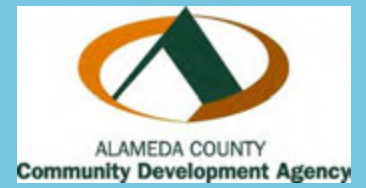


APPENDIX A – COMMUNITY HEALTH PROFILE PRESENTATION



COMMUNITY HEALTH PROFILE



Health & Place Intersection





Ashland and Cherryland

General Plan and Project Overview

What is a General Plan?

The General Plan sets the policies for how we use and manage our physical, social, and economic resources.

- ❑ A long-term policy document
- ❑ Not just a land use plan; but land use is integral

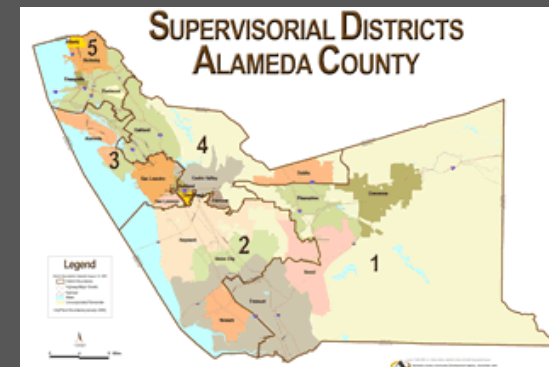


What is a Health Element?

- ❑ The Community Health and Wellness Element is not a required Element of the General Plan; however, it would have equal legal status.
- ❑ The policies would only apply to the unincorporated areas of Ashland & Cherryland
- ❑ Holistic view of health
 - ✧ Physical, social, economic, and behavioral

What is the Health Element?

- ❑ Sets goals, policies, and actions to achieve Ashland and Cherryland's health vision
- ❑ Collaborative project
 - ✧ County Planning, Public Health, and Board of Supervisors
 - ✧ MANY departments will help implement
- ❑ May serve as a model Health Element process for other communities in Alameda County



Ongoing

Project website www.ashlandcherryland.org

May, August

Community Workshops

**June, Sept,
Feb/Mar**

Wellness Advisory Committee

Fall

Existing Health Conditions Analysis

Sept - Oct

**Quality of Life Survey
and Kitchen Table Meetings**

Nov - Dec

Focus Groups

**Nov 2013 to
March 2014**

**Policy Development &
Health Element Release**

Spring 2014

Public Draft Element Released

Eden Area Livability (EALI)

8

- ❑ Multi-year process
- ❑ Livability Principles
- ❑ Final Catalyst Projects
- ❑ Multiple workgroups
 - ✧ Health Element is a project of EALI



THRIVE LIVABILITY FACTORS

PLACE



1. **What's Sold & How It's Promoted** is characterized by the availability and promotion of safe, healthy, affordable, culturally appropriate products and services (e.g. food, books and school supplies, sports equipment, arts and crafts supplies, and other recreational items) and the limited promotion and availability, or lack, of potentially harmful products and services (e.g. tobacco, firearms, alcohol, and other drugs).



2. **Look & Feel** means a well-maintained, appealing, clean, and culturally relevant visual and auditory environment.



3. **Safety** is characterized by elements that support and enhance a public safety presence through collaborative efforts that promote safe routes throughout the neighborhood, blight removal, adequate lighting, quality of life concerns, and overall community well being.



4. **Parks & Open Space** is characterized by safe, clean, accessible parks; parks that appeal to interests and activities of all age groups; green space; outdoor space that is accessible to the community; natural/open space that is preserved through the planning process.



5. **Getting Around** is characterized by availability of safe, reliable, accessible, and affordable methods for moving people around. This includes public transit, walking, and biking.



6. **Housing** is characterized by the availability of safe and affordable housing to enable citizens from a wide range of economic levels and age groups to live within its boundaries.



7. **Air, Water & Soil** is characterized by safe and non-toxic water, soil, indoor and outdoor air, and building materials. Community design should help conserve resources, minimize waste, and promote a healthy environment.



8. **Arts & Culture** is characterized by a variety of opportunities within the community for cultural and creative expression and participation through the arts.



9. **Preserve Resources/Natural Terrain** is characterized by the preservation of the historical character and resources, natural terrain, drainage, and vegetation of the community.



10. **Defined Communities** are characterized by signage, public art, agricultural greenbelts, wildlife corridors, community gardens and other such unique community elements.



11. **Public Places** have a design that encourages the attention and presence of people of all ages and interests.

EQUITABLE OPPORTUNITY



12. **Racial Justice** is policies and organizational practices in the community that foster equitable opportunities and services for all. It is evident in positive relations between people of different races and ethnic backgrounds.



13. **Jobs & Local Ownership** is characterized by local ownership of assets, including homes and businesses, access to investment opportunities, job availability, and the ability to make a living wage.



14. **Education** is characterized by high quality and available education and literacy development for all ages.

PEOPLE



15. **Social Networks & Trust** is characterized by strong social ties among all people in the community – regardless of their role. These relationships are ideally built upon mutual obligations, opportunities to exchange information, and the ability to enforce standards and administer sanctions.



16. **Participation and Willingness to Act for the Common Good** is characterized by local leadership, involvement in community or social organizations, participation in the political process, and a willingness to intervene on behalf of the common good of the community.



17. **Norms/Expected Behaviors & Attitudes** are characterized by community standards of behavior that suggest and define what the community sees as acceptable and unacceptable behavior.

CROSS CUTTING



18. **Planning Integrated Communities** has communities containing housing, shops, work places, schools, parks, libraries, cultural art venues, and civic facilities essential to the daily lives of residents.



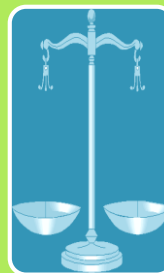
19. **Community Focal Points** have a combination of commercial, civic, cultural, and recreational uses.



20. **Health Care Access and Treatment** is characterized by preventative services, access, treatment quality, disease management, in-patient services and alternative medicine, cultural competence, and emergency response.



Place



Equitable Opportunity



People



Cross Cutting

Ashland & Cherryland Community Health Profile

The people and the place

1

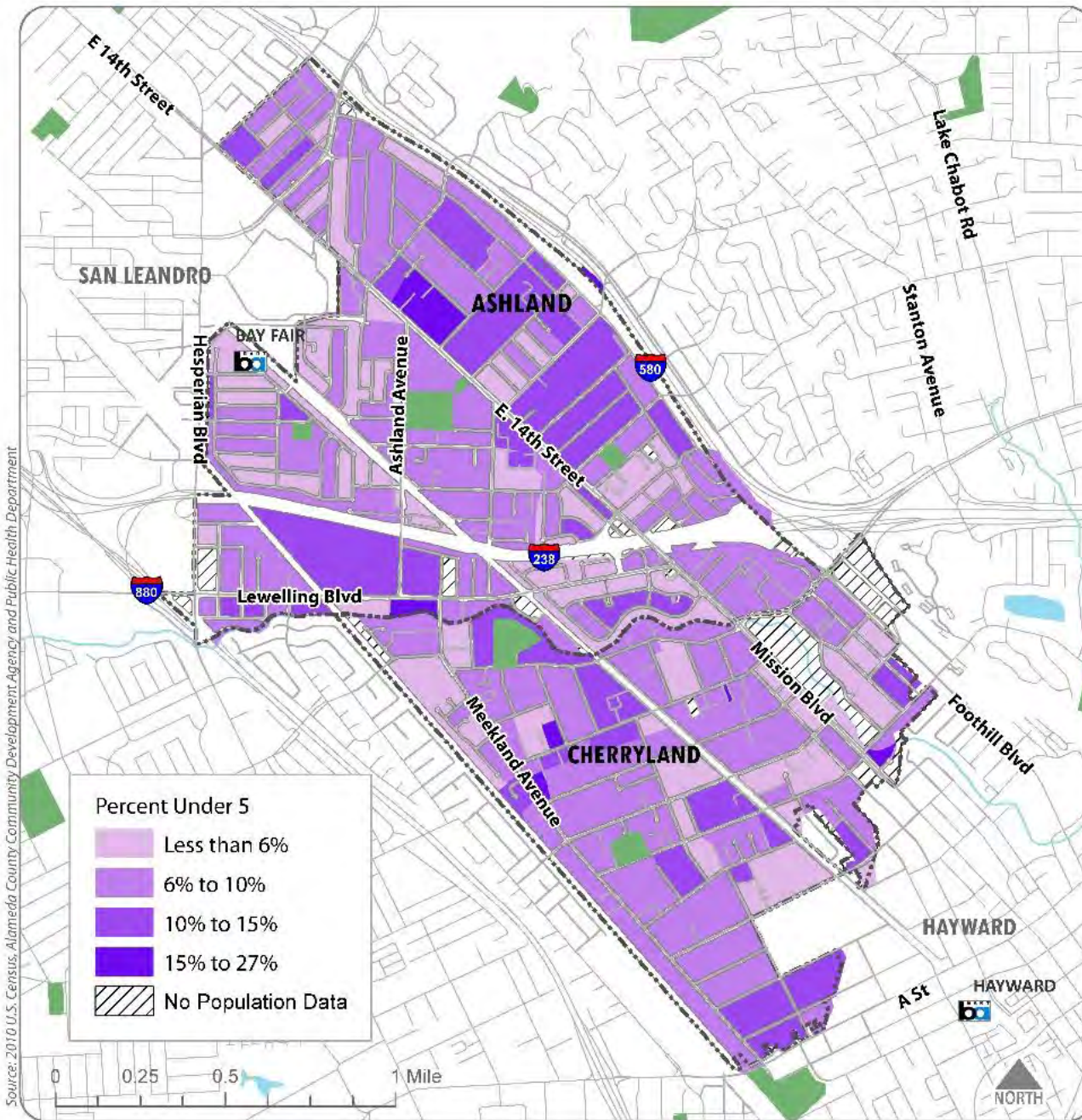
Who lives in Ashland & Cherryland?

(Demographics and Socio-Economics)

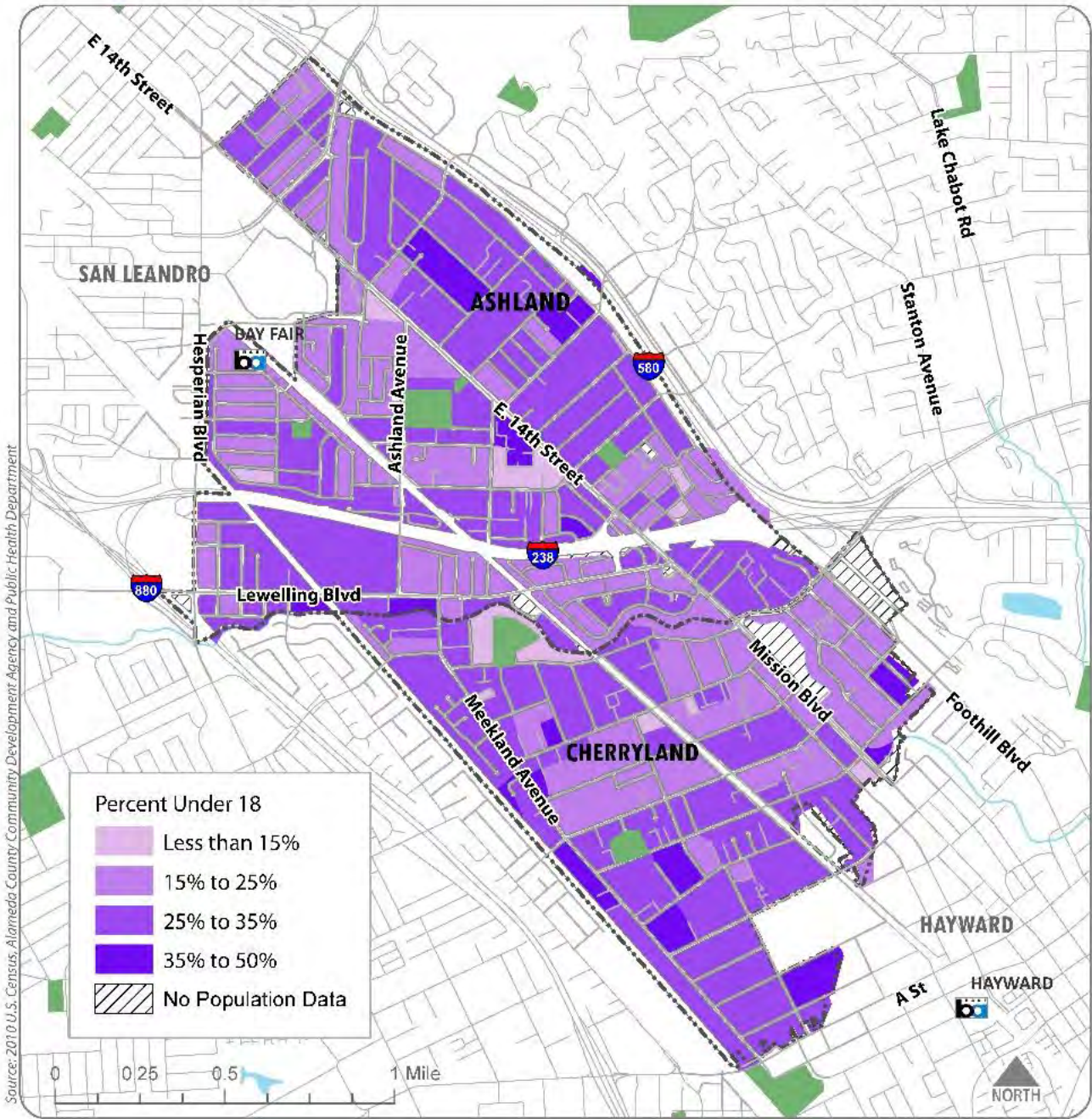
Population Overview

12

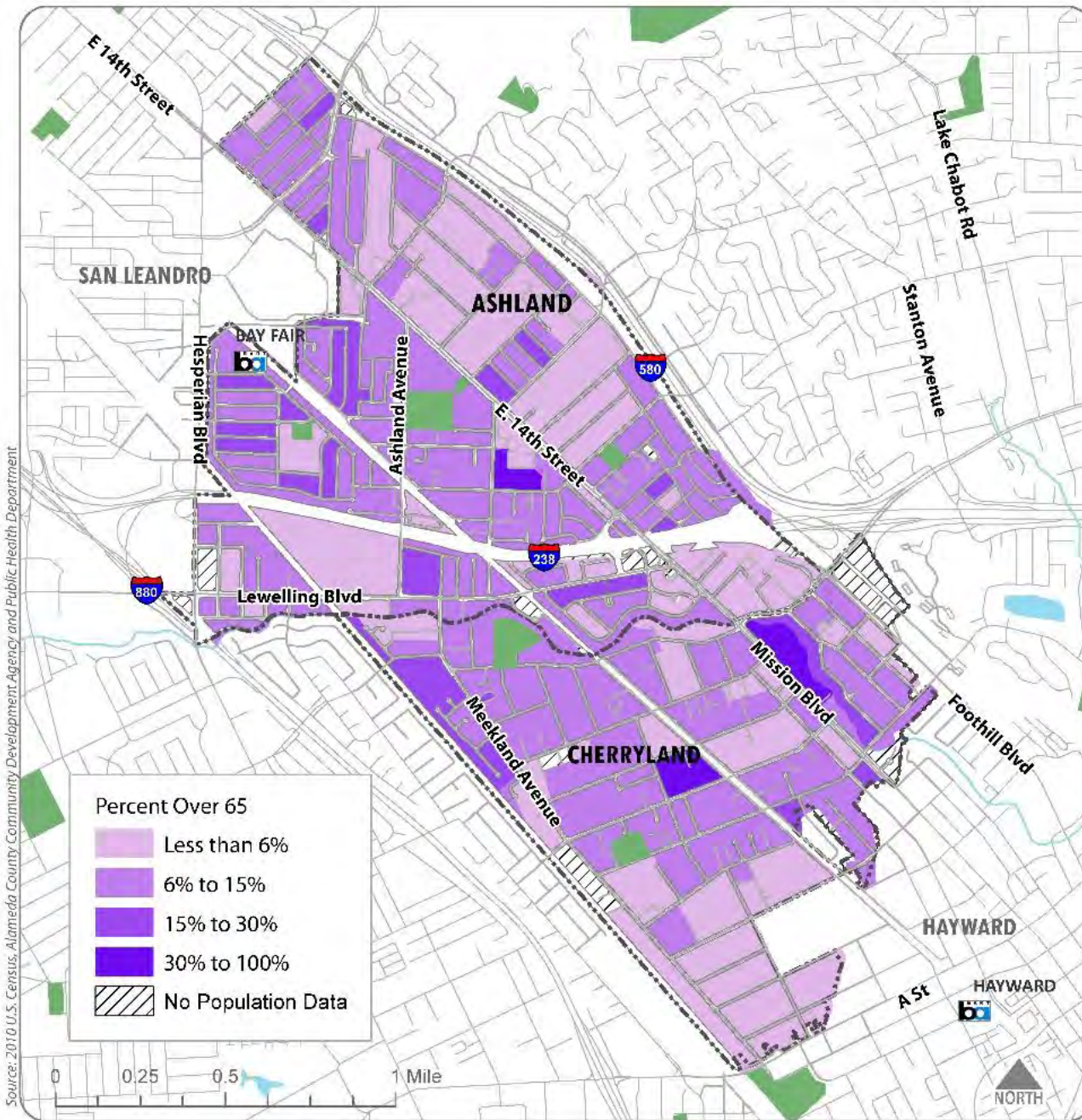
- ❑ Ashland population = 21,925
- ❑ Cherryland population = 14,728
- ❑ 40% of Ashland and Cherryland residents are under 25 years old



2010 Population Under 5



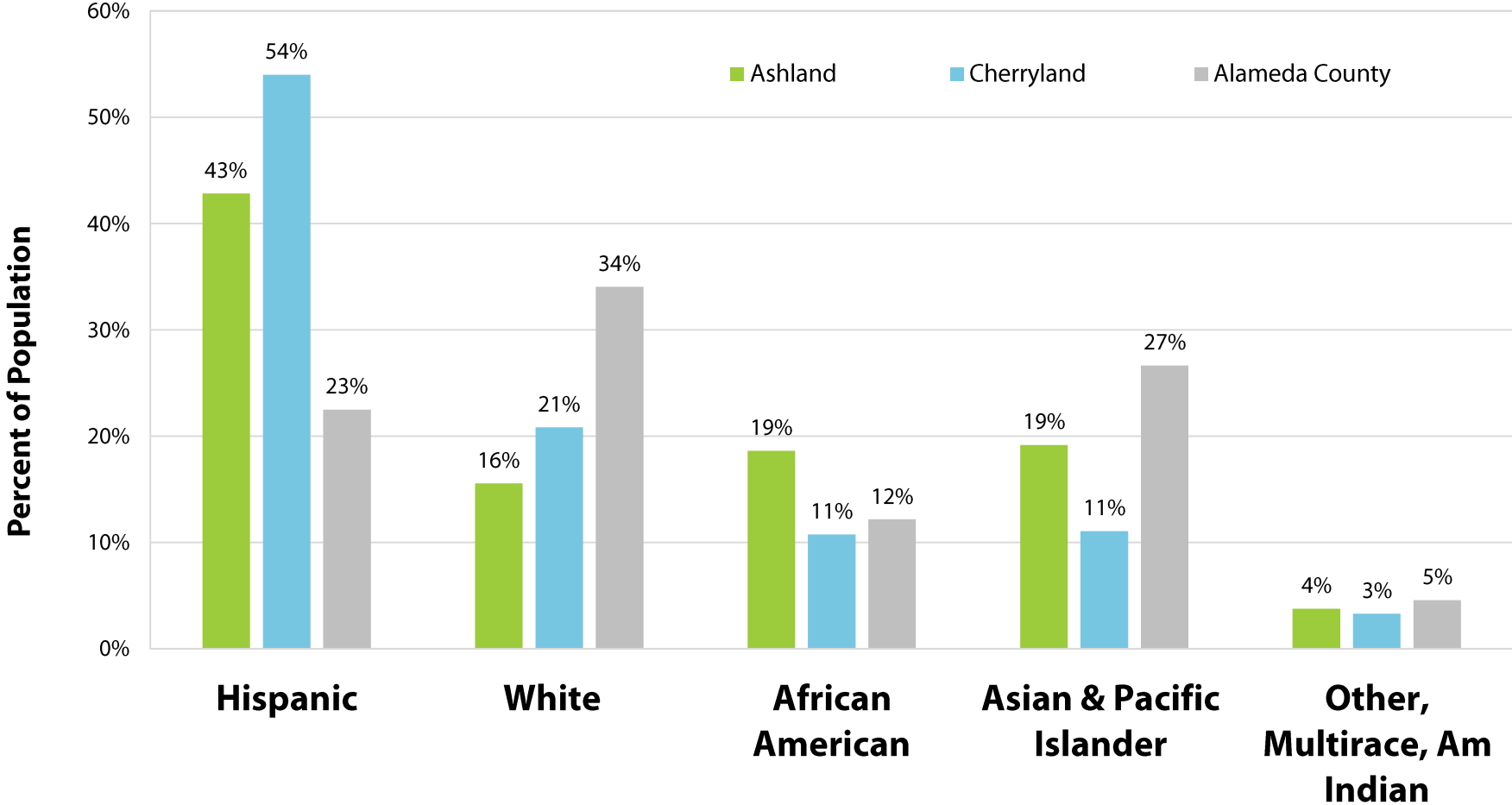
2010 Population Under 18



2010 Population Over 65

Race and Ethnic Composition

Race/Ethnicity Composition



Source: 2010 US Census

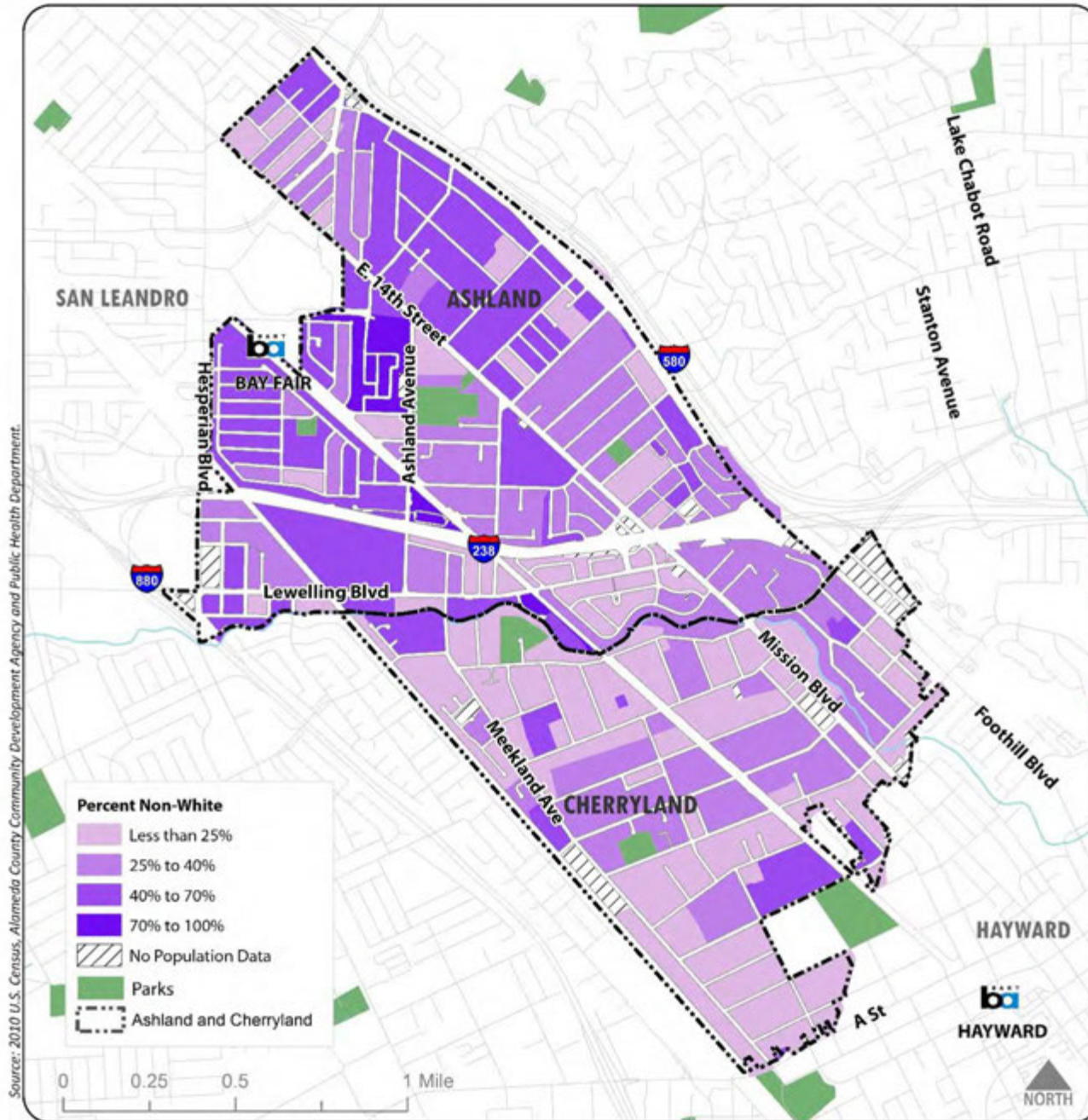
Race and Ethnic Composition

17

2010 Race and Ethnicity	Ashland		Cherryland		Alameda County	
	Number	Percent	Number	Percent	Number	Percent
Total	21,925	100%	14,728	100%	1,510,271	100%
Hispanic	9,394	43%	7,955	54%	339,889	23%
White	3,413	16%	3,071	21%	514,559	34%
African American	4,085	19%	1,585	11%	184,126	12%
American Indian	95	0%	62	0%	4,189	0%
Asian	3,967	18%	1,354	9%	390,524	26%
Pacific Islander	239	1%	277	2%	11,931	1%
Other and Multirace	732	3%	424	3%	65,053	4%

Source: 2010 U.S. Census

- Racial and Ethnic Composition
- ✧ Significant Non-White population
- ✧ Hispanics and Latinos are largest ethnic group



