | * | | | | | | | | | | |
| Health Services | | | | | | * | | | | | | |
| Human Services | | | | | | | | | | | | |
| Infectious Disease Prevention | | | | | | | | | | | | |
| Mental Health | | | | | | | | | | | | |
| **SOCIAL HEALTH** | | | | | | | | | | | | |
| Social Capital | | | | | | | | | | | | |
| Social Equity | | | | | | | | | | | | |
| **SAFETY** | | | | | | | | | | | | |
| Injury Prevention | | | | | | | | | | | | |
| Public Safety | * | | * | | | * | | | | | | |
| **Number of Topics** | 9 | 8 | 7 | 7 | 7 | 5 | 3 | 3 | 3 | 2 | 0 | 0 |
| **% of Topics** | 29% | 26% | 23% | 23% | 23% | 16% | 10% | 10% | 10% | 6% | 0% | 0% |