Non-White Population

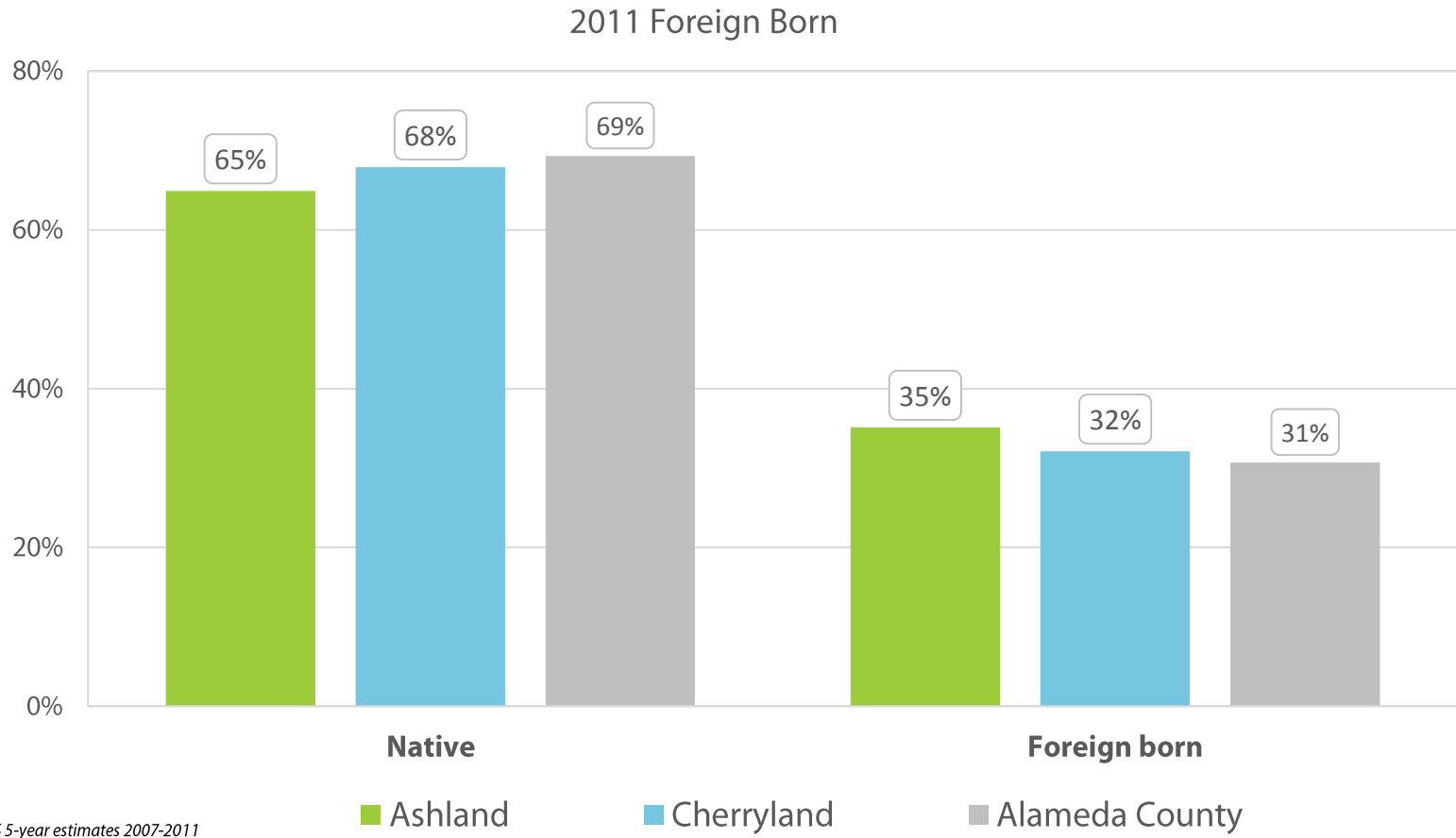
2000-2010 Demographic Shift

19

- ❑ Steadily growing population (6% in 10 years)
- ❑ Demographic shifts
 - ✦ Nearly 40% decline in White Population
 - ✦ Nearly 40% increase in Hispanic Population
 - ✦ 30% and 20% increase in Asian population in Ashland and Cherryland respectively
 - ✦ 20% increase in African American population in Cherryland
 - ✦ 70% increase in Pacific Islander in Cherryland

Foreign Born

20

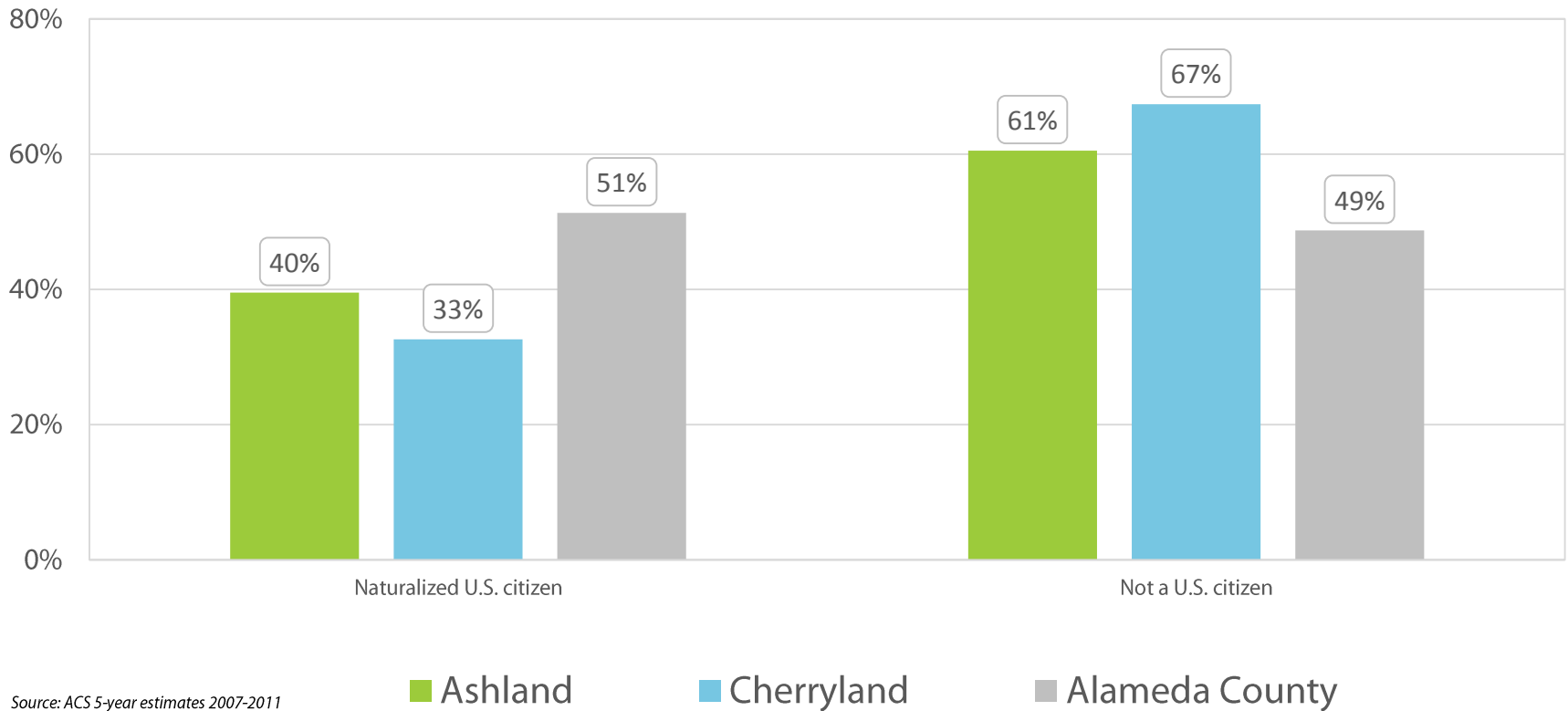


❑ Fewer native (U.S.-born) residents than Alameda County

Foreign Born Population by Citizenship Status

21

2011 Foreign Born Population by Citizenship



Source: ACS 5-year estimates 2007-2011

Majority are not U.S. Citizens.

Higher levels of non-citizenship status in Cherryland

Immigrant Population

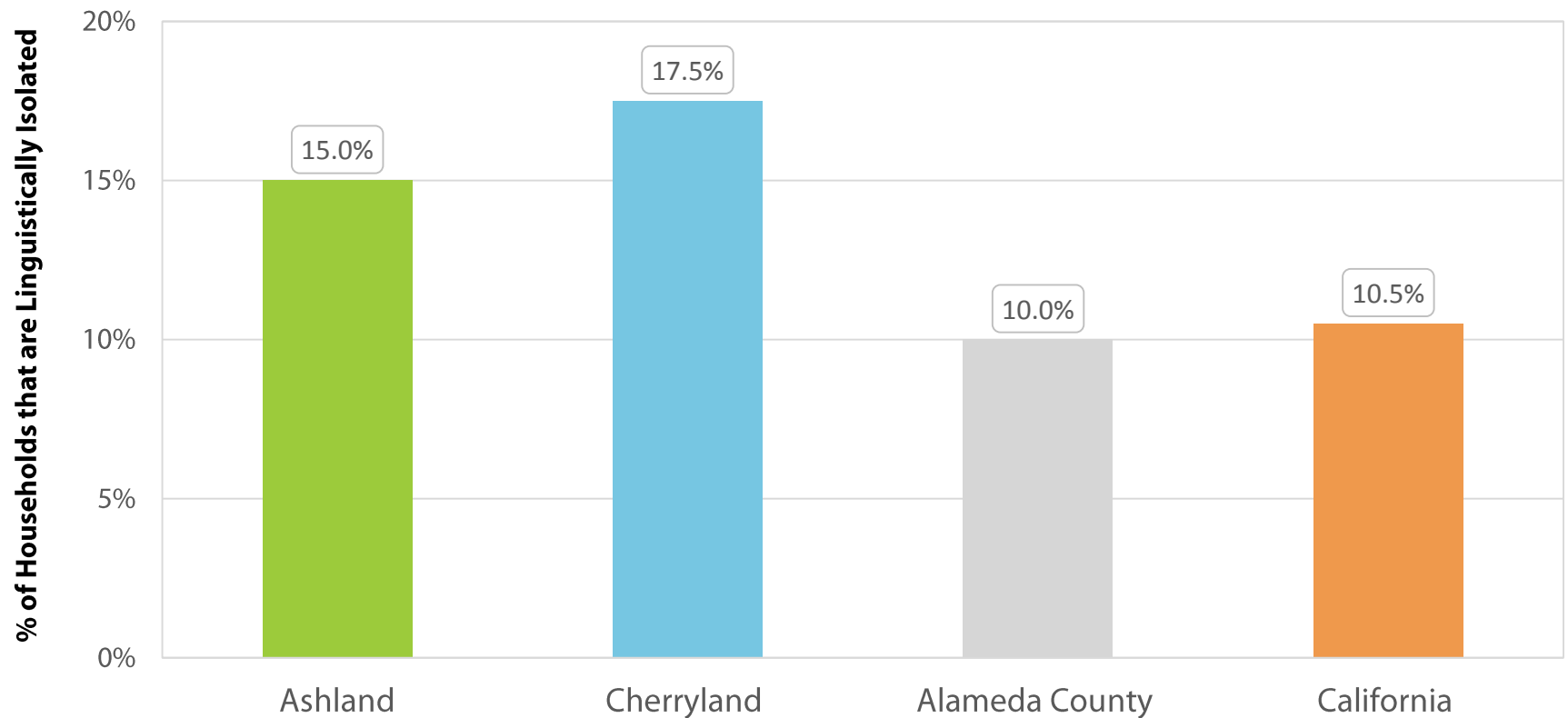
22

- ❑ Approximately 1/3 of Ashland-Cherryland residents were born outside of the U.S.
- ❑ Of the immigrant population, >60% are not U.S. Citizens.
- ❑ 16% of Ashland and Cherryland households have no one who speaks fluent English

Linguistic Isolation

23

Linguistically Isolated Households (2009)

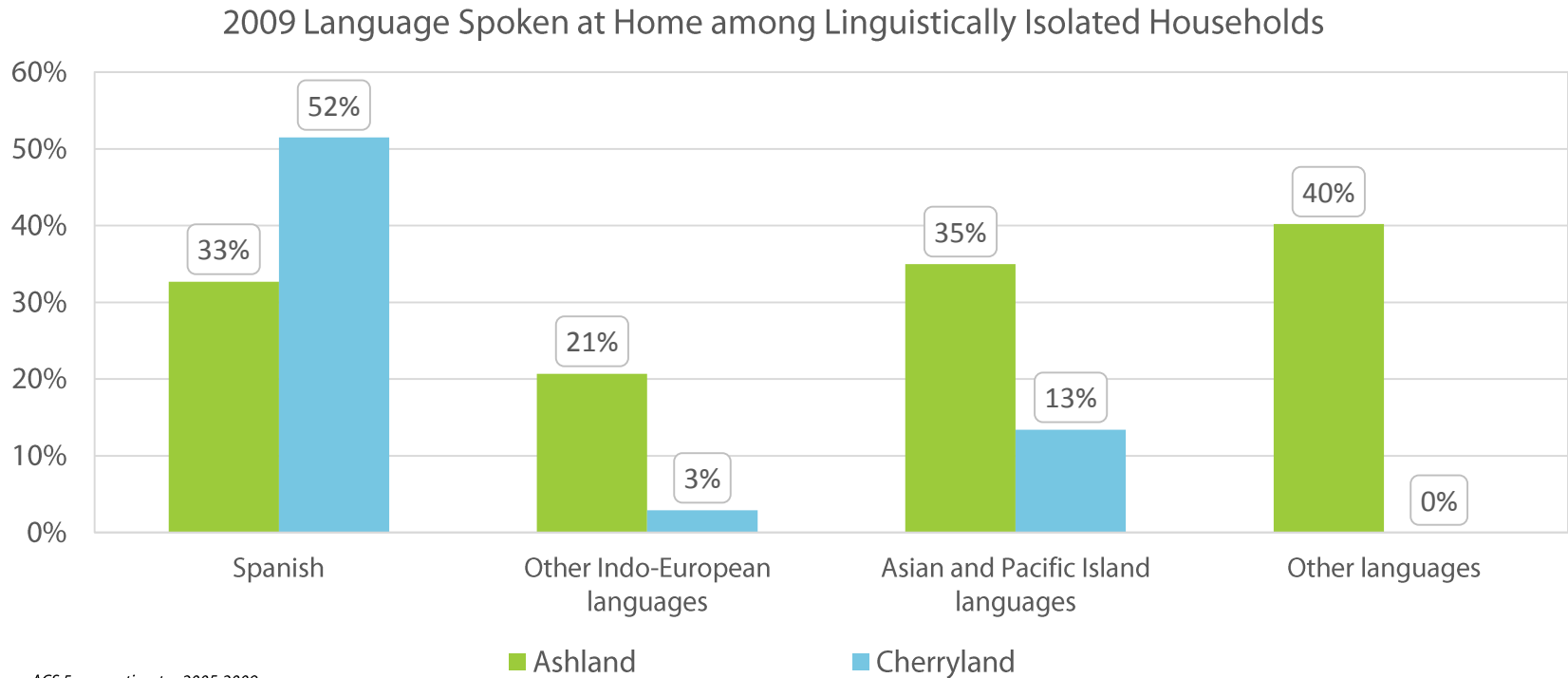


2005-2009 American Community Survey 5-Year Estimates

The U.S. Census defines a linguistically isolated household as household where no one over the age of 14 speaks English "very well".

Language Spoken at Home among Linguistically Isolated Households

24



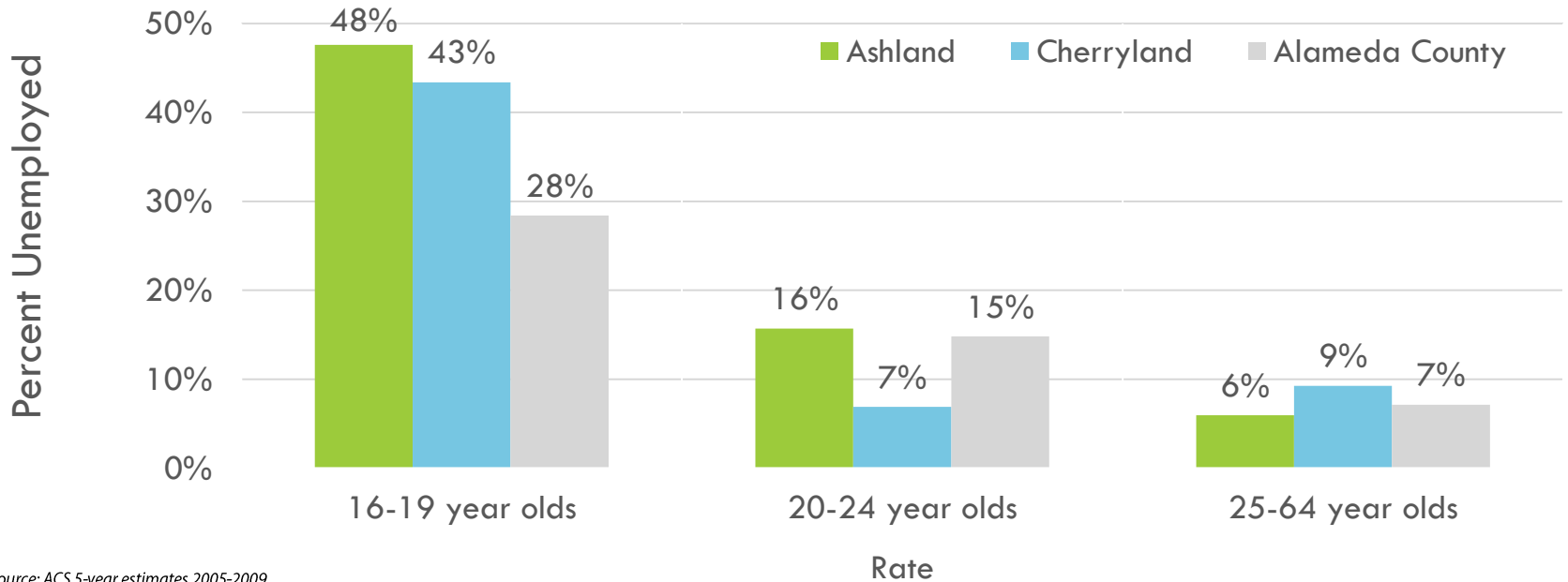
Source: ACS 5-year estimates 2005-2009

□ Notably higher levels of isolation for households speaking;

- ✦ Spanish
- ✦ Asian and Pacific Languages
- ✦ Other languages

Unemployment Rates by Age

25



Source: ACS 5-year estimates 2005-2009

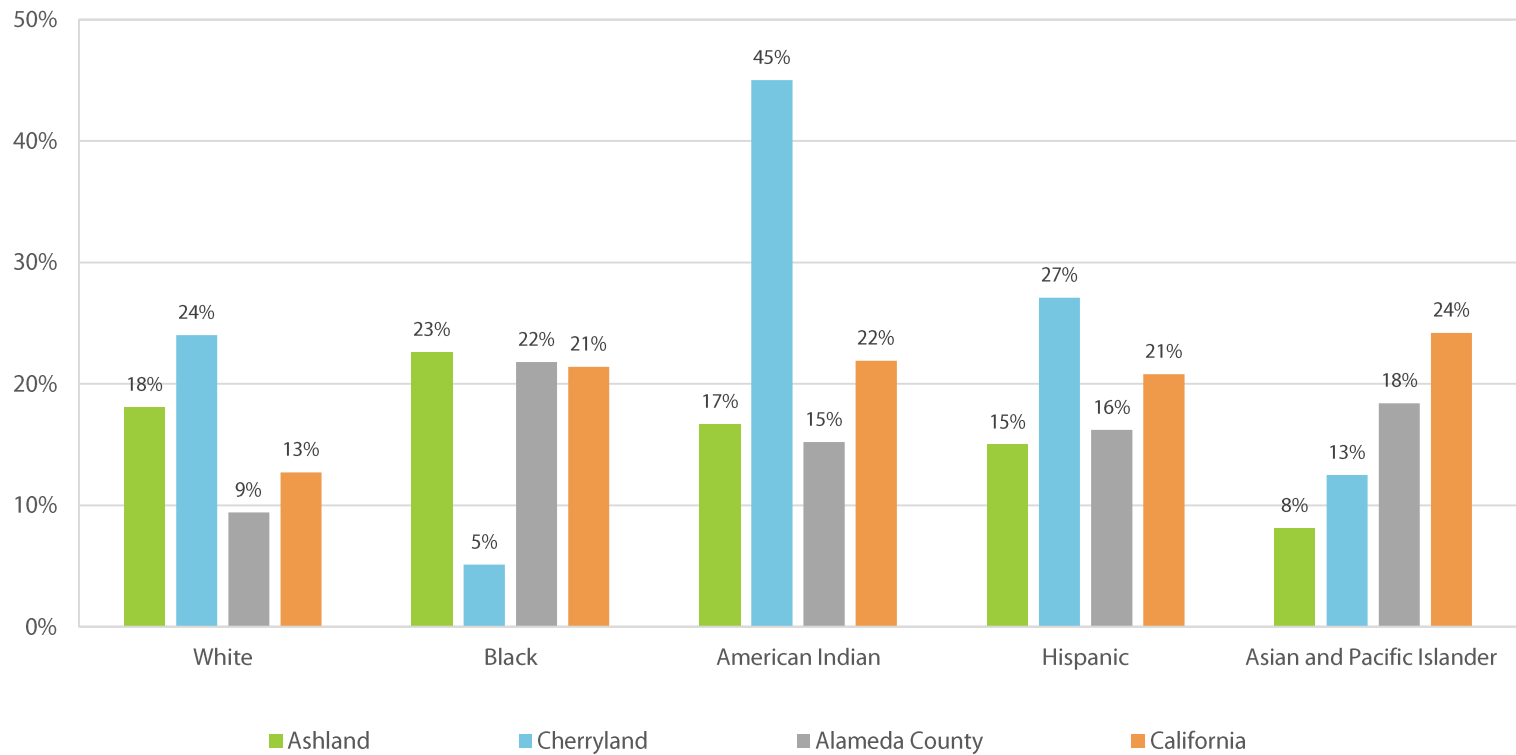
❑ Youth unemployment

- ✧ Approximately 45% of 16-19 year olds looking for work can't find it, compared to 28% countywide

Poverty

26

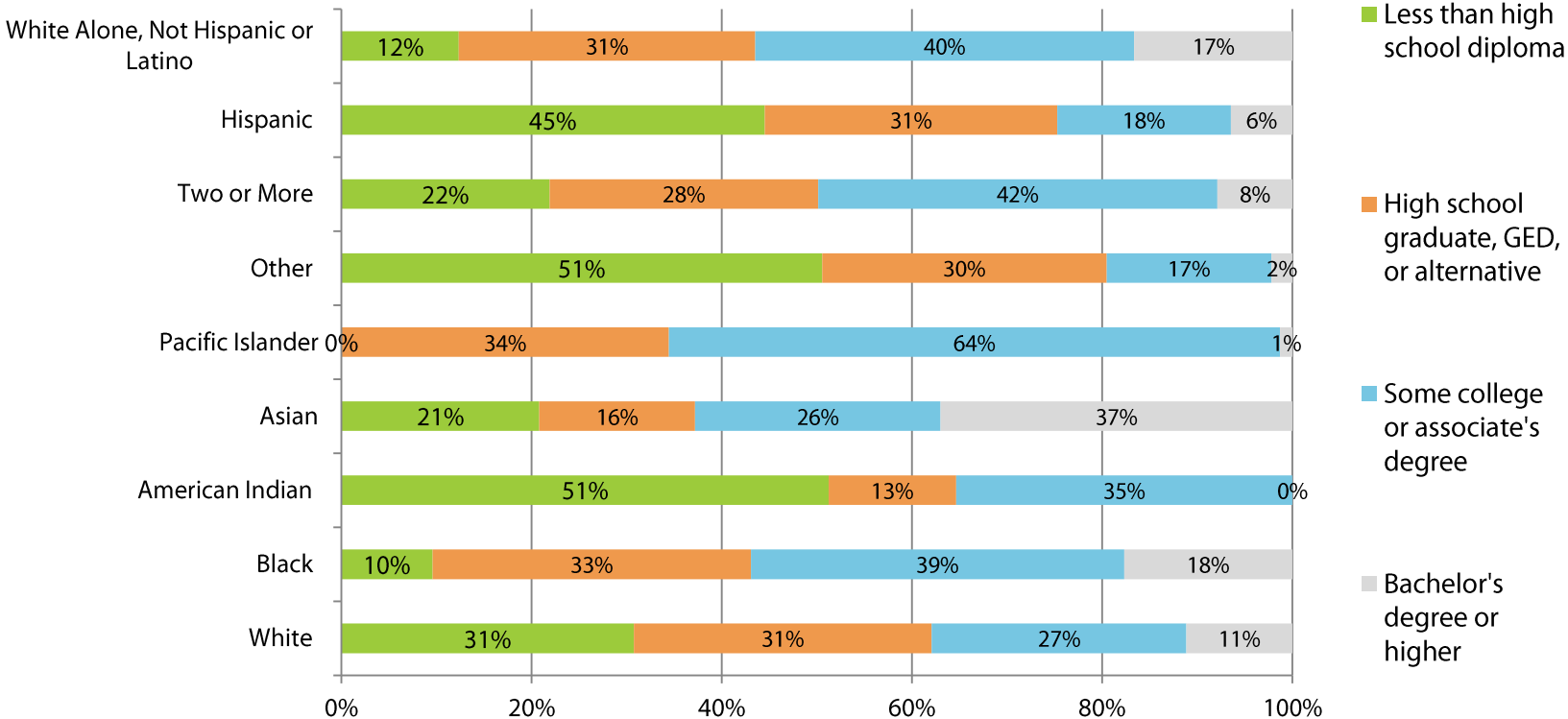
2011 Percent in Poverty by Race



Source: ACS 5-year estimates 2007-2011

Educational Attainment

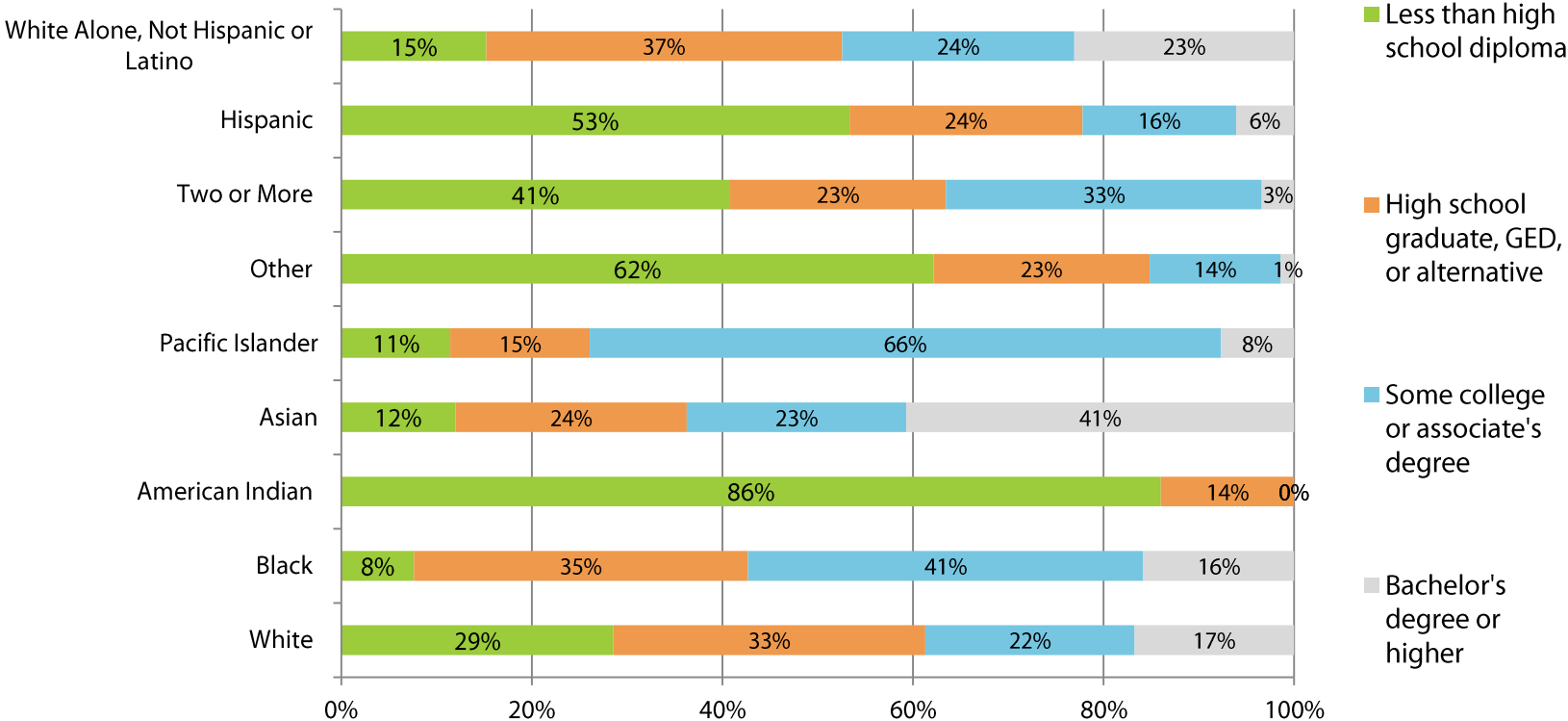
Educational Attainment by Race in Ashland



Source: ACS 5-year estimates 2007-2011

Educational Attainment

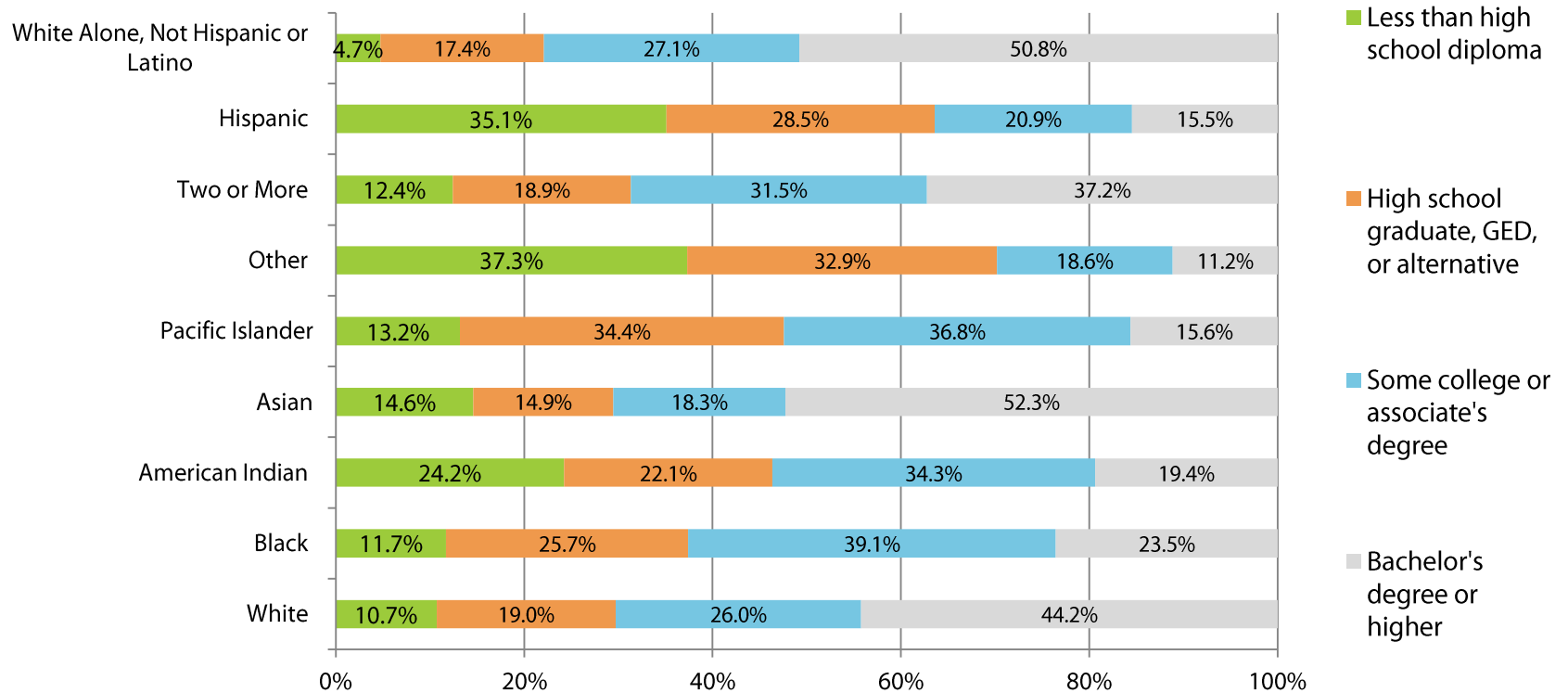
Educational Attainment by Race in Cherryland



Source: ACS 5-year estimates 2007-2011

Educational Attainment

Educational Attainment by Race in Alameda County



Source: ACS 5-year estimates 2007-2011

Education

30

- ❑ 26% of Ashland and 30% of Cherryland adult residents have less than a high school education
 - ✧ 14% in the County
- ❑ Only about 15% of Ashland and Cherryland residents graduated from college
 - ✧ 40% countywide
- ❑ Approximately 25% of Ashland and Cherryland 3rd graders are scoring Proficient or Above on English-Language Arts CA Standards Test

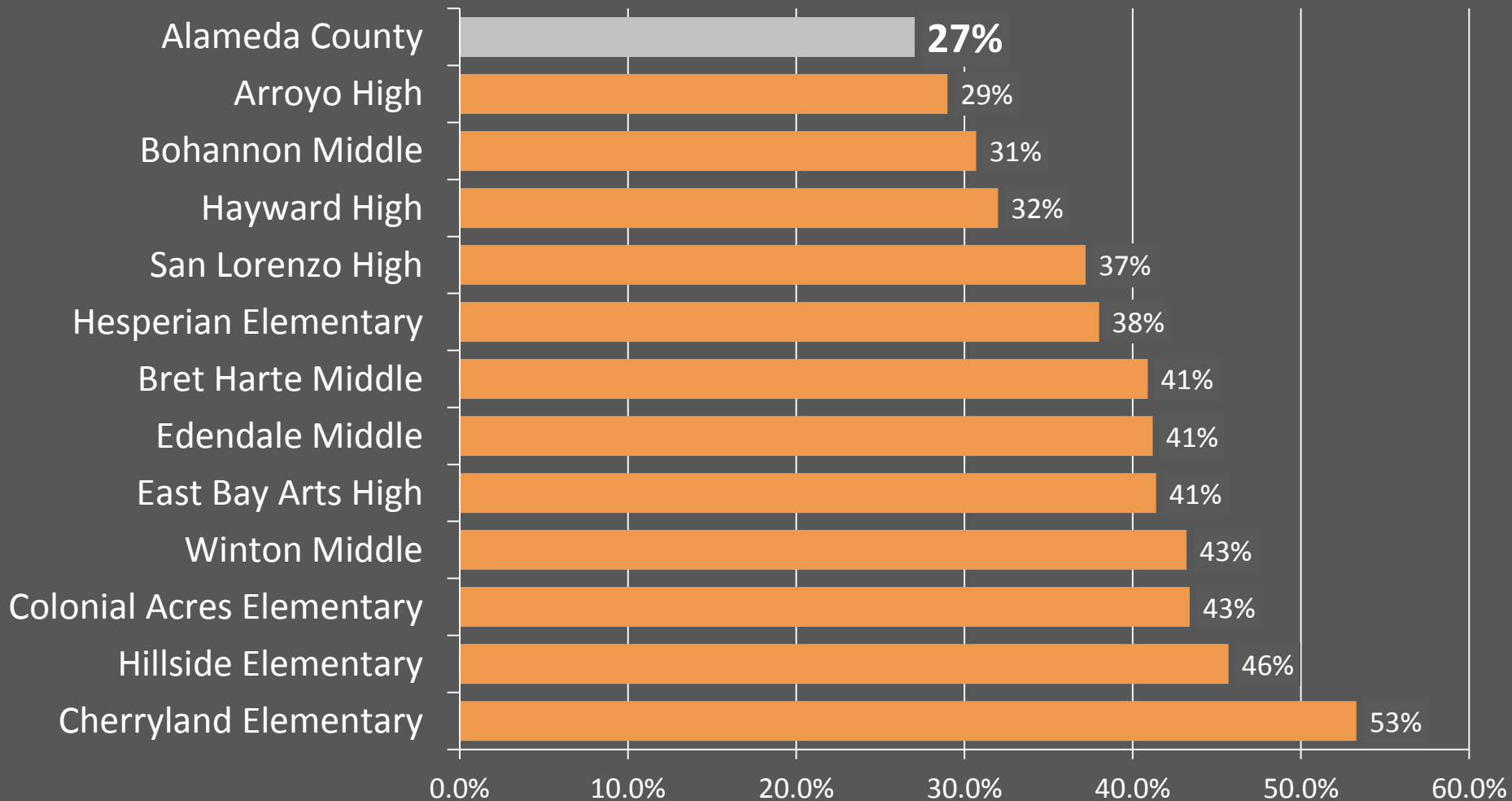
2

Health and Social Services

Student Risk for being Obese or Overweight by School

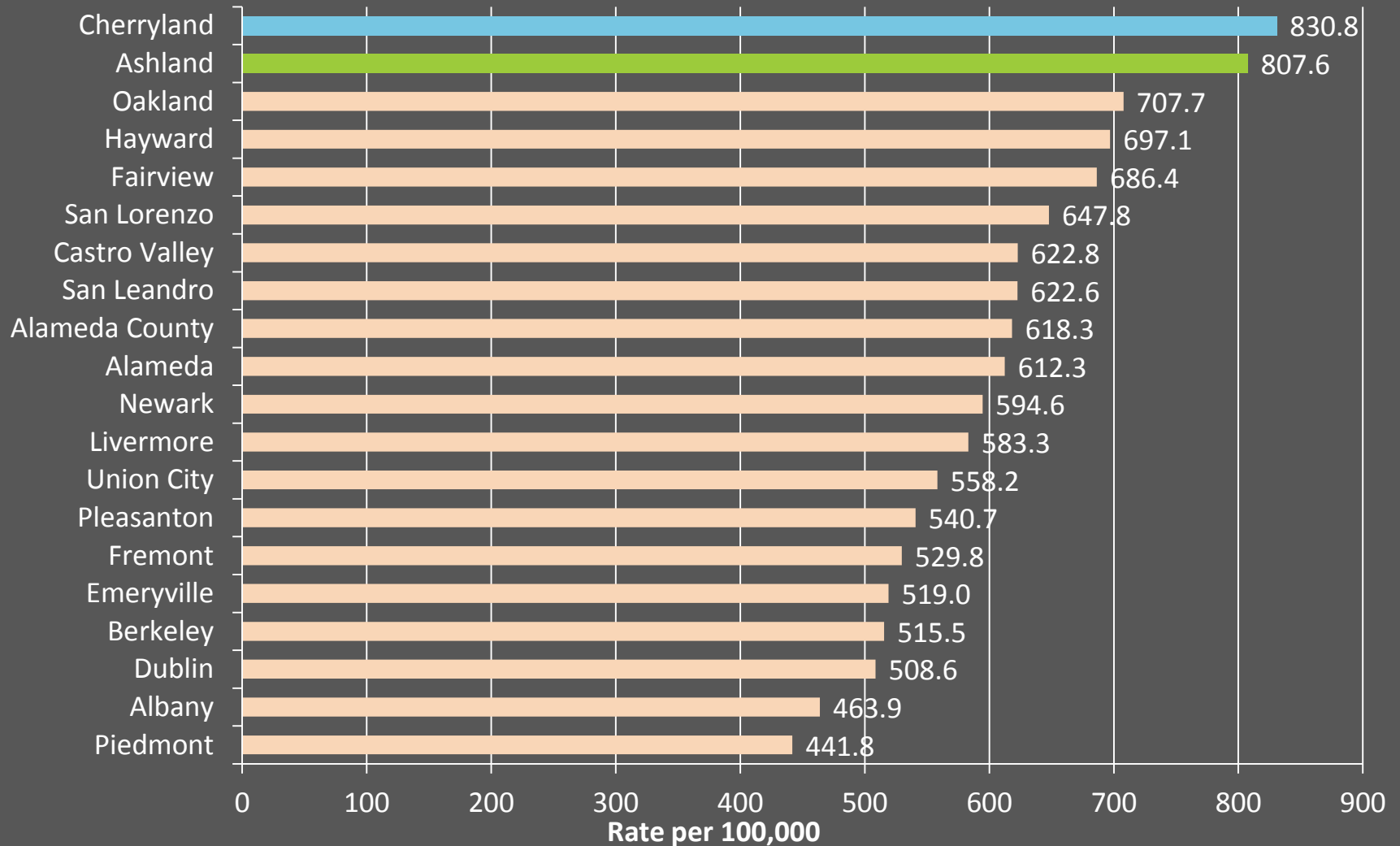
32

Percent of Students at High Risk for Being Overweight or Obese (2010-2011)



All Causes Mortality Rate

33



Disease Mortality (Death) Rates

34

☐ CANCER

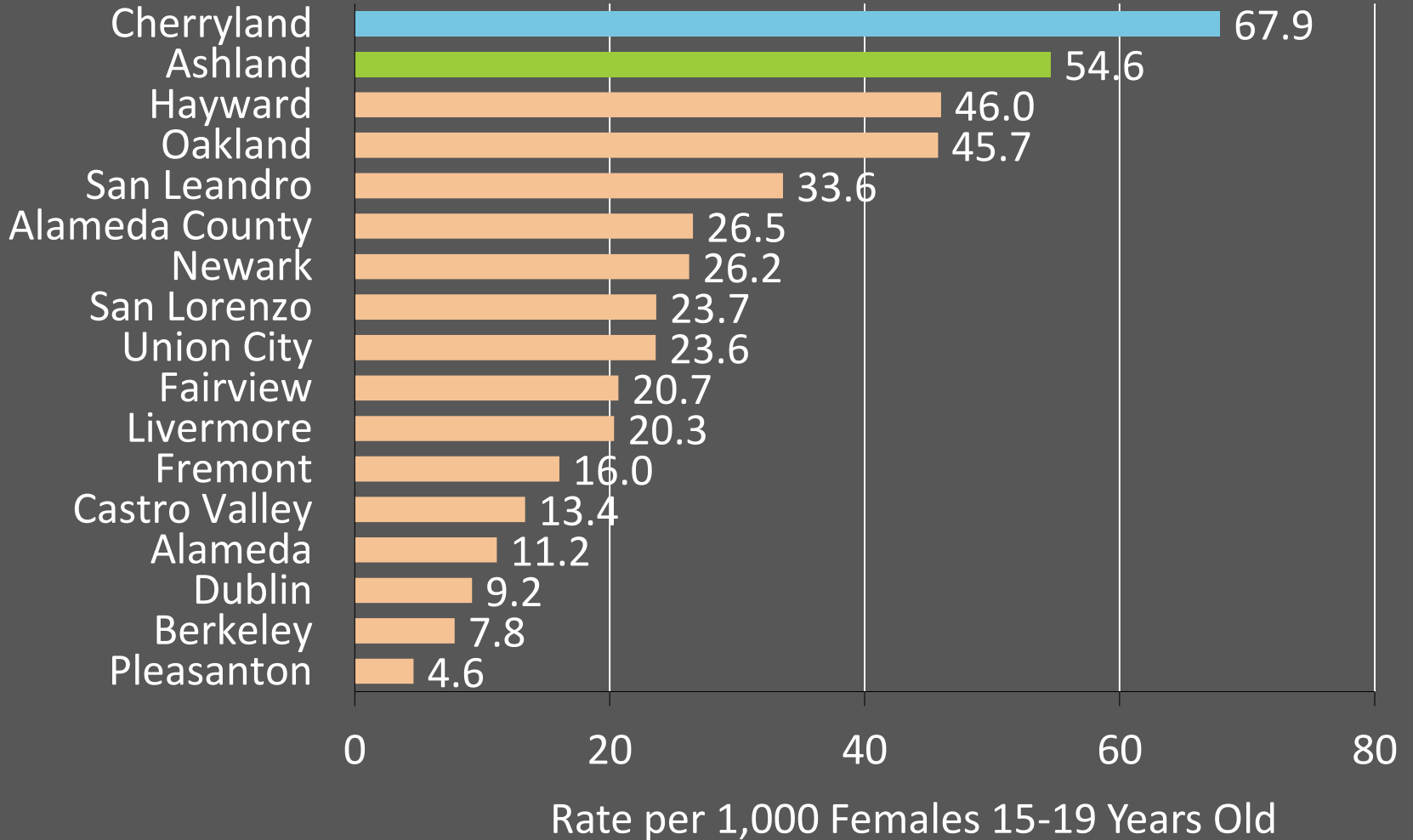
- ✧ Ashland and Cherryland residents are less likely to get cancer but more likely to die of cancer

☐ STROKE MORTALITY & CHRONIC LOWER RESPIRATORY DISEASE MORTALITY

- ✧ Ashland has the highest and Cherryland has the second highest rates in the County

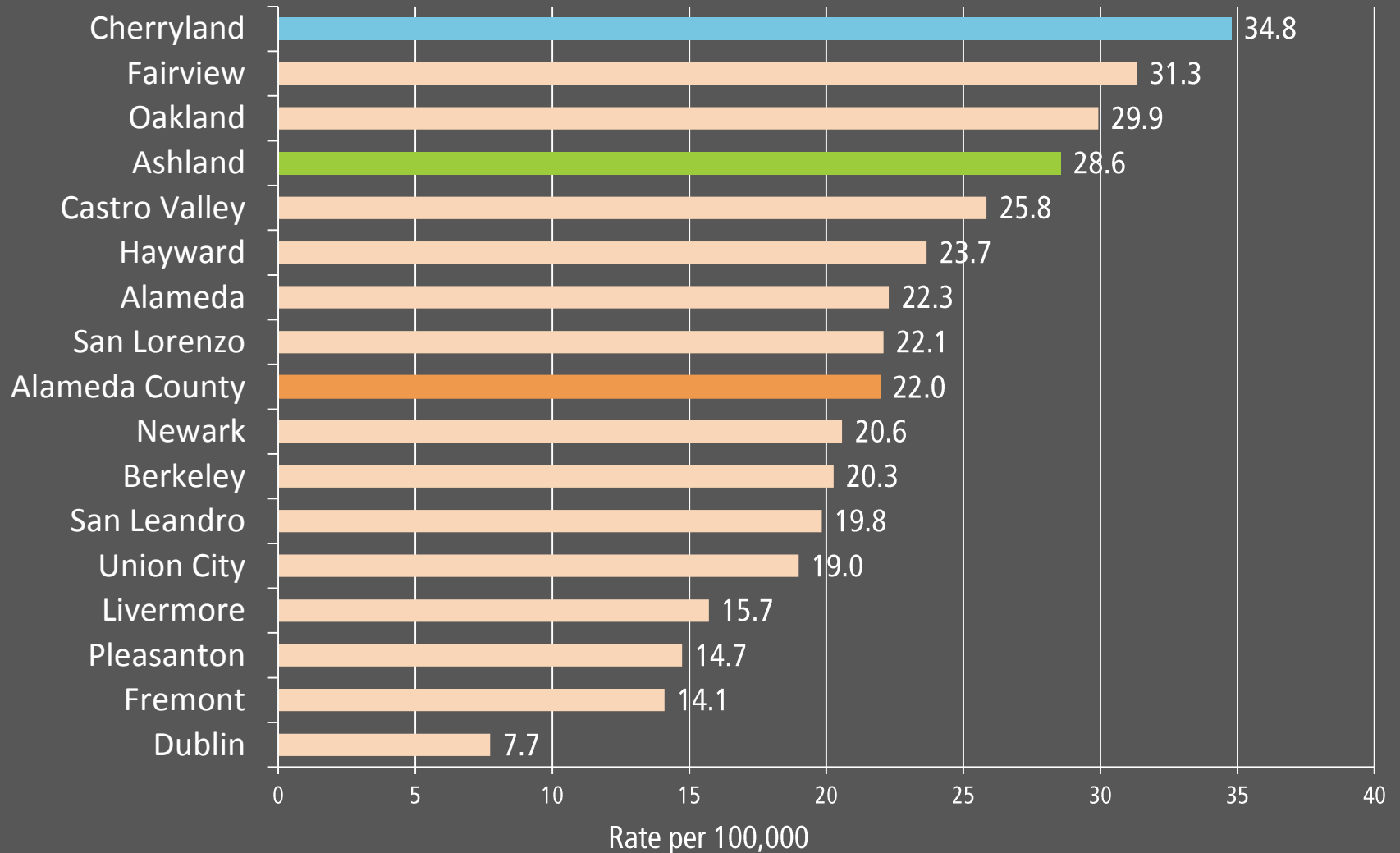
Rate of Teen Births by City/Place, 2006-2008

35



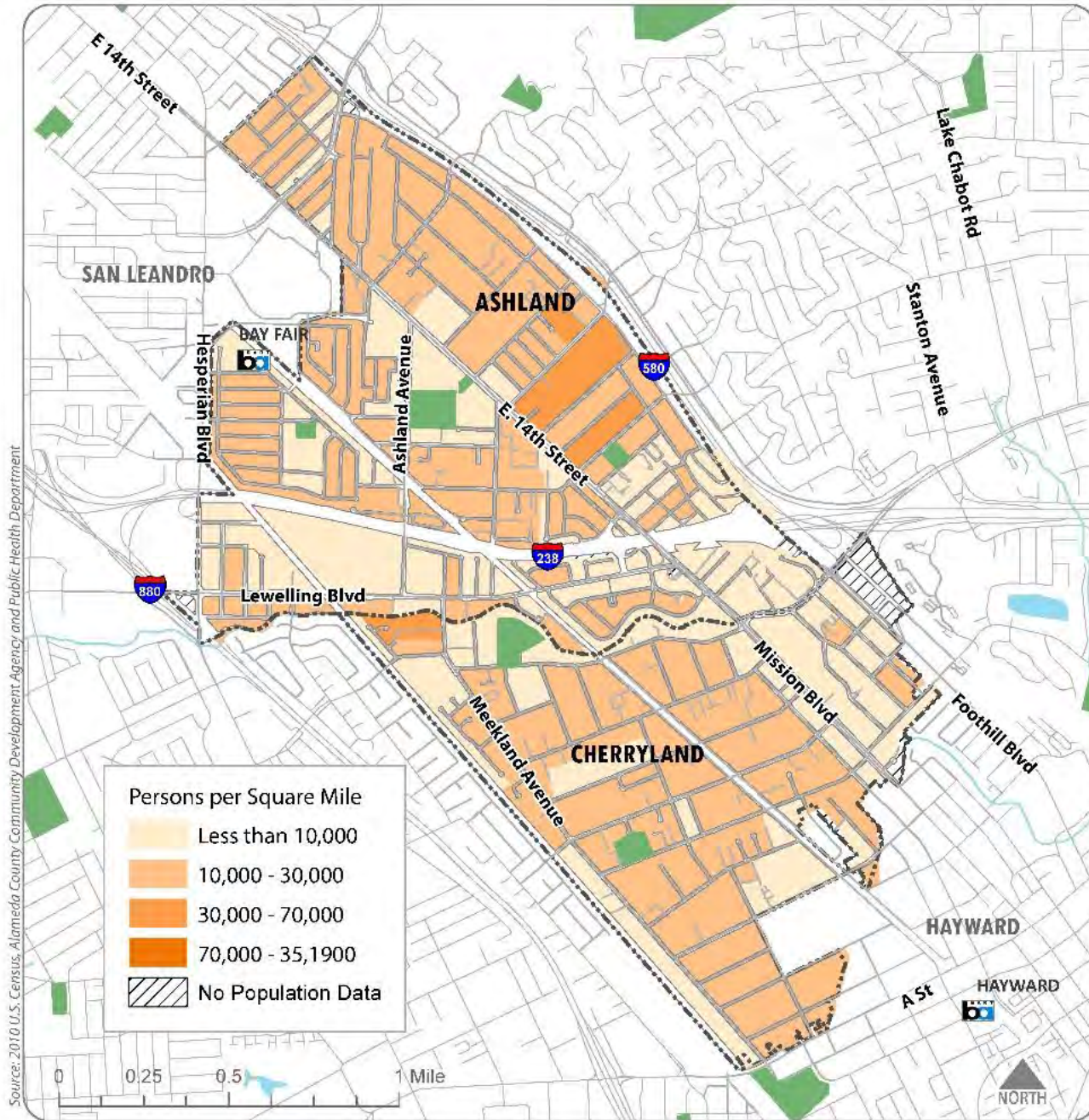
Unintentional Injuries Mortality

36

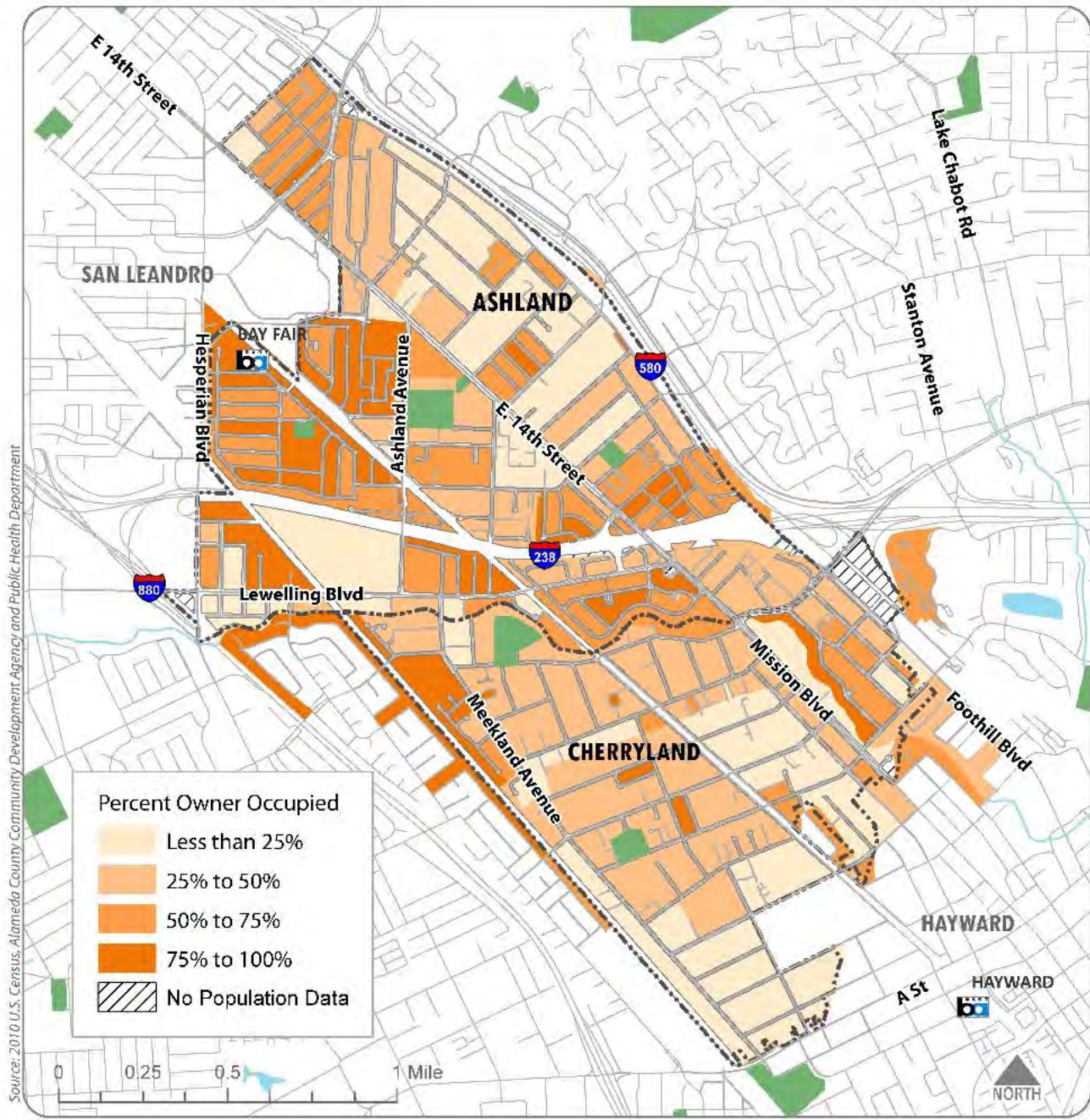


3

Land Use and Housing



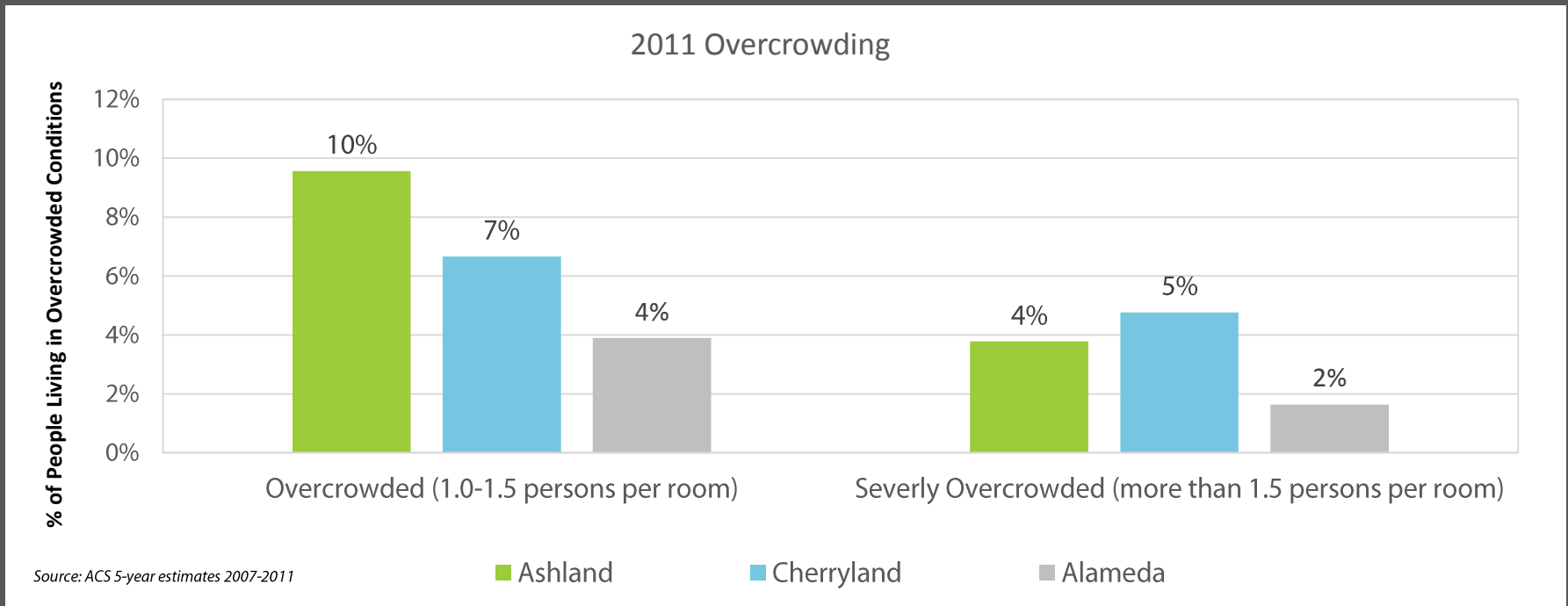
2010 Population Density



2010 Housing Tenure

Overcrowding (2011)

40

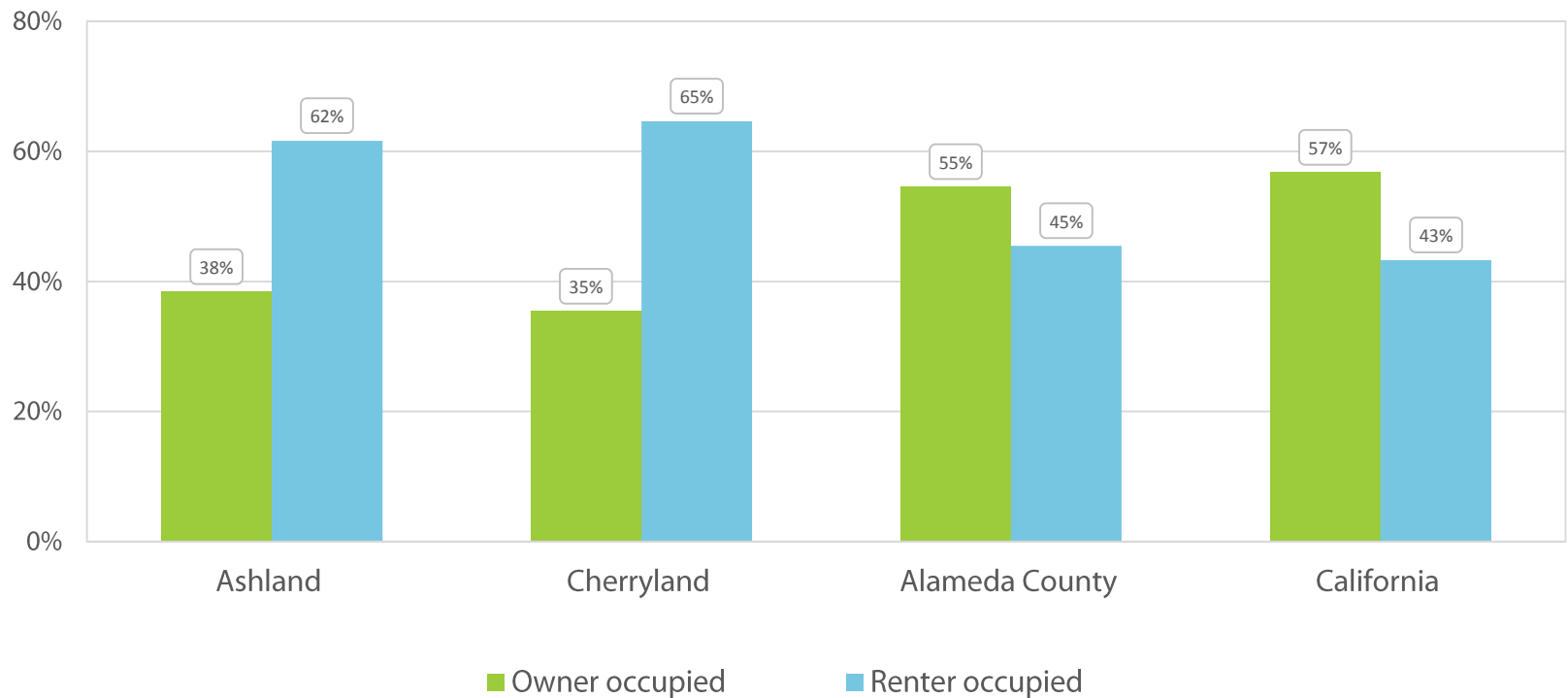


❑ Ashland and Cherryland have higher levels of overcrowding compared to Alameda County and California.

- ✦ 14% of Ashland households are overcrowded or severely overcrowded
- ✦ 12% of Cherryland households are severely overcrowded.
- ✦ Both higher than the County average

Housing Tenure

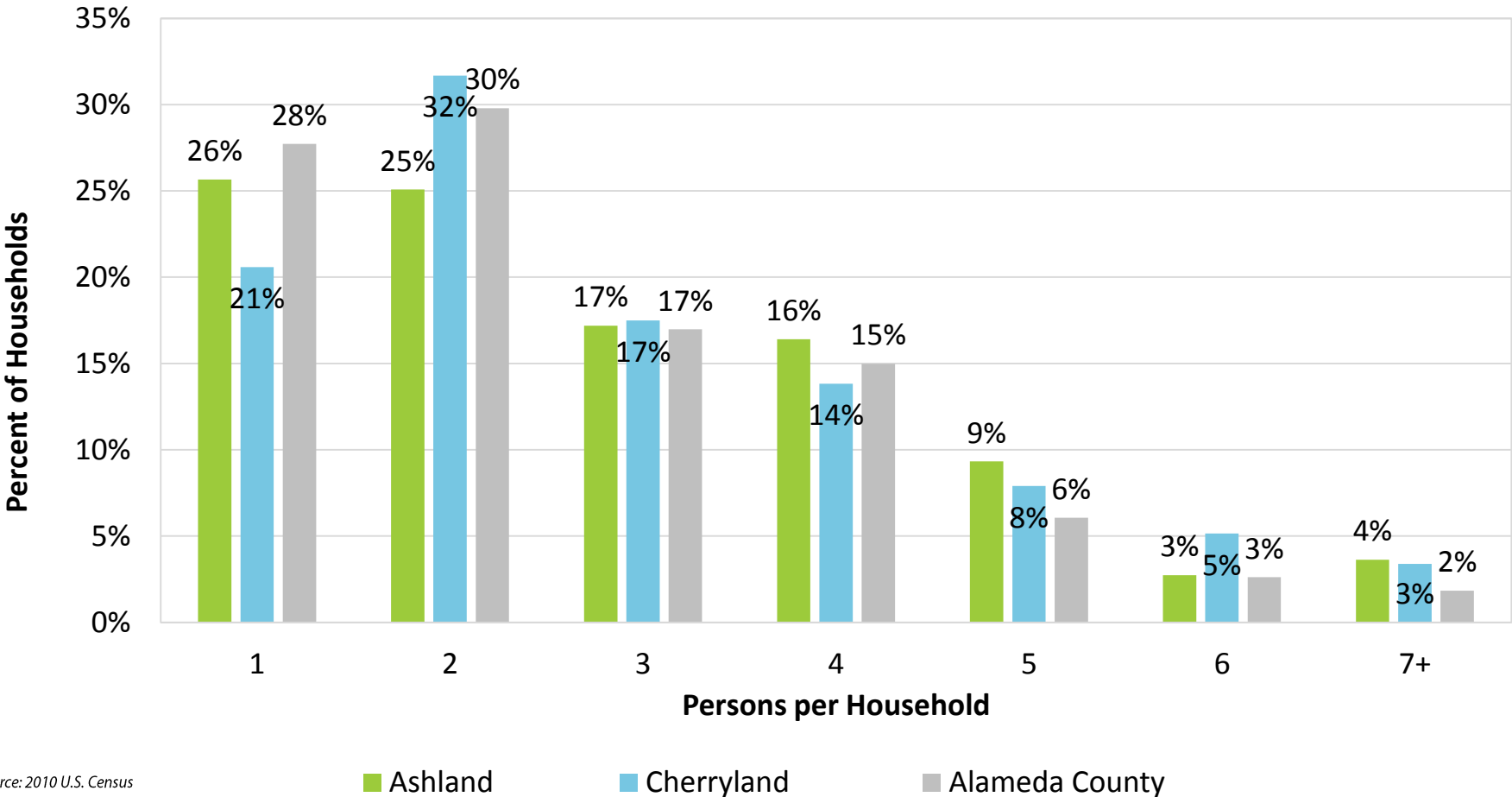
2011 Housing Tenure



Source: ACS 5-year estimates 2005-2009

Household Size

Household Size

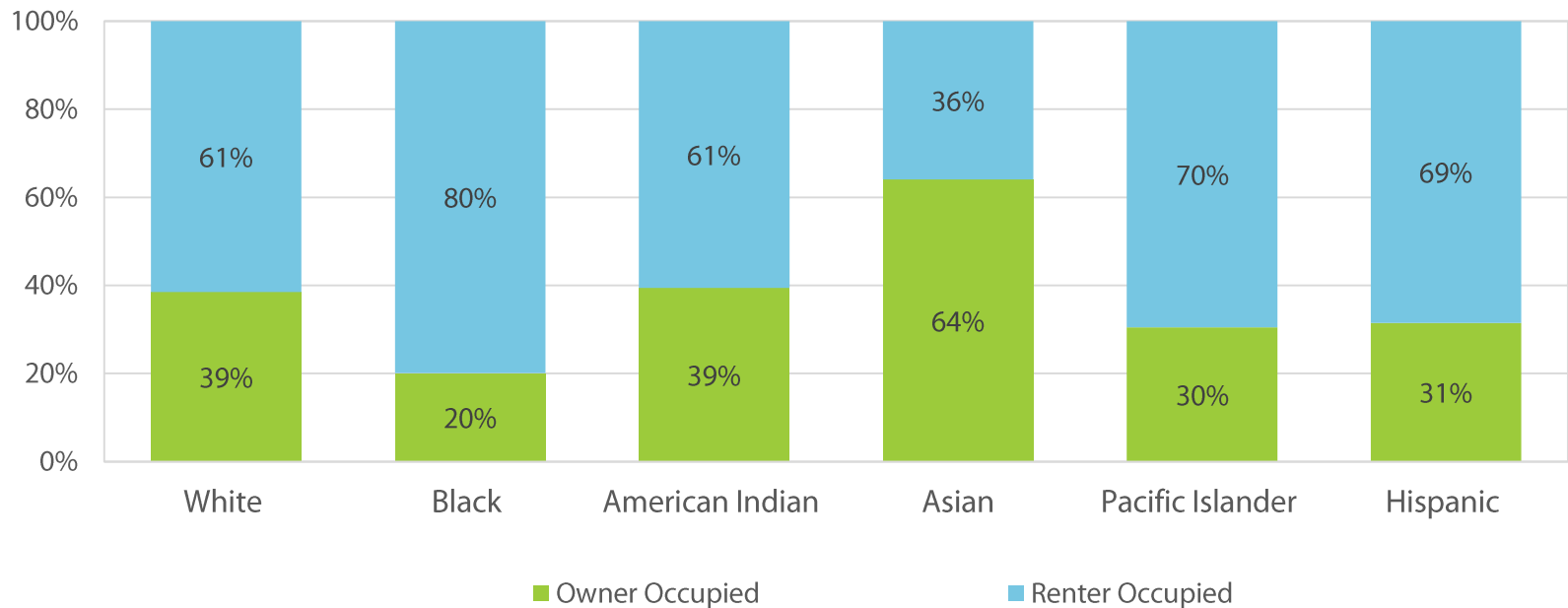


Source: 2010 U.S. Census

Housing Tenure by Race/Ethnicity

43

2011 Housing Tenure by Race in Ashland

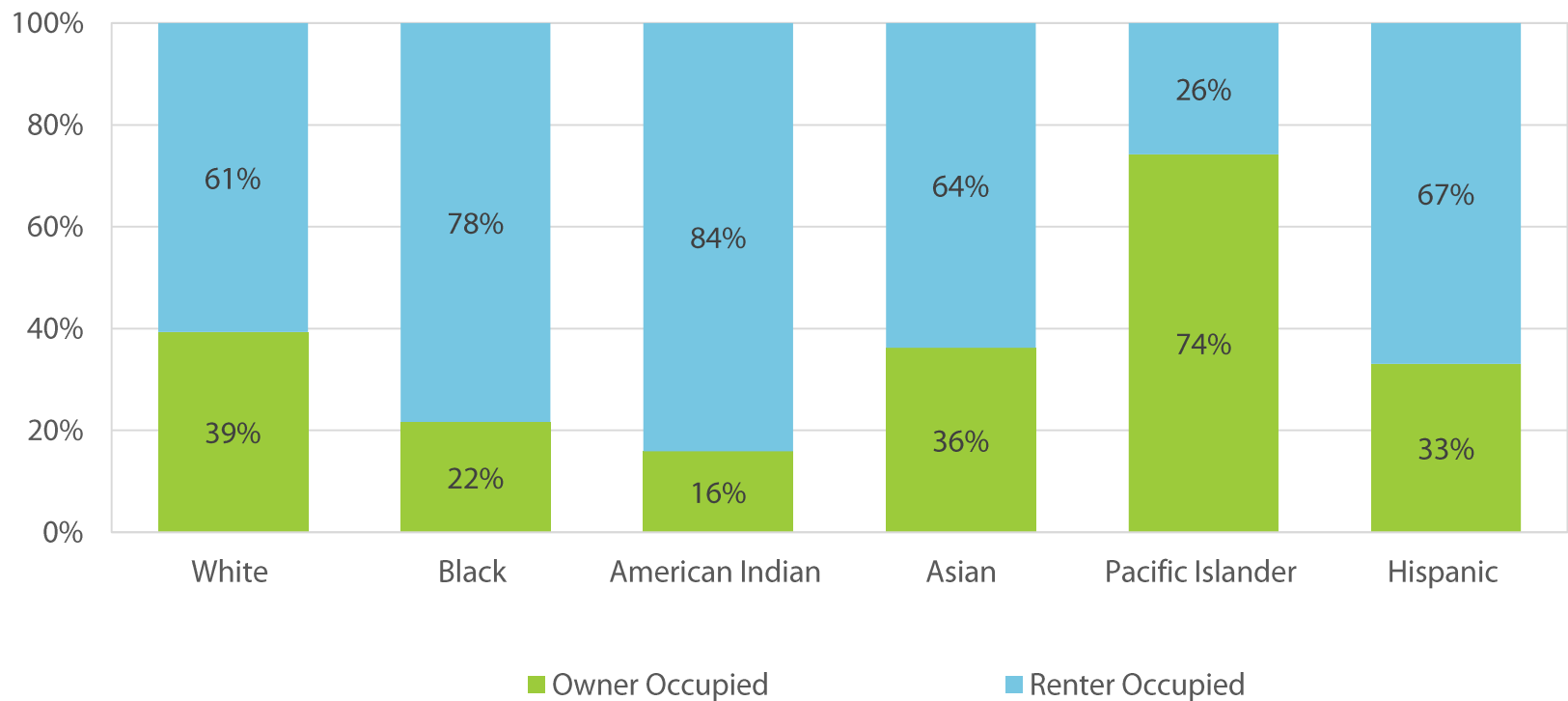


Source: ACS 5-year estimates 2007-2011

Housing Tenure by Race/Ethnicity

44

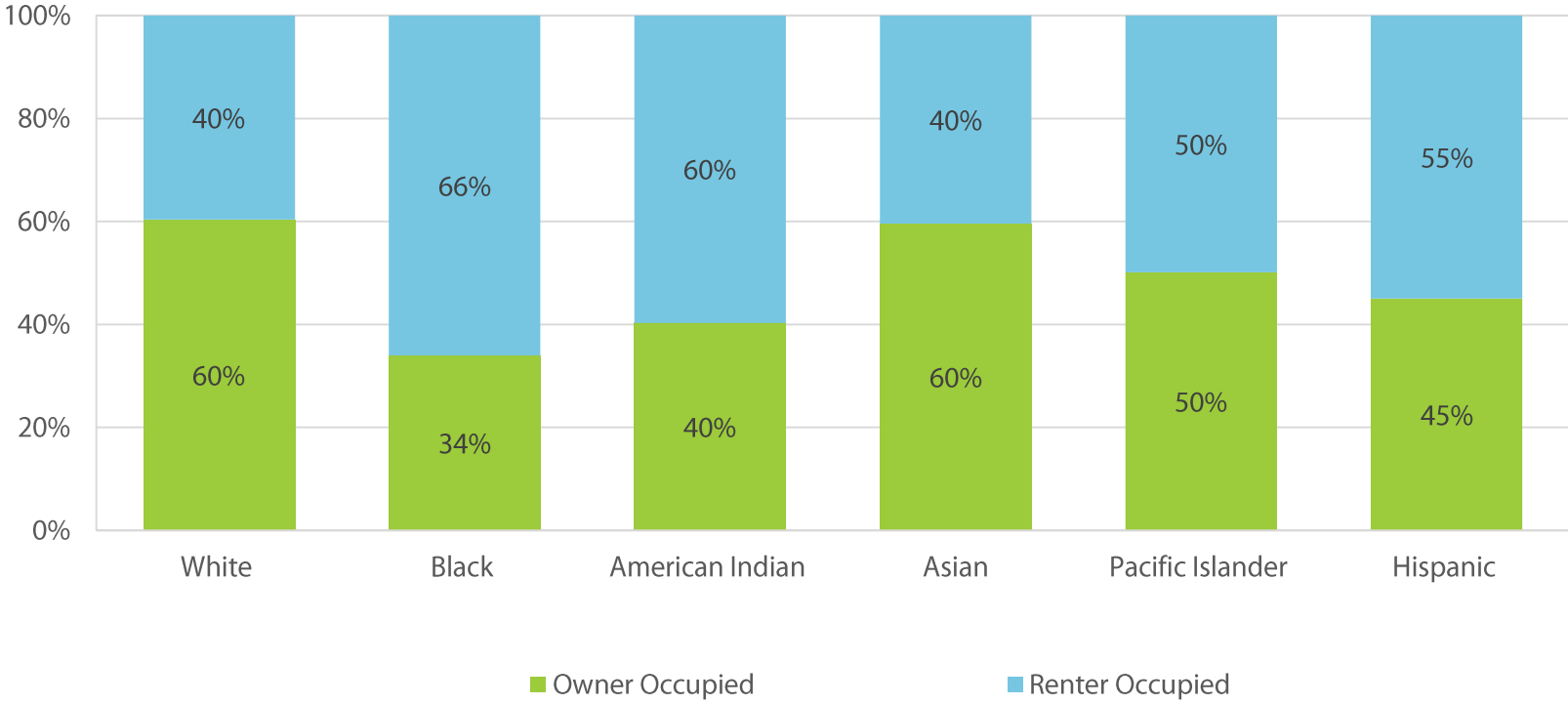
2011 Housing Tenure by Race in Cherryland



Source: ACS 5-year estimates 2007-2011

Housing Tenure by Race/Ethnicity

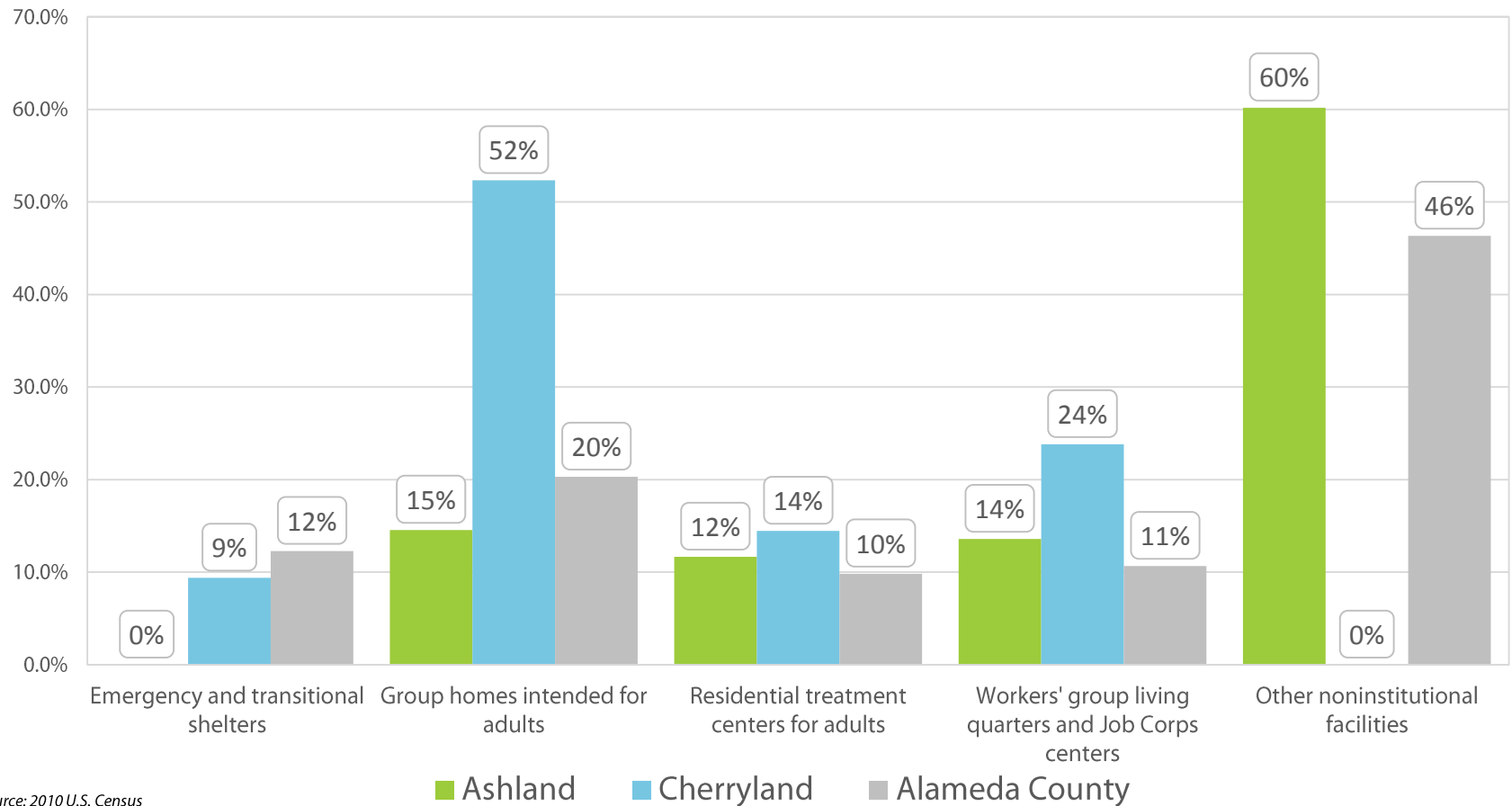
2011 Housing Tenure by Race in Alameda County



Source: ACS 5-year estimates 2007-2011

Group Quarters

2010 Noninstitutional Group Quarters



Source: 2010 U.S. Census

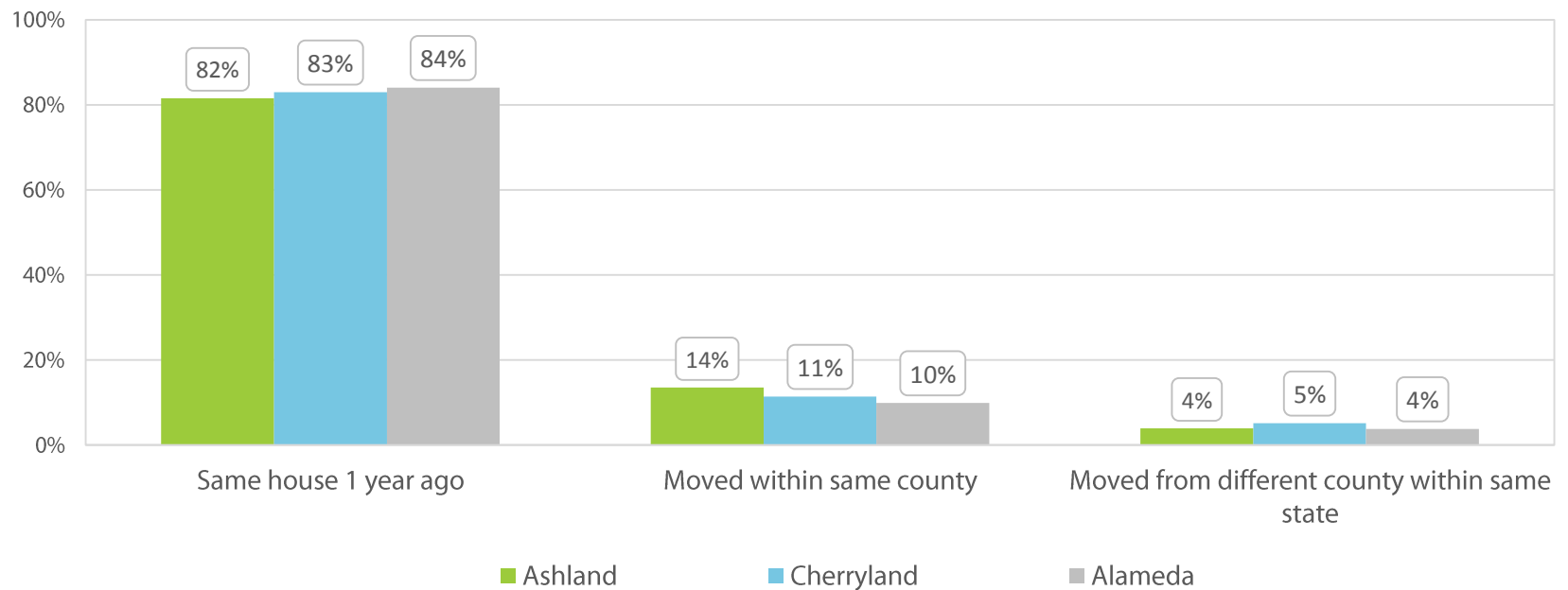
4

Public Safety and Social Environment

Residential Mobility

48

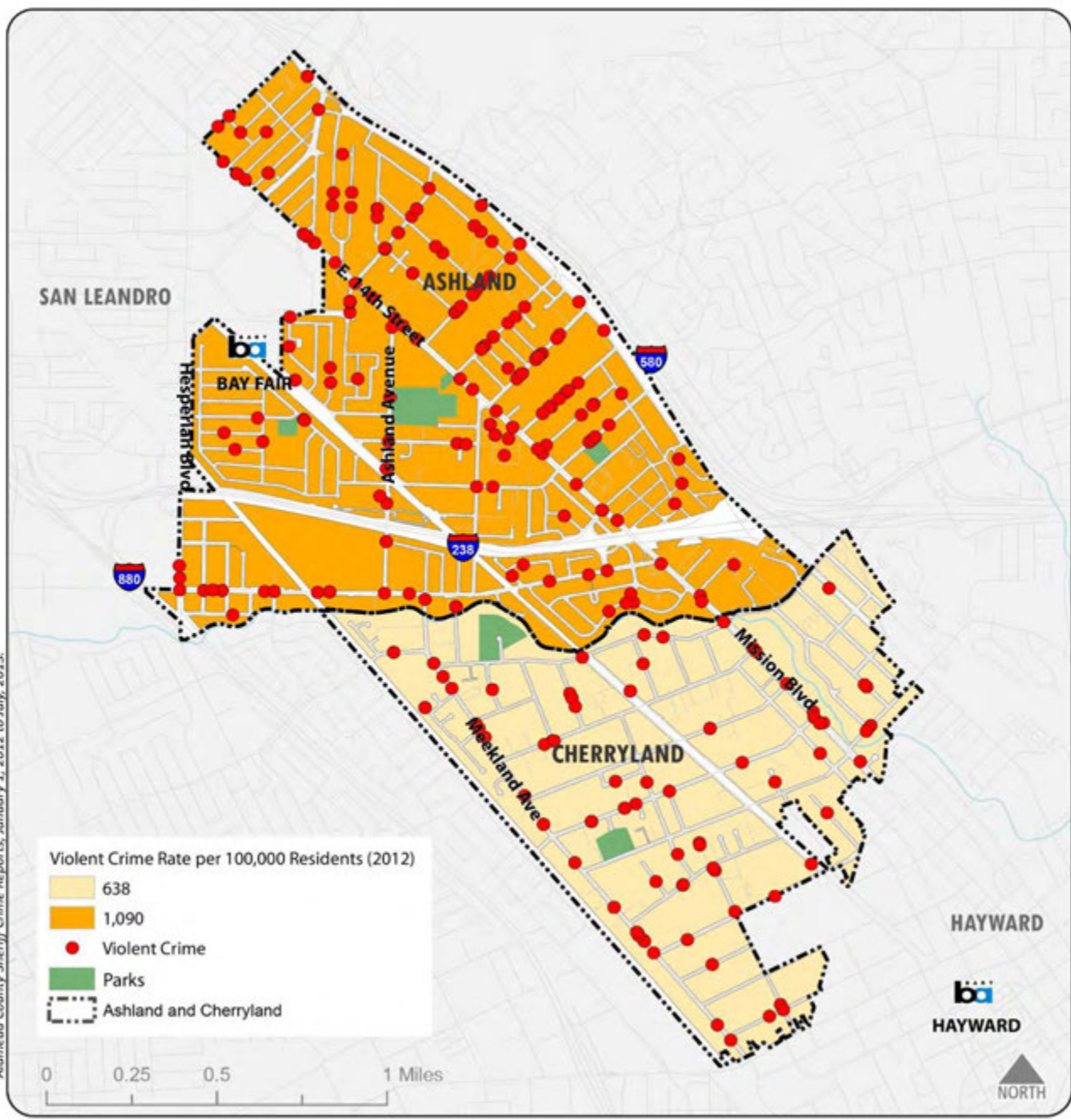
2011 Geographic Mobility



Source: ACS 5-year estimates 2005-2009

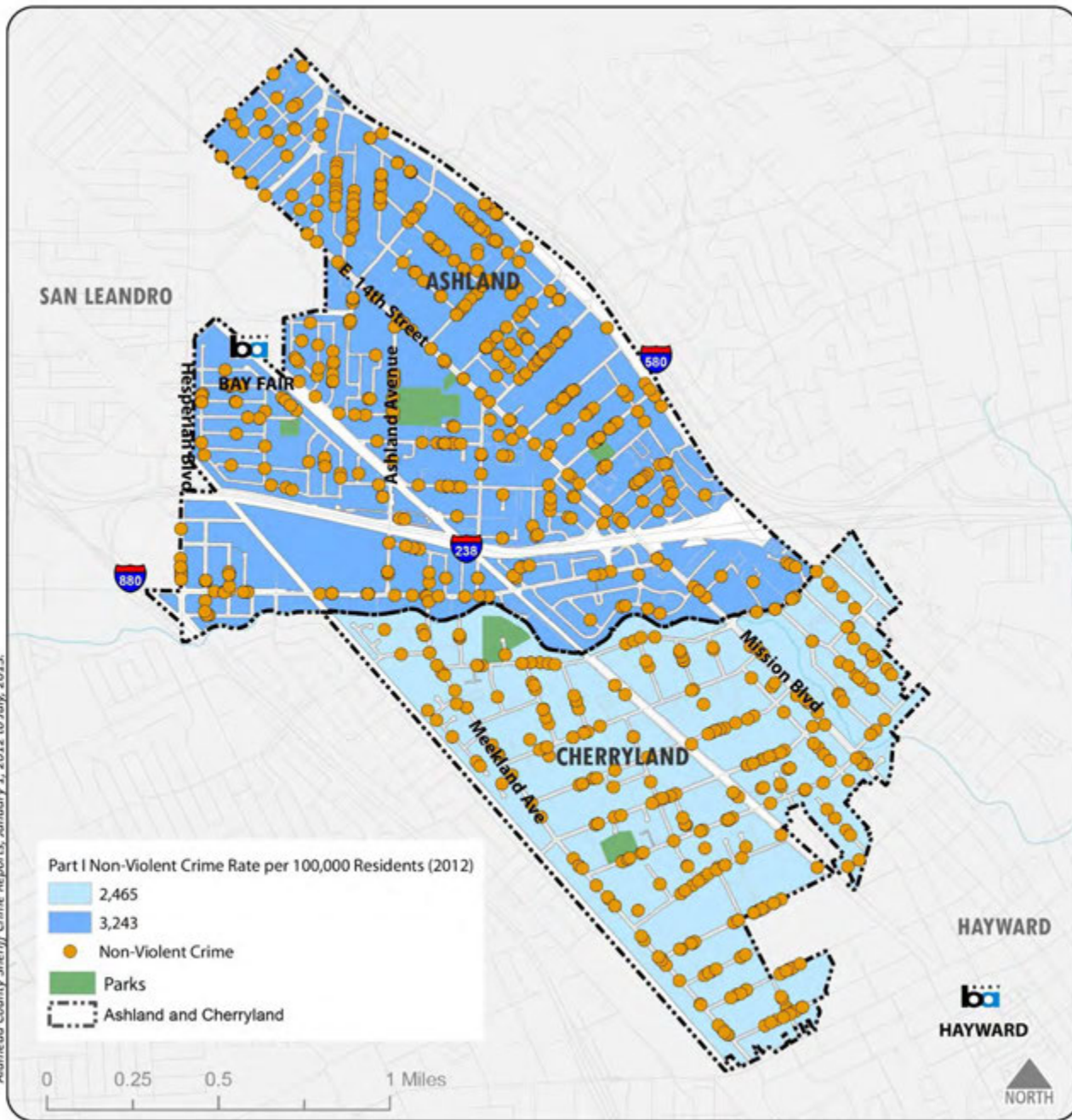
☐ Relatively stable population over last year

Alameda County Sheriff Crime Reports, January 1, 2012 to July, 2013.



Violent Crime Rate

Alameda County Sheriff Crime Reports, January 1, 2012 to July, 2013.



Part I Non-Violent Crime Rate

Incidents of Crime

Incidents of Crime	Total Crimes	Ashland		Cherryland	
	Number	Number	Percent of Total Crime	Number	Percent of Total Crime
Part I, Violent Crime					
Aggravated Assault	174	112	64%	62	36%
Rape	6	5	83%	1	17%
Homicide	12	6	50%	6	50%
Robbery	141	116	82%	25	18%
Total Violent Crime	333	239	72%	94	28%
Part I, Non-Violent Crime					
Larceny	370	279	75%	91	25%
Motor Vehicle Theft	366	235	64%	131	36%
Burglary	334	195	58%	139	42%
Arson	4	2	50%	2	50%
Total Part I, Non-Violent Crime	1074	711	66%	363	34%

Source: Alameda County Sheriff Crime Reports, January 1, 2012 to July, 2013.

Violent Crime Rates

52

Violent Crime Rate per 1,000 Residents (2012)					
Crime Type	Ashland	Cherryland	Castro Valley	San Lorenzo	Fairview
Aggravated Assault	5.15	4.28	2.39	2.90	1.50
Rape	0.23	0.07	0.18	0.17	0.10
Homicide	0.27	0.41	0.11	0.00	0.00
Robbery	4.83	1.83	0.99	1.79	0.40

Source: Eden Area Community Profile, 2013.

Probationers

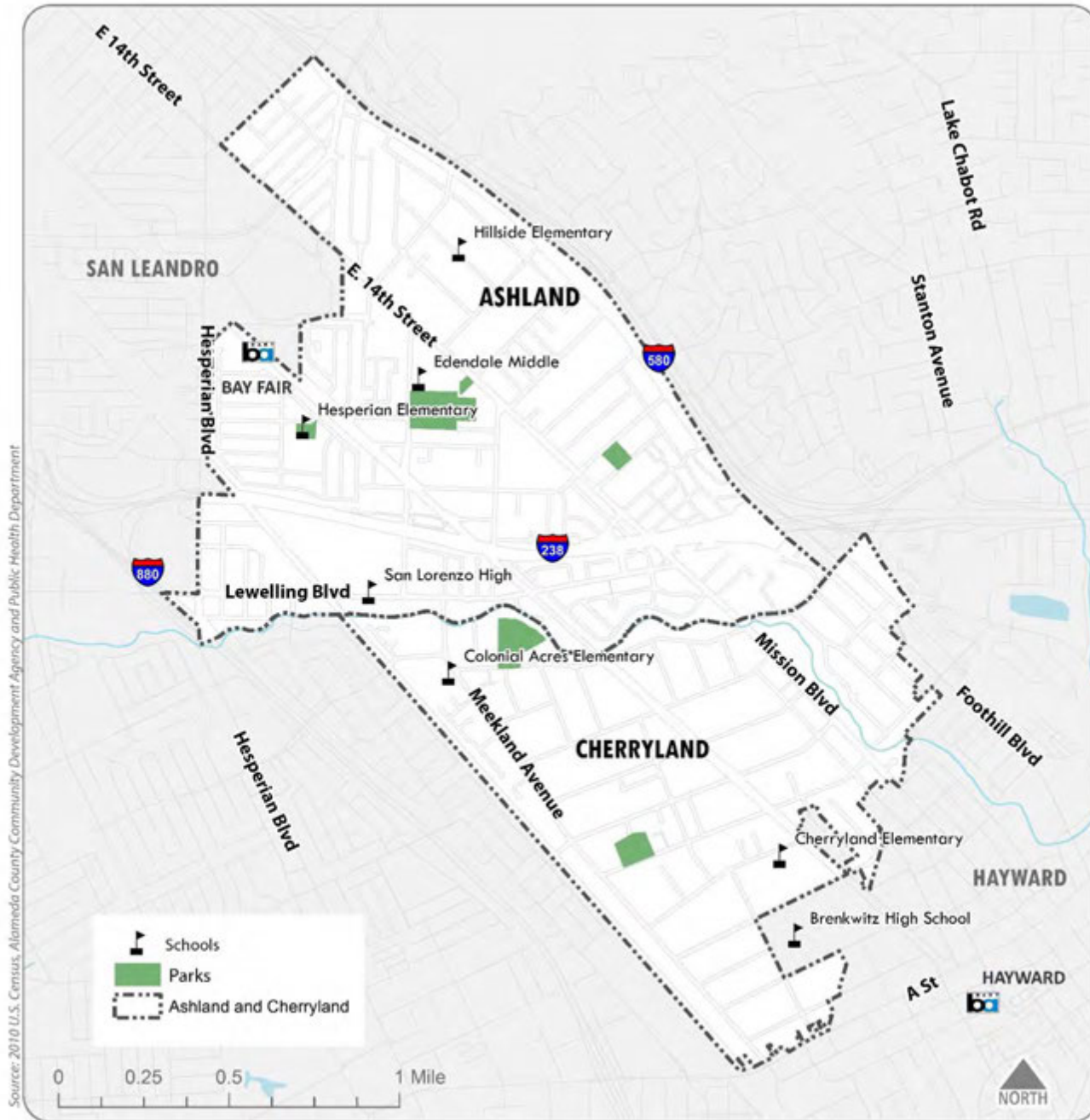
53

Probationers in July 2010		
Community	Count	Rate (Probationers per 10,000 Residents)
Cherryland	177	102.2
Ashland	211	96.2
Fairview	48	48.0
San Lorenzo	111	47.3
Castro Valley	208	33.9

Source: Eden Area Community Profile, 2013.

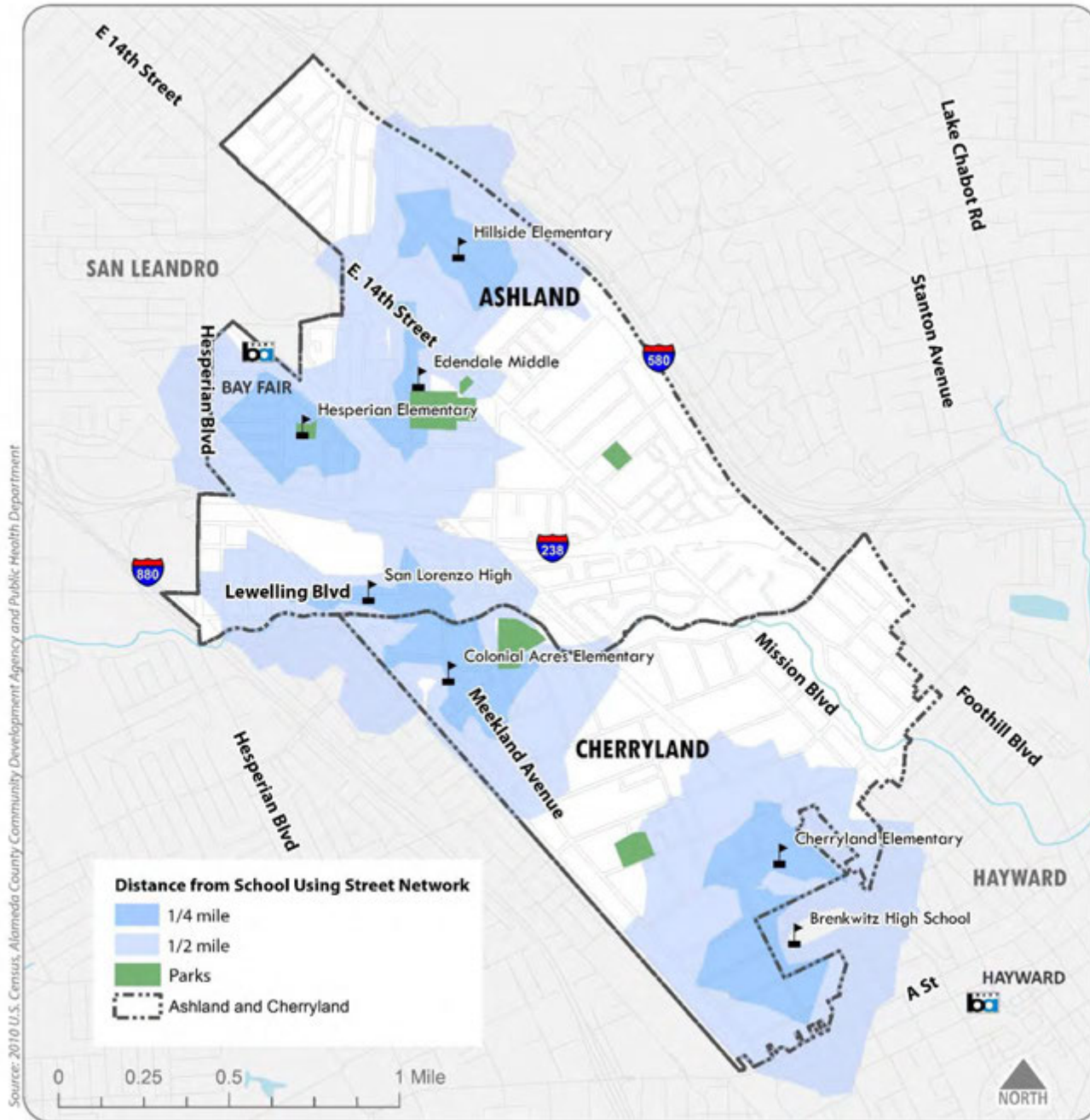
5

Education and Healthy Economy



Source: 2010 U.S. Census, Alameda County Community Development Agency and Public Health Department

Schools in Ashland and Cherryland



Half-mile and Quarter-mile Walksheds

School Access

57

ASHLAND			
Population Type	Population within Walking Distance of Schools	Total Population	% within Walking Distance of Schools
All Residents	9,714	21,486	45%
Population Under 18	2,595	5,985	43%
Non-White and/or Hispanic	8,136	18,178	45%
All Households	3,144	7,137	44%
Renter Occupied Housing Units	1,938	4,709	41%
Owners Occupied Housing Units	1,206	2,428	50%

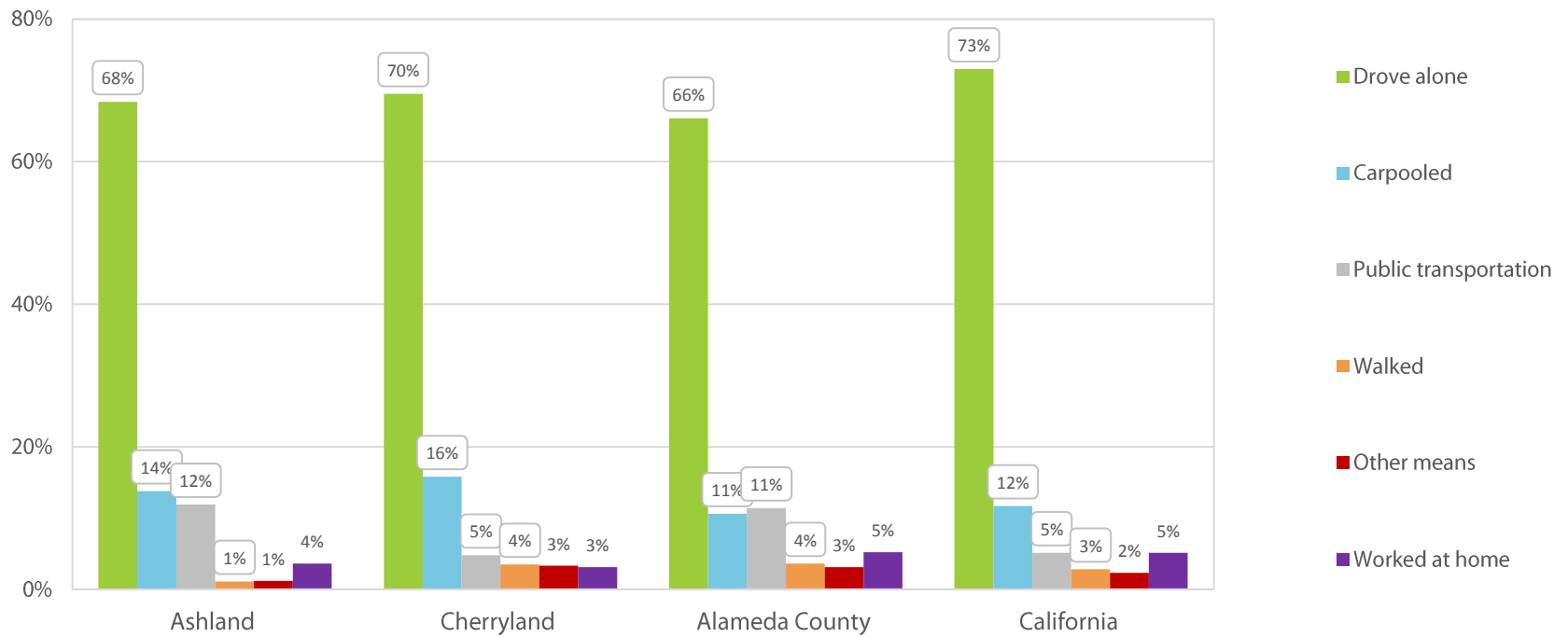
CHERRYLAND			
Population Type	Population within Walking Distance of Schools	Total Population	% within Walking Distance of Schools
All Residents	9,526	15,177	63%
Population Under 18	2,714	4,069	67%
Non-White and/or Hispanic	7,757	12,001	65%
All Households	2,855	4,780	60%
Renter Occupied Housing Units	1,974	3,239	61%
Owners Occupied Housing Units	881	1,541	57%

6

Active and Safe Transportation

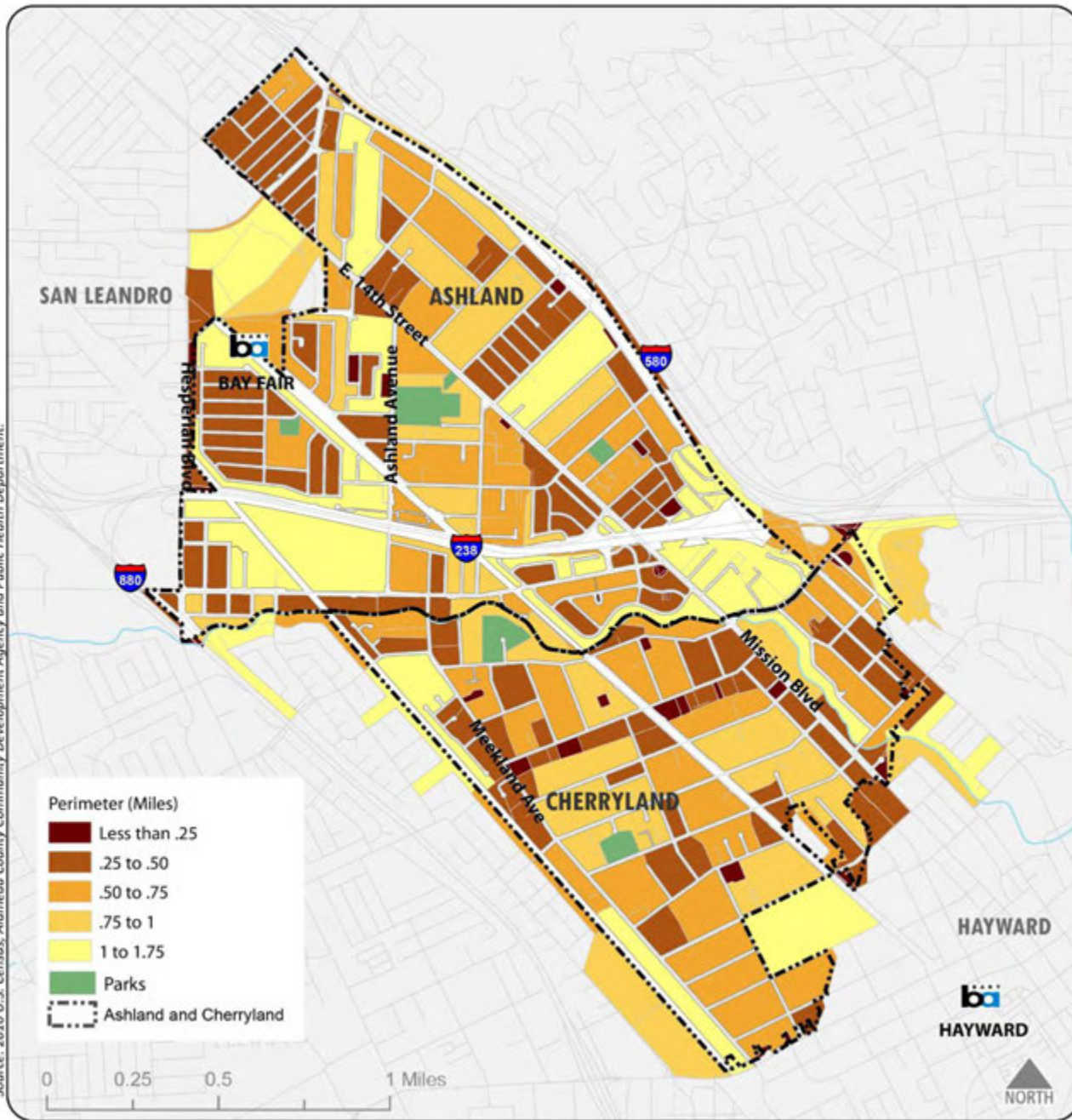
Commute to Work

2011 Commute to Work



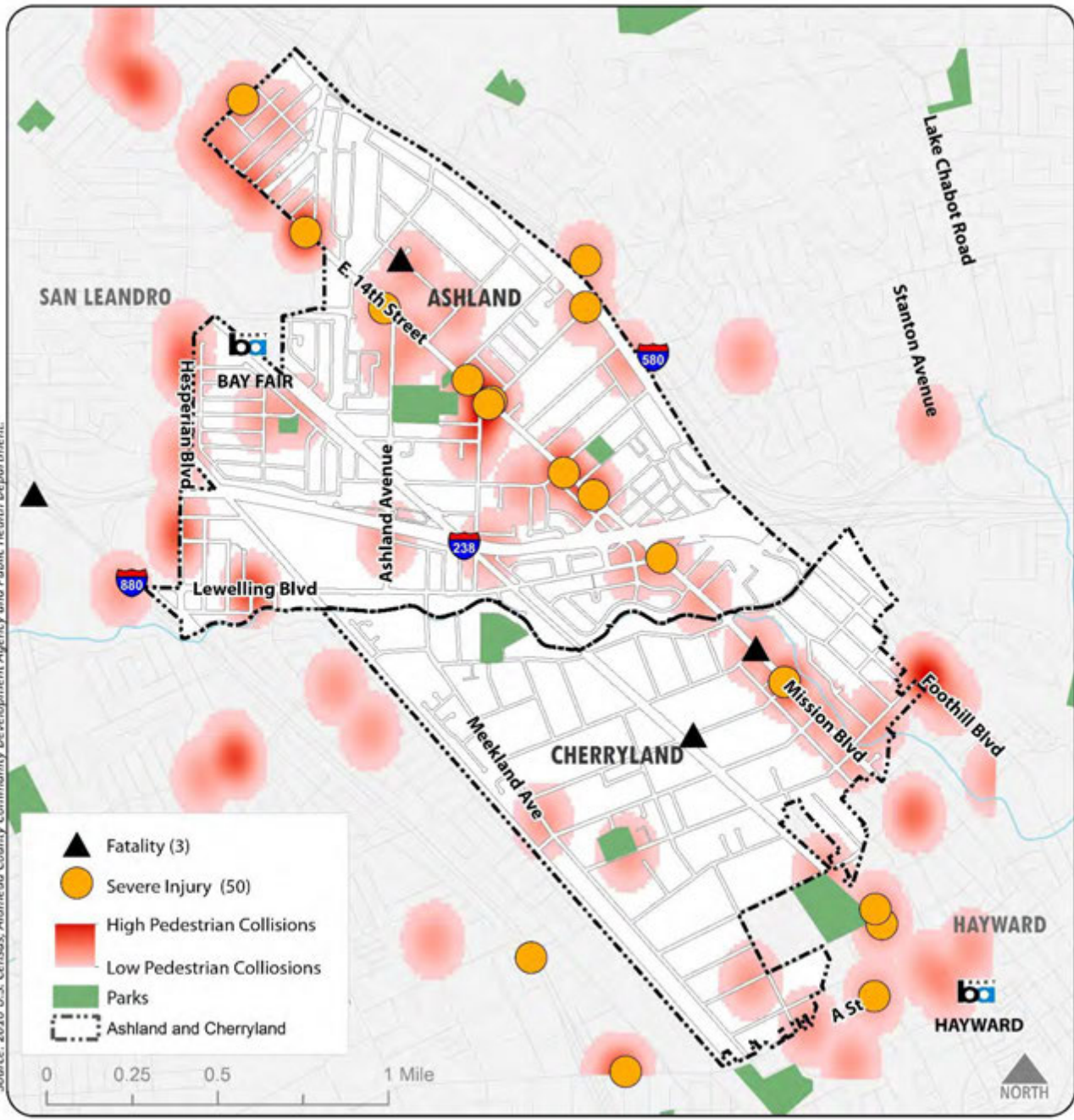
Source: ACS 5-year estimates 2007-2011

Source: 2010 U.S. Census, Alameda County Community Development Agency and Public Health Department.



Walkability - Block Size

Source: 2010 U.S. Census, Alameda County Community Development Agency and Public Health Department.

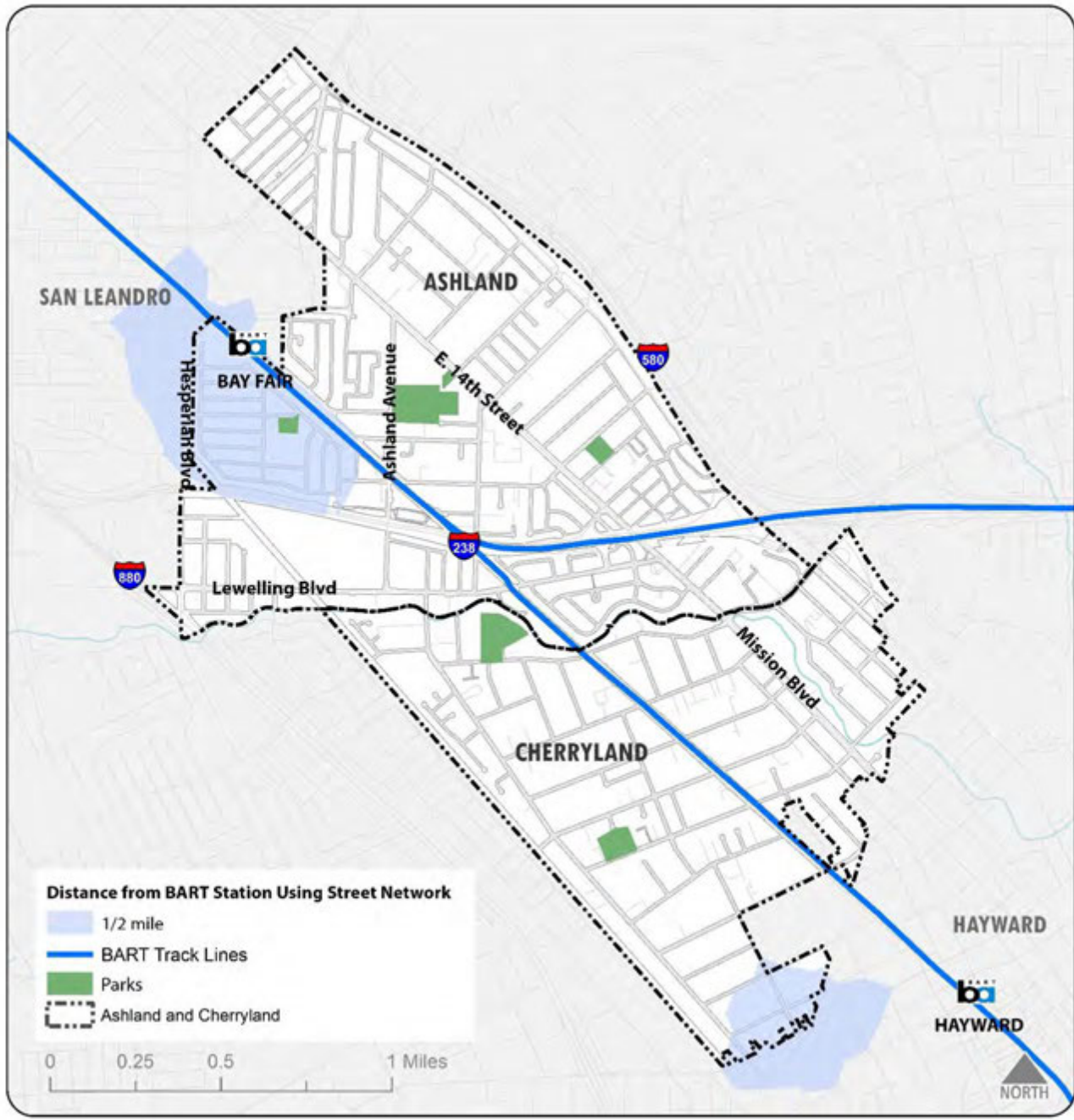


Pedestrian Collisions

Source: 2010 U.S. Census, Alameda County Community Development Agency and Public Health Department.



Bicycle Collisions



BART Access

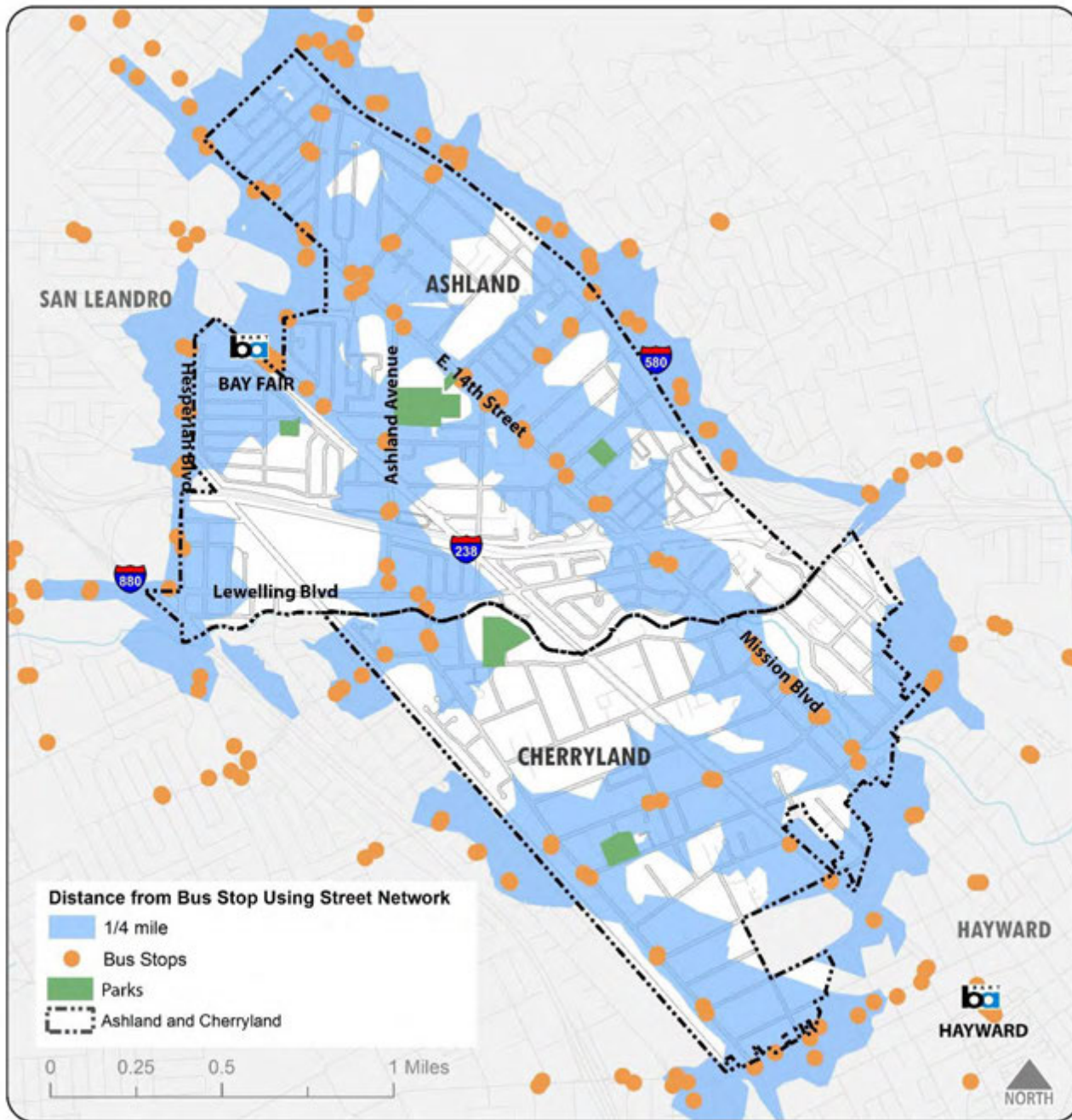
BART Access

ASHLAND

Population Type	Population within Walking Distance of BART Station	Total Population	% within Walking Distance of BART Station
All Residents	2,040	21,486	9%
Population Under 18	528	5,985	9%
Non-White and/or Hispanic	1,647	18,178	9%
All Households	571	7,137	8%
Renter Occupied Housing Units	151	4,709	3%
Owners Occupied Housing Units	420	2,428	17%

CHERRYLAND

Population Type	Population within Walking Distance of BART Station	Total Population	% within Walking Distance of BART Station
All Residents	1,379	15,177	9%
Population Under 18	465	4,069	11%
Non-White and/or Hispanic	1,259	12,001	10%
All Households	373	4,780	8%
Renter Occupied Housing Units	312	3,239	10%
Owners Occupied Housing Units	61	1,541	4%



Bus Access

Bus Access

ASHLAND			
Population Type	Population within Walking Distance of Bus Stop	Total Population	% within Walking Distance of Bus Stop
All Residents	18,854	21,486	88%
Population Under 18	5,301	5,985	89%
Non-White and/or Hispanic	16,114	18,178	89%
All Households	6,368	7,137	89%
Renter Occupied Housing Units	4,365	4,709	93%
Owners Occupied Housing Units	2,003	2,428	82%

CHERRYLAND			
Population Type	Population within Walking Distance of Bus Stop	Total Population	% within Walking Distance of Bus Stop
All Residents	11,321	15,177	75%
Population Under 18	3,133	4,069	77%
Non-White and/or Hispanic	9,103	12,001	76%
All Households	3,625	4,780	76%
Renters	2,584	3,239	80%
Owners	1,041	1,541	68%

7

Parks and Community Facilities



Community and Regional Parks

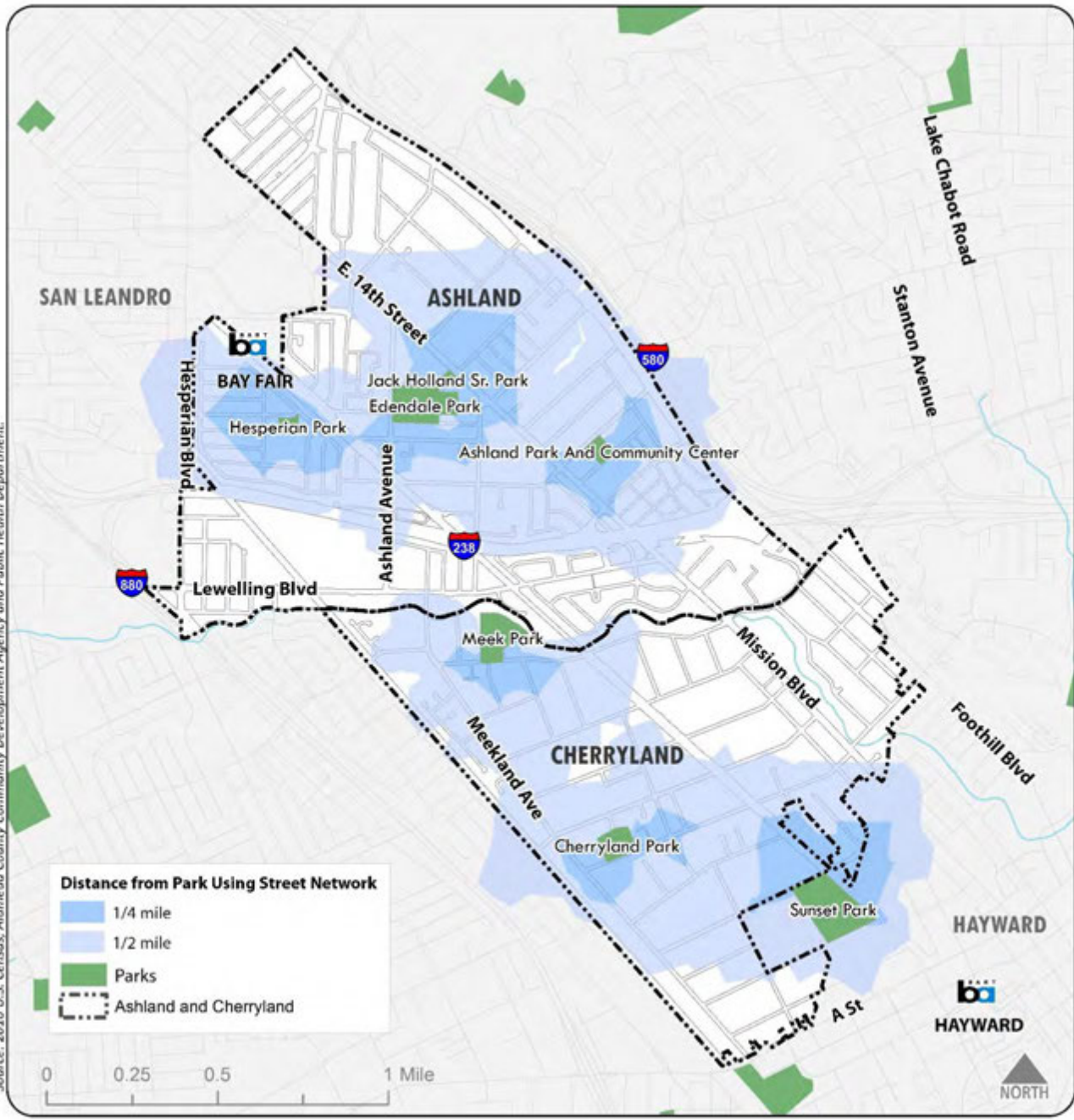
Park Level of Service

69

Park Level of Service			
Community	Park Acres	Population	Acres per 1,000 Residents
Ashland	30.3	21,925	1.4
Cherryland	17.4	14,728	1.2
Total	48	36,653	1.3

Source: Alameda County, park acreage derived from GIS park files

Source: 2010 U.S. Census, Alameda County Community Development Agency and Public Health Department.



Park Access

Park Access

ASHLAND

Population Type	Population within Walking Distance of Parks	Total Population	% within Walking Distance of Parks
All Residents	11,787	21,486	55%
Population Under 18	3,348	5,985	56%
Non-White and/or Hispanic	10,009	18,178	55%
All Households	3,901	7,137	55%
Renter Occupied Housing Units	2,466	4,709	52%
Owners Occupied Housing Units	1,435	2,428	59%

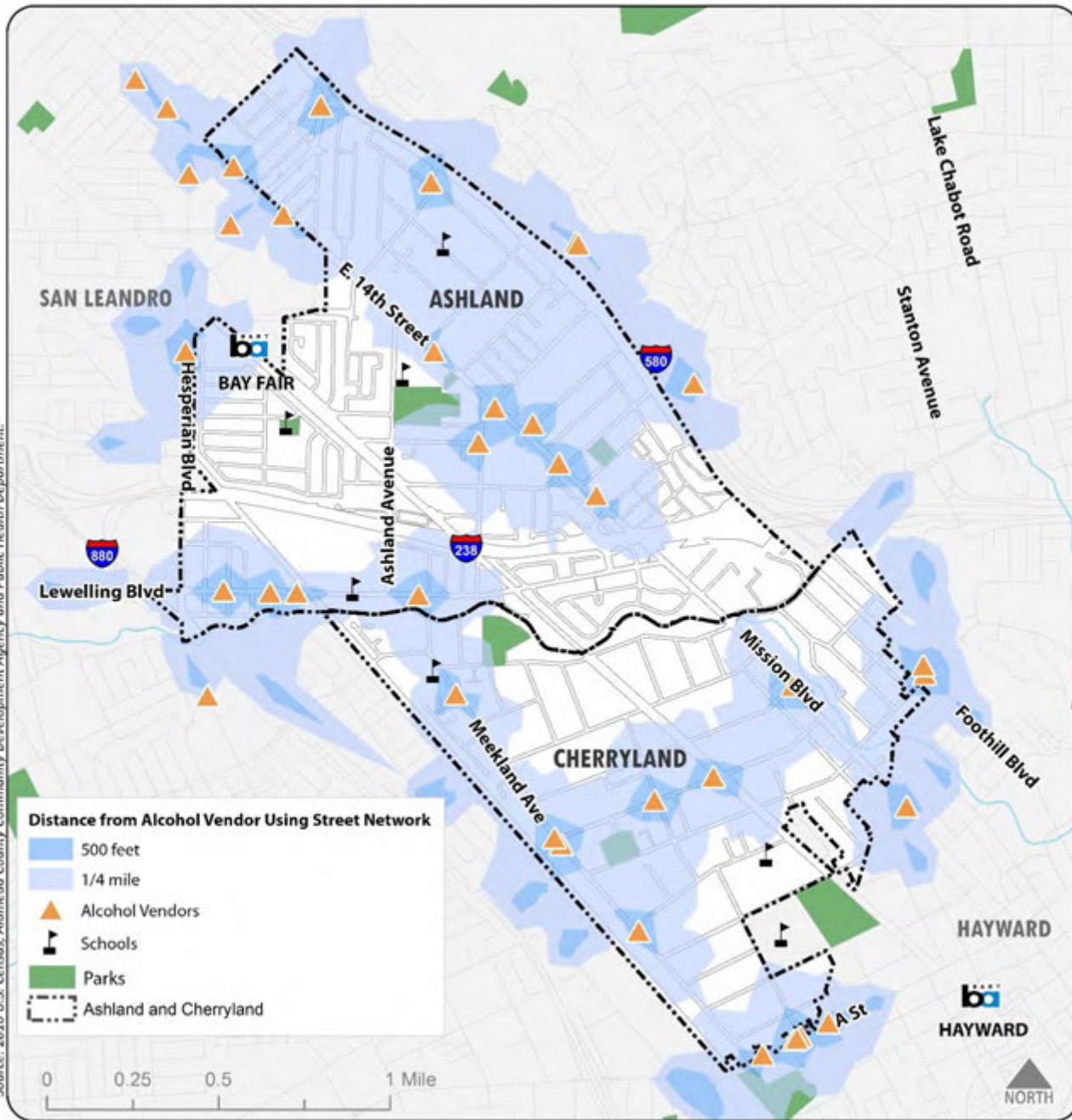
CHERRYLAND

Population Type	Population within Walking Distance of Parks	Total Population	% within Walking Distance of Parks
All Residents	9,761	15,177	64%
Population Under 18	2,699	4,069	66%
Non-White and/or Hispanic	7,793	12,001	65%
All Households	2,929	4,780	61%
Renter Occupied Housing Units	1,967	3,239	61%
Owners Occupied Housing Units	962	1,541	62%

8

Healthy Food Access

Source: 2010 U.S. Census, Alameda County Community Development Agency and Public Health Department.



Residential Proximity to Alcohol Vendors

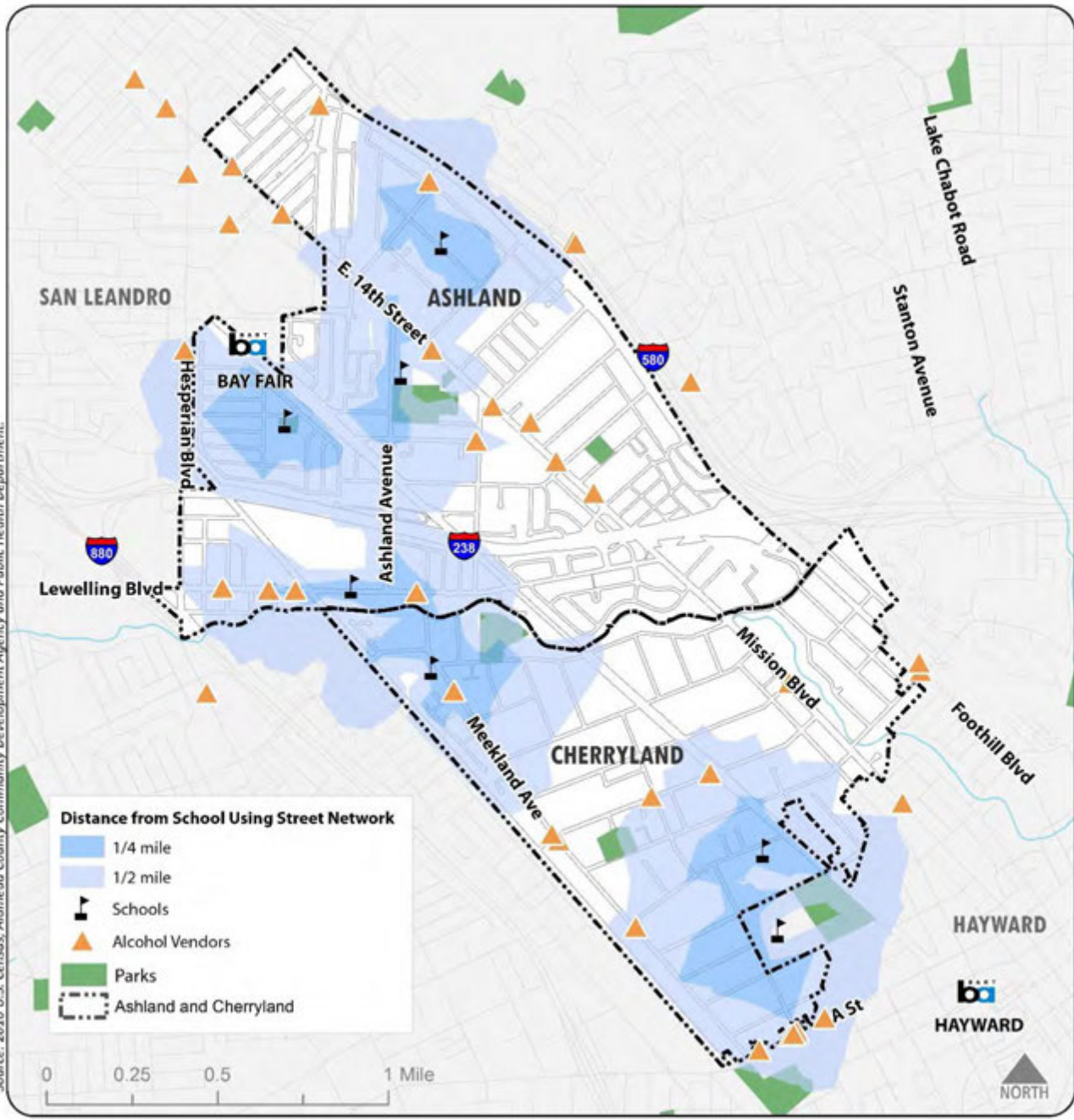
Residential Proximity to Alcohol Vendors

74

ASHLAND			
Population Type	Population within Walking Distance of Alcohol Vendor	Total Population	% within Walking Distance of Alcohol Vendor
All Residents	14,916	21,486	69%
Population Under 18	4,361	5,985	73%
Non-White and/or Hispanic	12,847	18,178	71%
All Households	5,049	7,137	71%
Renter Occupied Housing Units	3,688	4,709	78%
Owners Occupied Housing Units	1,361	2,428	56%

CHERRYLAND			
Population Type	Population within Walking Distance of Alcohol Vendor	Total Population	% within Walking Distance of Alcohol Vendor
All Residents	8,847	15,177	58%
Population Under 18	2,518	4,069	62%
Non-White and/or Hispanic	7,189	12,001	60%
All Households	2,804	4,780	59%
Renter Occupied Housing Units	1,964	3,239	61%
Owners Occupied Housing Units	840	1,541	55%

Source: 2010 U.S. Census, Alameda County Community Development Agency and Public Health Department.



School Proximity to Alcohol Vendors

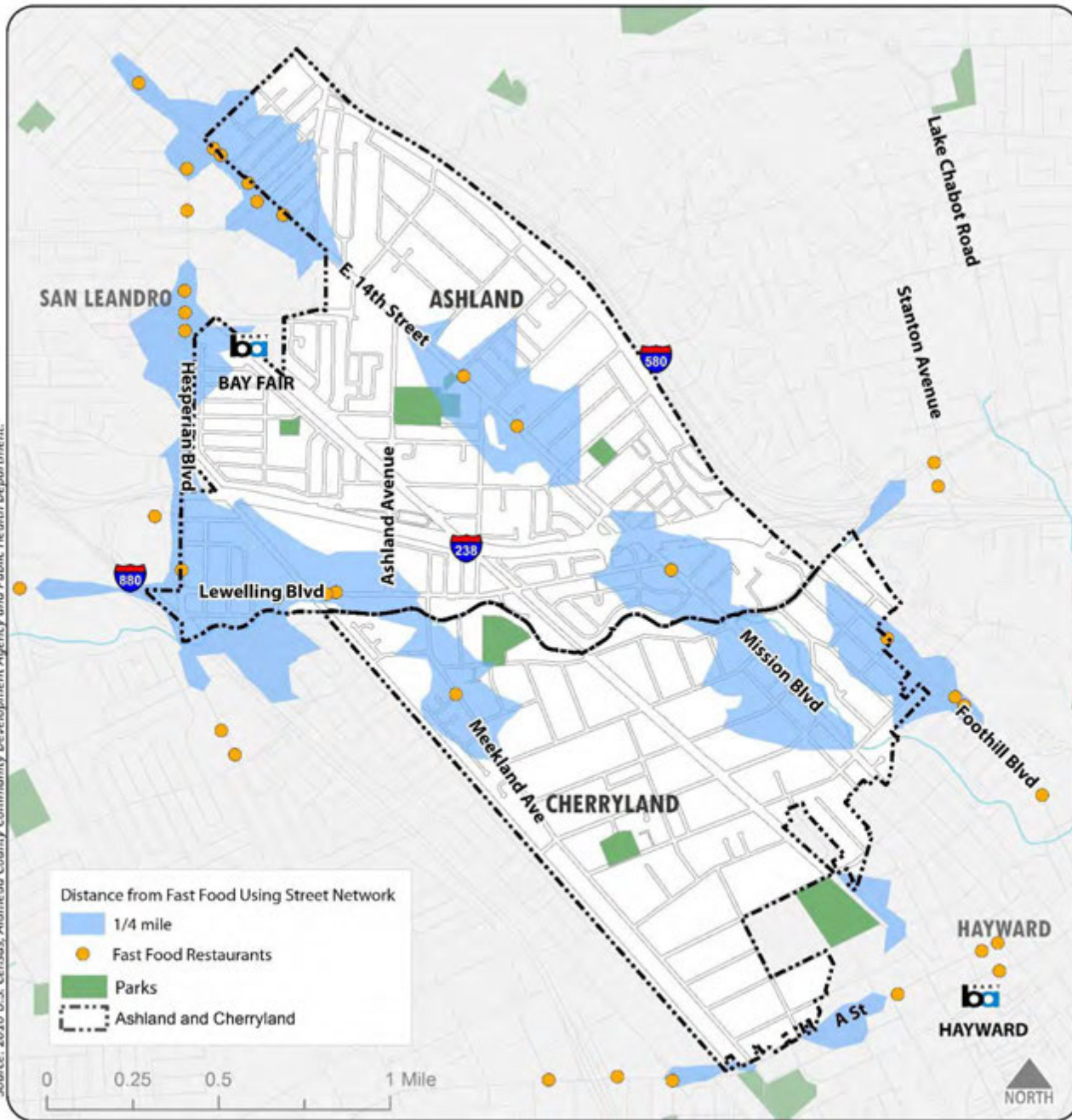
School Proximity to Alcohol Vendors

76

ASHLAND	
Proximinty of Schools to Alcohol Vendors	
Number of Schools within 1/4 walk	2 Schools - San Lorenzo High School (2 alcohol vendors) and Hillside Elementary School (1 alcohol vendors)
Number of Schools within 1/2 walk	3 Schools - San Lorenzo High School (5 alcohol vendors), Edendale Middle School (2 vendors), Hesperian Elementary (1 alcohol vendor) and Hillside Elementary School (1 alcohol vendors)

CHERRYLAND	
Proximinty of Schools to Alcohol Vendors	
Number of Schools within 1/4 mile walk	1 School - Colonial Acres Elementary School (1 alcohol vendor)
Number of Schools within 1/2 mile walk	2 Schools - Colonial Acres Elementary School (2 alcohol vendors) and Brenkwitz High School (8 alcohol vendors)

Source: 2010 U.S. Census, Alameda County Community Development Agency and Public Health Department.



Fast Food Access

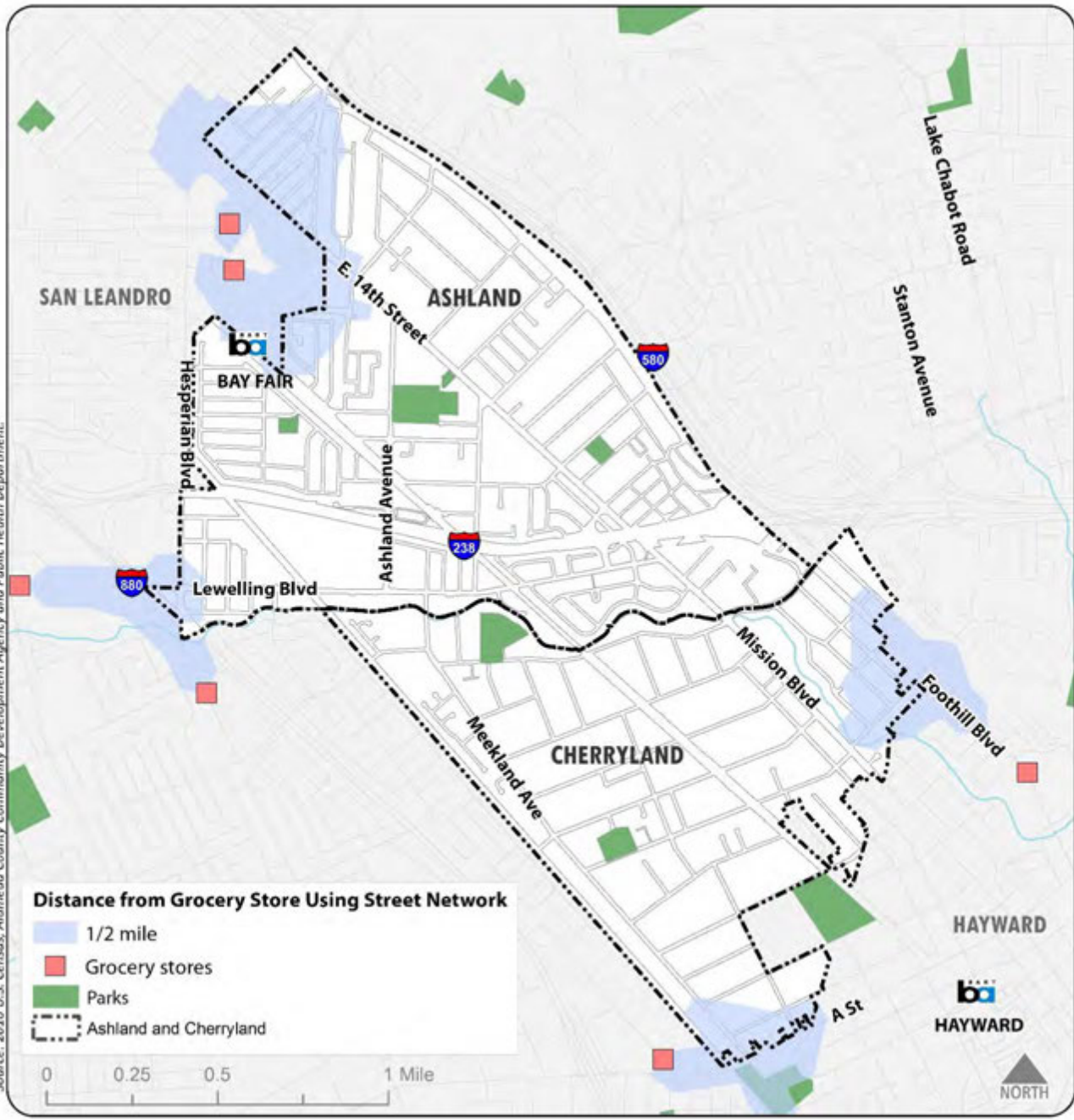
Proximity to Fast Food

78

ASHLAND			
Population Type	Population within Walking Distance of Fast Food	Total Population	% within Walking Distance of Fast Food
All Residents	3,419	21,486	16%
Population Under 18	967	5,985	16%
Non-White and/or Hispanic	2,857	18,178	16%
Occupied Housing Units	1,179	7,137	17%
Renter Occupied Housing Units	779	4,709	17%
Owners Occupied Housing Units	400	2,428	16%

CHERRYLAND			
Population Type	Population within Walking Distance of Fast Food	Total Population	% within Walking Distance of Fast Food
All Residents	10,110	15,177	67%
Population Under 18	2,620	4,069	64%
Non-White and/or Hispanic	7,814	12,001	65%
Occupied Housing Units	3,257	4,780	68%
Renter Occupied Housing Units	2,166	3,239	67%
Owners Occupied Housing Units	1,091	1,541	71%

Source: 2010 U.S. Census, Alameda County Community Development Agency and Public Health Department.



Healthy Food Access

Healthy Food Retail Access

ASHLAND			
Population Type	Population within Walking Distance of Healty Food Retail	Total Population	% within Walking Distance of Healty Food Retail
All Residents	1,939	21,486	9%
Population Under 18	452	5,985	8%
Non-White and/or Hispanic	1,583	18,178	9%
Occupied Housing Units	694	7,137	10%
Renter Occupied Housing Units	384	4,709	8%
Owners Occupied Housing Units	310	2,428	13%

CHERRYLAND			
Population Type	Population within Walking Distance of Healty Food Retail	Total Population	% within Walking Distance of Healty Food Retail
All Residents	870	15,177	6%
Population Under 18	240	4,069	6%
Non-White and/or Hispanic	713	12,001	6%
Occupied Housing Units	277	4,780	6%
Renter Occupied Housing Units	77	3,239	2%
Owners Occupied Housing Units	200	1,541	13%

APPENDIX B – COMMUNITY ENGAGEMENT SUMMARY



Ashland and Cherryland Community Health and Wellness Element Community Engagement Summary and Reflections

INTRODUCTION AND OVERVIEW

Project Description

The Alameda County Community Development Agency and the Department of Public Health have partnered with community organizations, institutions, and residents to develop a Community Health and Wellness General Plan Element (CHWE) for the Ashland and Cherryland Communities.

This Health Element is a project of the Eden Area Livability Initiative (EALI) that residents voted for during EALI phase 1. The Health Element will contain goals, policies and actions for the Ashland and Cherryland communities to ensure that they have the physical and programmatic infrastructure to reduce health inequities that currently persist. Policies will address the physical, social, and economic environment.

Outreach Model

The Community Health and Wellness Element planning process included a robust and multi-faceted outreach program. Ashland and Cherryland, a predominantly Latino population, necessitated a multi-lingual outreach approach.

The following contains an overview of the project's outreach effort including community workshops, focus groups, community events, a project website, facebook page, e-mail outreach, phone calls, and flyers, house meetings, and one-on-one meetings, among others. Meeting and event summaries and materials are available for download on the Ashland and Cherryland website:

<http://ashlandcherryland.org/224-2/he/materials/>

The following events comprise the main outreach efforts for the CHWE planning process:

Wellness Advisory Committee

- #1: July 10, 2013
- #2: October 14, 2013
- #3: February 27, 2014

Community Workshops

- #1: May 1, 2013
- #2: August 24, 2013

Other Community Events

- #1: Ashland Cherryland Together (ACT) Neighborhood Street Party
October 19, 2013
- #2: EALI Phase II, Board of Supervisors Community Charrette
November 16, 2013

COMMUNITY ENGAGEMENT DETAIL

Wellness Advisory Committee Overview

As part of this process, Alameda County formed a Wellness Advisory Committee (WAC), which is comprised of community residents and technical experts to advise and provide feedback and ideas on outreach, policy strategies and community priorities. An application to participate on the WAC was circulated via e-mail throughout Ashland and Cherryland and was provided in both English and Spanish. The County convened a total of three WAC meetings over the course of CHWE planning process. Meetings were open to the public.

Membership

- Dot Theodore, Castro Valley Resident, and Master's Candidate in Public Health
- Ruth and Mike Baratta, Cherryland Residents
- Shanale Allen, Ashland Resident
- Loretta Bautista, Tiburcio Vasquez Health Center

Community Workshops

Two community workshops were held during the planning process. The workshops were open to the public and workshop materials were available in both Spanish and English. The workshop format allowed for community members engage in discussions about particular topics in break out groups.

Workshop #1 Overview

On May 1, 2013, the kick-off community workshop was held at Eden United Church of Christ in Cherryland. The purpose of the meeting was to inform community members about the Community Health and Wellness Element planning process, begin the visioning process, brainstorm strategies to improve health outcomes and solicit volunteers for the Wellness Advisory Committee (WAC). After a presentation about the General Plan and public health, community members broke out into groups to discuss their vision to improve community health in Ashland and Cherryland.

Workshop #2 Overview

On Saturday, August 24, 2013, the second community workshop was held at the REACH Ashland Youth Center. The workshop began with an open house, which featured a health and social services fair where public agencies and community organizations provided information about their programs and resources. During the open house, participants were also invited to provide input about Parks, Mobility and Community Safety at three activity stations. The workshop opened with a presentation about the Community Health and Wellness Element and existing conditions in Ashland and Cherryland. At the close of the presentation, community members participated in two rounds of break-out discussion groups (30 minutes each). The topics discussed included:

- A. Health and Social Services
- B. Public Safety and Social Environment
- C. Land Use and Housing
- D. Education and Healthy Economy
- E. Active and Safe Transportation
- F. Healthy Food Access
- G. Parks and Community Facilities
- H. Sustainability and Environmental Health

Workshop Outreach

Additionally, email blasts and Facebook updates were used to inform residents about the workshop.

- 1) **On the Ground Outreach.** The bi-lingual community engagement team conducted door-to-door outreach in both Ashland and Cherryland and passed out flyers at the Hayward farmers market, local sporting events and other local gathering spots. COR (Congregations Organizing for Renewal – a group of the PICO Network) spearheaded the grassroots outreach efforts.

- 2) **Press release.** For the 2nd workshop, the project team worked with the Alameda County Health Department Public Information Officer to create a press release. This press release was distributed to Alameda County's media outlets. This press release was not produced in Spanish.
- 3) **Email blasts.** E-mail announcements were sent out to County contact lists, WAC members, COR lists, and the EALI list.
- 4) **Mailings.** For workshop #1, postcard mailings were sent to all residents in Ashland and Cherryland. Postcard mailings were sent to all residents in Ashland and Cherryland. In addition to the mailing, the Alameda County Community Development Agency sent rounds of email blasts to community based organizations and other interested parties in Ashland and Cherryland.

Workshop Logistics

- 1) **Meeting Date and Time.** The first community workshops was held on a weekday evening. The second workshop was scheduled for a Saturday morning, a time suggested by the Wellness Advisory Committee. The meeting start time was 10:00am which may have been too early since many people arrived late.
- 2) **Facilities.** The first community workshop was held at the Eden Church in Cherryland. The second workshop was held at REACH Ashland Youth Center.
 - a. **Eden Church.** The large, open multi-purpose room included large round tables and chairs. Very little set up was required aside from arranging tables. It should be noted there was not a projector screen in the room, however, the two PowerPoint presentations were projected on the wall and were easily visible against the white wall. The full service kitchen allowed for boiling of hot water for coffee and tea, and easy clean up.
 - b. **Ashland REAH Center.** The REACH center required significant set up the evening before the workshop. The large lobby (called "The Spot"), which served as a library and lounge area needed rearranging. The facility is well set up for its purpose as a community center, but was not an ideal location for a community workshop. Break out groups, youth programs, and childcare all took place in separate rooms and the process felt disconnected. Furthermore, the high security measures required all attendees to be buzzed in through a metal detector. Many attendees commented that it did not feel welcoming, and others commented that they did not feel safe in the neighborhood.

Workshop Event

- 1) **Multi-Lingual Materials.** At both workshops, all materials were available in English and Spanish.
- 2) **Attendance.** At the first workshop ## people signed in. At the second workshop, 41 attendees signed in. This included some staff tabling at the health and social services fair. This was much lower than the target attendance of 100 people.

- 3) **Child Care.** The first workshop did not include a childcare station. The second workshop included a dedicated room for childcare. The room was staffed by two childcare workers and there were toys on hand for the children.
- 4) **Youth activities.** The first workshop had no children’s activities. For the second workshop WAC Members requested activities for kids to keep them occupied. The Public Health Department arranged for a youth yoga class to be held in the side room and the project team hired SOS Juice – a local nutrition non-profit to make smoothies with the youth. Some stakeholders mentioned that a past EALI event rented a jumpy house which was a successful addition.
- 5) **Open House.** The second workshop began with an open house to allow for a later formal start. The open house consisted of a Health and Social Services fair where local agencies and non-profits tabled and gave information to attendees. During the open house, participants could also provide input at three different interactive station boards around the room. This was a nice addition to the meeting as it encouraged local groups to showcase their offerings and participate in the planning process.
- 6) **PowerPoint Presentations.** Both workshops had PowerPoint presentation in both English and Spanish. At both meetings the team projected two side-by-side presentations. We have found that participants prefer this to having both languages on one slide.
- 7) **Small Group Discussions.** At both workshops we had small group discussions after the presentation. Due to limited Spanish interpretation capacity at the first workshop, we had separate English and Spanish tables. At the second workshop we ensured that all Spanish translators were available in all break out session groups.
 - a. The integrated translation approach allowed for diverse perspectives and fruitful discussion in the breakout sessions.
- 8) **Food.** At the close of the afternoon meeting lunch was provided to meeting participants.
 - a. Healthy food options included sandwiches, fruit, and smoothies. Lunch was served at the closing of the event after all workshop sessions were completed.

Quality of Life Survey

Survey Overview and Purpose

A Quality of Life Survey was developed to give community members who live or work in Ashland or Cherryland an opportunity to share their thoughts on personal and community health and quality of life challenges and solutions. The survey was made available online, and was translated into Spanish. The survey is included as part of this summary.

Survey Outreach Methodology

The survey instrument was distributed to community members through a variety of targeted efforts including;

- Door knocking
- Hope 4 the Heart
- Ashland Cherryland Together (ACT) Neighborhood Street Party (10/19/2013)
- Online survey

Focus Groups

A series of focus groups were held in the community in order to understand the needs of targeted community groups. The result of these focus groups is reported in the *Survey and Focus Groups Key Findings Report*.

REACH Ashland Youth Center

Hillside Elementary School (English-Speaking Parents)

Hillside Elementary School (Spanish-Speaking Parents)

Additional Outreach Efforts

To maximize resources and efforts, the outreach team conducted two “piggy back” events. The two events attended were the ACT Street party and the EALI Community Charette. At both events, the CHWE outreach team hosted booths.

Ashland Cherryland Together (ACT) Neighborhood Street Party

REACH Ashland Youth Roundtable Discussion

EALI Phase II Community Charrette

**APPENDIX C – SURVEY AND FOCUS GROUP KEY FINDINGS
REPORT**



Ashland and Cherryland Community Health and Wellness General Plan Element

Survey and Focus Group Key Findings Report

**Prepared by Harder+Company Community Research for
Alameda County**

February 2014

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Introduction

This report has been prepared to inform the General Plan Community Health and Wellness Element that Alameda County is developing for the Ashland and Cherryland communities. As part of the Element planning process, the County has been very interested in the input of community members to help shape its direction forward. Through the methods detailed below, survey respondents and focus group participants were able to share their experiences living in Ashland and Cherryland and ideas for improving the quality of their communities.

Methods

Data were collected through a mixed methods approach that involved paper and online surveys and focus groups.

- **Paper Survey.** A paper survey was distributed in English and Spanish from September 18 through November 11, 2013. Congregations Organizing for Renewal utilized convenience sampling to distribute the survey at schools, community centers, and throughout the Ashland and Cherryland neighborhoods.
- **Online Survey.** An online survey in English and Spanish was distributed through SurveyMonkey from September 18 through November 4, 2013. There were a total of 72 respondents to the online survey. Seventy respondents completed the survey in English and 2 completed it in Spanish.
- **Focus groups.** Three focus groups were conducted with a total of 48 participants: 25 Spanish-speaking parents, 12 English-speaking parents, and 11 English-speaking youth. The focus groups with parents were held at a local elementary school, and the focus group with youth was held at the REACH Ashland Youth Center.

Interpreting Survey Results

- Of the 729 total survey respondents, 454 were identified as residents or workers of Ashland or Cherryland.¹ Only data from these 454 respondents are included in this report. Data from respondents outside Ashland and Cherryland are provided in the Appendix.
- The “n” values reported refer to the number of respondents who answered each question. These vary by question due to the exclusion of missing responses and, for some questions, “I don’t know” and “Not applicable” responses. The use of skip-logic in the survey, which directed respondents to subsets of questions depending upon the answers they provided, also accounts for the variance in “n” values.
- Data tables show results as percentages of either total responses to a question, within a respondent group, or, for scale questions, percentages of responses to a response option. In some cases, data are limited due to low response rates.

¹ Of the 729 survey respondents, 633 provided addresses that were geocoded. Of those respondents, 418 were located within the boundaries of Ashland and Cherryland and were included in analyses. Self-reported community data was referenced for the 96 respondents who did not provide addresses. There were 36 respondents who reported living in Ashland or Cherryland; these were also included in analyses.

Key Findings

The key highlights from the survey and focus groups are presented here; the topic areas are organized as noted below. Each topic area includes a summary of main findings, followed by a description of further evidence in support of each finding, which incorporate both survey data and quotations from focus groups when applicable.

Organization of Key Findings

Findings are organized by topic areas into the following sections:

- **Respondent Demographics**
- **Neighborhood Characteristics**
- **Health and Wellness**
- **Transportation**
- **Community and Retail Services**
- **Community Facilities and Programs**
- **Basic Needs and Social Environment**

A summary of key findings from all topic areas is presented below and on page 3. These are the main themes that emerged across data sources and can be used to inform the development of the General Plan Community Health and Wellness Element.

Summary of Key Findings

Respondent Demographics

- + Respondents span a broad range of ages.
- + Over half of survey respondents are Latino (67 percent), speak Spanish (57 percent), and were born outside of the United States (57 percent).
- + Approximately 51 percent of respondents are living in poverty, and nearly a quarter are unemployed.
- + The majority of respondents completed high school or less.
- + Three-quarters of respondents rent their homes, and 65 percent of respondents who are Ashland or Cherryland residents have lived in the area for 4 years or more.

Neighborhood Characteristics

- + More than one third of survey respondents feel that their neighborhood is a healthy place to live and a safe place to raise children.
- + A lack of affordable housing and safety while walking at night are key neighborhood challenges.
- + The top reported strategy to enhance safety is more street lights. Some respondents also noted that more community policing and social services would make their communities safer.

Summary of Key Findings (continued)

Health and Wellness

- + Though a segment of Ashland and Cherryland residents report being in good health, notable disparities are present.
- + High blood pressure, asthma, and obesity are the most frequently reported diagnosed health conditions.
- + While the majority of respondents are able to access health care services, the sites at which they receive care (e.g., health clinic or private doctor) are sharply divided by age, race, income, language, and education.
- + Access to affordable produce could be improved for Ashland and Cherryland residents, particularly those living in poverty.

Transportation

- + While over half of respondents rely on their car to commute to work or school, nearly a quarter of respondents walk or bike.
- + Fear of crime, distance to destinations, and inadequate infrastructure (e.g., lack of sidewalks and bike lanes) are the top barriers to walking or bicycling. Respondents report that infrastructure improvements that create safer conditions would encourage people to walk and bike more often.
- + The majority of respondents seldom utilize public transportation, and indicate that improvements in safety, lighting, and cleanliness are needed at local BART stations and AC transit.

Community and Retail Services

- + Respondents report that there are not enough child care providers, family entertainment establishments, and gyms in Ashland and Cherryland.
- + Respondents would like more libraries, hospitals, and professional services in their communities.
- + Many respondents indicated that there are too many liquor stores and fast food restaurants in Ashland and Cherryland.

Community Facilities and Programs

- + While over three-quarters of respondents currently visit parks in their community, fewer report feeling safe there.
- + Sixty-one percent of respondents report visiting the library, and many note that providing more classes and programs would encourage them to visit more often.
- + The REACH Ashland Youth Center serves a vital role for youth, and youth report that they would benefit from additional college preparation, job training, and social services.

Basic Needs and Social Environment

- + More than one in four respondents went without at least one basic need such as food, dental care, and health care in the last year.
- + Nearly a third of respondents experienced housing insecurity in the last twelve months.
- + The majority of respondents do not know where to get support services.

Respondent Demographics

This section provides an overview of the demographics and characteristics of survey respondents (listed in main bullets) and focus group participants. Demographic information was obtained for 46 of the 48 focus group participants. Of these participants, 33 percent were male and 67 percent were female.²

+ Survey respondents span a broad range of ages.

Youth and transition age youth (under age 24) account for 14 percent of respondents; young adults (age 25-34) are 27 percent of respondents, adults (age 35-44) are 28 percent, middle age adults (age 45-54) are 13 percent, and older adults (age 55 and older) account for 11 percent of respondents.

- The majority of focus group participants were youth, young adults, and adults.** Thirty percent were 35-44 years of age, 28 percent were 25-34, and 21 percent were 15-19. Fewer participants were ages 20-24 (7 percent) or 45 and older (14 percent).

Exhibit 1. Survey respondent age (n=430)

	Percent
15-19 years	7%
20-24 years	7%
25-34 years	27%
35-44 years	28%
45-54 years	13%
55-59 years	6%
60-64 years	5%
65+	7%

+ Over half of survey respondents identify as Latino (67 percent), speak Spanish (57 percent), and were born outside of the United States (57 percent). The majority of respondents born outside of the U.S. were born in Mexico.

The second most frequently reported race was white (14 percent). Other races include African-American (7 percent), mixed races (7 percent), Asian (3 percent), Pacific Islander or Native Hawaiian (1 percent), and Alaska Native/American Indian (0.2 percent).

- Focus group participants shared similar demographics.** Nearly three-quarters (74 percent) identified as Latino, followed by 11 percent African American and 7 percent white. Other reported races included Pacific Islander/Native Hawaiian (4 percent), Asian (2 percent), and mixed race (2 percent). While many of these participants (73 percent) primarily speak Spanish at home, 24 percent speak English, and one participant speaks Samoan. Sixty-seven percent were born

Exhibit 2. Survey respondent race/ethnicity (n=444)

	Percent
Alaska Native/ American Indian	0.2%
Asian	3%
Black/ African American	7%
Hispanic/ Latino	67%
Pacific Islander or Native Hawaiian	1%
White	14%
Mixed race	7%
Other	1%

² A question for respondents to self-identify their gender was not included in the survey.

outside of the United States.

- + **Approximately 51 percent of respondents are living in poverty, and nearly a quarter are unemployed.** Estimates indicate that roughly 51 percent of respondents live below the Federal Poverty Level, with 21 percent earning between \$15,000 and \$24,000, and 17 percent earning less than \$10,000.

Exhibit 3. Family household income (n=264)†

	Percent
Less than \$10,000	17%
\$10,000 to \$14,999	13%
\$15,000 to \$24,999	21%
\$25,000 to \$34,999	15%
\$35,000 to \$49,999	9%
\$50,000 to \$74,999	14%
\$75,000 to \$99,999	8%
\$100,000+	4%

† The U. S. Census Bureau’s 2007-2011 American Community Survey 5-Year Estimates of the average household size in Ashland and Cherryland is 3 persons. The 2013 Federal Poverty Level for a three person household is \$19,530.

While slightly more than half of respondents are employed (38 percent are employed full-time and 14 percent part-time), 23 percent are unemployed and looking for work. Fewer respondents are students (10 percent) and retirees (8 percent).

Exhibit 4. Employment status (n=405)

	Percent
Full-time	38%
Part-time	14%
Retired	8%
Looking for work/unemployed	23%
Student	10%
Other	7%

- **Of focus group participants, 34 percent of participants were unemployed, 29 percent indicated “other” employment – most commonly a stay-at-home mother – and 21 percent were students.** Only 13 percent of participants were employed (8 percent were employed full-time and 5 percent part-time) and 3 percent were retired. Income data were not obtained from focus group participants.
- + **The majority of respondents completed high school or less.** Overall, 39 percent of respondents earned their high school diploma and 30 percent completed less than high school, followed by 12

percent who attended but did not complete college.

- **Similarly, over half of focus group participants (53 percent) indicated that they had less than a high school education.** Thirty percent reported that they earned a high school diploma, followed by 15 percent that attended some college and 3 percent that earned a two-year degree.

Exhibit 5. Highest grade or year of school completed (n=417)

	Percent
Less than high school	30%
High school diploma or GED (General Education Development)	39%
Attended college but no degree	12%
AA (Associate’s degree) or vocational certificate or two- year degree	8%
Bachelor’s degree or other college four-year degree	7%
Graduate or Master’s degree	4%

- ✚ **Three-quarters of respondents rent their homes, and 65 percent of respondents who are Ashland or Cherryland residents have lived in the area for 4 years or more.** While 20 percent of respondents are homeowners, three-quarters of respondents rent their homes and 6 percent indicated they had other living arrangements, such as living with family, or no stable housing.

Half of respondents report living in Cherryland and 41 percent in Ashland. The remaining 9 percent either work in Ashland or Cherryland, or reported that they live in a neighboring town – most frequently San Leandro – though their geocoded addresses indicate that they live within the boundaries of Ashland or Cherryland.

Exhibit 6. Length of residence in Ashland/Cherryland (n=423)

	Percent
Less than a year	8%
1-3 years	27%
4-6 years	22%
7-9 years	14%
10+	29%

- **The majority of focus group participants (76 percent) indicated that they were residents of Ashland, while 6 percent were Cherryland residents and 18 percent reported they did not live in Ashland or Cherryland.** Most residents (66 percent) have lived in Ashland or Cherryland for 4 years or more, and 34 percent have lived in the area for 3 years or less.

Neighborhood Characteristics

This section highlights survey respondents' and focus group participants' perceptions of neighborhood safety, cleanliness, affordability, and community engagement.

KEY HIGHLIGHTS

1. More than one third of survey respondents feel that their neighborhood is a healthy place to live and a safe place to raise children.
2. A lack of affordable housing and safety while walking at night are key neighborhood challenges.
3. The top reported recommendation to enhance safety is more street lights. Some respondents also noted that more community policing and social services would make their communities safer.

1. More than one third of survey respondents feel that their neighborhood is a healthy place to live and a safe place to raise children.

Across measures of neighborhood quality, the most frequently reported strengths are neighborhood safety during the day and familiarity with neighbors, with 57 percent of survey respondents reporting that they feel safe walking in their neighborhood during the day and 43 percent reporting that they know their neighbors (see Exhibit 7).

Exhibit 7. Neighborhood Assets (n=441-447)

	Percent who "agree" or "strongly agree"
I feel safe walking in my neighborhood during the day	57%
I know most of my neighbors.	43%
My neighborhood is a healthy place to live.	37%
My neighborhood is a safe place to grow up or raise children.	36%
Houses in my neighborhood are generally well-maintained.	35%
My neighborhood has a lot of abandoned homes and/or buildings.	16%

While over one third of survey respondents indicate that their neighborhood is a healthy place to live (37 percent) and a safe place to grow up or raise children (36 percent), the majority of focus group participants voiced concerns about challenges they encounter in their neighborhood related to leading safe and healthy lives. Concerns about crime and theft voiced by one participant echoed those of many: "It's not safe to walk day or night because there are young people walking around snatching purses or scaring us." On the other hand, several participants noted that their neighborhood was safe in comparison to other communities. As one participant described, "From where I came from, I think my community is pretty safe. I was raised in East Palo

Alto, [so comparatively] where I live is a pretty good community, but I won't let my kids play late at night on the street.”

Over one third of respondents also indicated that houses in their neighborhood are generally well-maintained (35 percent), and few report the presence of many abandoned homes or buildings (16 percent).

2. A lack of affordable housing and safety while walking at night are key neighborhood challenges.

Survey respondents and focus group participants overwhelmingly cited the lack of access to affordable housing as a key issue in their neighborhood. Only 16 percent of respondents indicated that affordable housing was available in their neighborhood (see Exhibit 8). Fewer Latinos (12 percent), Spanish-speakers (13 percent), and people living in poverty (13 percent) reported having affordable housing in their neighborhood, as compared to whites (24 percent), English-speakers (21 percent), and people living above the poverty line (28 percent) (data not shown).

Approximately one in five respondents (22 percent) reported feeling safe walking in their neighborhood after dark, though fewer focus group participants felt similarly. As one participant explained, “I walk in the daytime. At night, I wouldn't. I wouldn't expose me or my kids walking.” Fewer respondents who primarily speak Spanish at home felt safe walking at night (16 percent) compared to those who speak English (30 percent).

“More than anything, what you want in a neighborhood is no drugs and no gangs. That’s what is most dangerous right now – drugs and gangs. That’s what causes panic in any community.”

- Focus Group Participant

When asked about what makes them feel unsafe, nearly all focus group participants cited the prevalence of violence, crime, gangs, and drugs. In the words of one participant: “More than anything, what you want in a neighborhood is no drugs and no gangs. That’s what is most dangerous right now – drugs and gangs. That’s what causes panic in any community.”

Exhibit 8. Neighborhood Challenges (n=421-448)

	Percent who “agree” or “strongly agree”
Affordable housing is available in my neighborhood.	16%
I feel safe walking in my neighborhood after dark	22%
My neighborhood does not have any litter.	22%
My neighborhood is well lit after dark (e.g., the streetlights are sufficient).	26%
My neighborhood does not have any vandalism and graffiti.	26%
I trust the people in my neighborhood.	30%

Other areas of concern include neighborhood cleanliness, inadequate lighting, and community cohesion. Only 22 percent of respondents reported that their neighborhood is free from litter, and slightly more (26 percent)

reported that it is free from vandalism and graffiti. Roughly one quarter (26 percent) of respondents indicated their neighborhood is well lit after dark, and 30 percent of respondents trust the people in their neighborhood.

3. The top reported recommendation to enhance safety was more street lights. Some also noted that more community policing and social services would enhance safety, though opinions were divided.

Overall, survey respondents most commonly indicated that more street lights would make them feel safer in their neighborhoods (76 percent) (see Exhibit 9 on next page), and many focus group participants reported likewise. Several participants listed areas around their neighborhoods and schools that are dangerous because they are not well lit. As two parent participants noted, “There are a lot of areas that need better lighting. The streets are too dark,” and “We need lights; the parking lot [at the school] is dark. The pick-up time here is 5:45, and it’s really dark.”

While community policing was the second most frequently cited recommendation to improve safety, discussions among focus group participants reveal different usages of the term “community policing” (see text box below).

Discussion of “Community Policing”

Focus group participants interpreted the term “community policing” differently; some understood it to mean surveillance of communities by police or security personnel, and others interpreted it as the implementation of neighborhood watch programs.

Those who called for increased police presence expressed a need for more police to patrol their communities, particularly at parks, and for increased responsiveness after crimes are reported. Focus group participants described numerous incidents which they reported to the police and were not responded to, or only after a lengthy delay. An exception to the delayed response time that several focus group participants experienced was the police response to incidents at school: “Anytime something happens [at the school], the cops come right away. They don’t take long to get here.”

Other focus group participants acknowledged the need for protection from crime and violence, but expressed strong opposition to increased police surveillance due to histories of negative experiences with police, and particularly to perceptions of being racially targeted. A few youth, such as the one quoted below, also voiced the negative impacts of racism and discrimination on their wellbeing and behavior.

“[The police] use these stereotypes to categorize one person.... If you tell someone they’re stupid from 3 years old to 10, they’ll believe they’re stupid because you’ve told them a million times they are stupid. When you instill things in people and we’re young, 12 to 24... that can piss them off or [make them want to] show you different. I think... if you tell someone something [negative] they have been hearing all their lives, it is going to trigger something you don’t want to see.”

“If you tell someone something [negative] they have been hearing all their lives, it is going to trigger something you don’t want to see.”

- Focus Group Participant

Instead of increasing police presence, these participants described a need to “come together as a community” and organize crime prevention programs, such as neighborhood watch groups.

Overall, community policing and social services were recommended by 67 percent and 43 percent of respondents, respectively, to improve safety. However, opinions differed markedly by age, race, income, and language, as described below.

- A greater percentage of youth survey respondents (88 percent of ages 15-24 years) indicated that more street lights would enhance safety, and fewer youth survey respondents (53 percent) and focus group participants felt that community policing would make their neighborhoods safer.
- More people living in poverty (79 percent), Latinos (73 percent), and Spanish-speakers (75 percent) reported that more community policing would make them safer.

However, many Spanish-speaking focus group participants expressed fear of the police, especially among undocumented immigrants. As one Spanish-speaking participant commented, “Many Latinos don’t have a license and are scared of the cops. The cops stop you for any minor mistake and your car is taken away, and you may even be deported.”

“Nine times out of ten, we do [unlawful] things in our community because we don’t have a job or money to do things to help our families and siblings. A job would be a definite key thing to stay positive, stay off the streets, and continue to do well.”

- Focus Group Participant

stay off the streets, and continue to do well.”

- A greater percentage of people living in poverty (55 percent) than those above poverty (35 percent) indicated that more social services would increase safety. In addition, some focus group participants attributed the prevalence of crime to poverty and described the need for education, job training, and employment opportunities. In the words of one youth, “Nine times out of ten, we do [unlawful] things in our community because we don’t have a job or money to do things to help our families and siblings. A job would be a definite key thing to stay positive,

Exhibit 9. Top Strategies to Improve Neighborhood Safety (n=436)

	Percent
More street lights	76%
More community policing	67%
More social services	43%
More sidewalks	37%
Seeing more people out at night	36%
More businesses	25%
Other	17%

† Percentages do not total 100% because respondents were instructed to select “all that apply.”

Other commonly noted strategies to improve neighborhood safety included traffic calming measures and community programs. A few focus group participants also called for stricter gun and drug control at the federal and state levels.

Health and Wellness

This section presents findings on respondents' health and wellbeing.

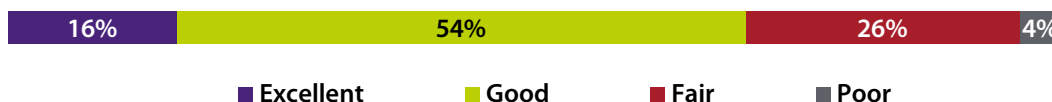
KEY HIGHLIGHTS

1. Though a segment of Ashland and Cherryland residents report being in good health, notable disparities are present.
2. High blood pressure, asthma, and obesity are the most frequently reported diagnosed health conditions.
3. While the majority of respondents are able to access health care services, the type of site at which they receive care (e.g., health clinic or private doctor) is sharply divided by age, race, income, language, and education.
4. Access to affordable produce could be improved for Ashland and Cherryland residents, particularly those living in poverty.

1. Though a segment of Ashland and Cherryland residents report being in good health, notable disparities are present.

The majority of respondents rated their health status as “good” (54 percent) or excellent (16 percent) on a four-point scale from “poor” to “excellent” (Exhibit 10). In addition, many reported exercising at least three times per week (65 percent) and eating fresh fruits and vegetables every day (77 percent) (data not shown). However, notable disparities in self-rated health exist by race, income, and education: many more whites, those living above the poverty line, and those with some college or higher indicated that their health was “good” or “excellent.”

Exhibit 10. Self-rated Health (n=441)



Nearly two-thirds of respondents reported that they *often* or *sometimes* experience stress or anxiety (23 percent and 42 percent, respectively). Those who more commonly reported *never* or *rarely* experiencing stress were Latinos, Spanish-speakers, people living in poverty, and people with a high school education or less. This may be attributed to cultural protective factors that serve as buffers against stressful living conditions, or differences in the definitions of stress or anxiety. Youth are among the most frequently stressed, as 37 percent indicated that they are *often* stressed.

Exhibit 11. Frequency of Experiencing Stress or Anxiety (n=441)



When asked about the sources of stress impacting their lives, focus group participants most commonly cited a lack of employment – and thus difficulty meeting basic needs – and safety. Experiences shared by two participants reflect those of many: “The economy and robberies. We don’t have enough money and then they take it away,” and “Going out at night is stressful because we live in danger of persecution.”

2. High blood pressure, asthma, and obesity are the most frequently reported diagnosed health conditions.

Despite these mostly positive reports of health described above, approximately 40 percent of respondents indicated that they had been diagnosed with one or more chronic health conditions. The most frequently reported health conditions include high blood pressure (27 percent) and asthma (22 percent), followed by obesity (20 percent) and diabetes (19 percent) (see Exhibit 12). A third of respondents reported other health conditions, such as allergies, anemia, arthritis, and high cholesterol.

Exhibit 12. Diagnosed Health Conditions[†] (n=219)

	Percent who have been diagnosed with this condition
Other health condition	33%
High blood pressure	27%
Asthma	22%
Obesity	20%
Diabetes	19%
Heart disease	7%
Cancer	5%
Lung disease	3%

† Percentages do not total 100% because respondents were instructed to select “all that apply.”

- Asthma is the most commonly diagnosed health condition among youth. Of respondents age 15-24 with a health condition, 48 percent reported that they had been diagnosed with asthma.
- Approximately three times as many people living in poverty have diabetes. Thirty-two percent of respondents in poverty have been diagnosed with diabetes, compared to 10 percent of respondents living above the poverty line.
- Higher percentages of people living above the poverty line have been diagnosed with asthma and high blood pressure. Of people living *above* poverty, 26 percent have been diagnosed with asthma and 40 percent with high blood pressure, compared to 13 percent and 24 percent, respectively, of people living *in* poverty. The lower rates of diagnoses among people in poverty are likely due to inadequate access to health care.

3. While the majority of respondents are able to access health care services, the sites at which they receive care (e.g., health clinic or private doctor) are sharply divided by age, race, income, language, and education.

Overall, 47 percent of respondents access health care services at health clinics and 43 percent visit doctors or private workers (see Exhibit 13). Respondents who primarily utilize health clinics were Spanish-speakers (67 percent), Latino (62 percent), living in poverty (59 percent), less educated (59 percent of respondents with a high school education or less) and 25-34 years old (54 percent). Conversely, those who most often visited doctors or private workers are English-speakers (68 percent), white (67 percent) and other races (73 percent), more educated (71 percent of those with some college or more and 69 percent of those with Bachelor’s degree or higher), living above poverty (63 percent), and seniors (53 percent of those 60 years and older).

Exhibit 13. Primary Health Care Site (n=418)

	Percent
Health clinic	47%
Doctor/private worker	43%
Other	6%
Emergency department	4%

Focus group participants expressed frustration with the high costs of health care, especially dental care. They described numerous obstacles that they experienced with Medi-Cal, including the lack of dental coverage, eligibility requirements that do not reflect the costs of living, poor service, and having insurance revoked after slight salary increases. A few participants also noted a dearth of clinics in the area, and some requested more health care facilities in Ashland and Cherryland.

4. Access to affordable produce could be improved for Ashland and Cherryland residents, particularly those living in poverty.

Only 45 percent of people living in poverty and 60 percent of those above poverty reported being able to purchase affordable fresh fruits and vegetables in their neighborhood. Youth also described the lack of access to healthy food, noting that “Anytime you go grocery shopping you have to leave Ashland to San Leandro. . . we have liquor stores, convenience stores, and fast food.”

Focus group participants overwhelmingly said that the key challenges to eating healthy were the high costs of healthy food, reductions in food stamps, and a lack of employment opportunities. Several participants also noted the lack of food banks in Ashland and Cherryland. In the words of one participant:

“We ate healthier when we had [food] stamps as I would buy fruits, vegetables, and cereals.”

- Focus Group Participant

“My experience was that I used to get stamps. I’m a single mother with 3 kids. We ate healthier when we had stamps as I would buy fruits, vegetables, and cereals. The help was taken away because I went over the income limit by a couple of dollars. . . and now the kids don’t eat as many fruits and vegetables. [Now] I have to buy what I need on a daily basis.”

When asked what changes in their community would help them eat more fruits and vegetables, participants most commonly reported revised benefit eligibility requirements that reflect the cost of living, more food banks that are accessible to undocumented immigrants, and nutrition education workshops about how to eat healthy and prepare fresh produce. A few participants also suggested that community gardening would promote health in their neighborhoods, as one described, “Offer gardening courses, have the community come and take a plot of land, and bring ideas and seeds. Once people start getting involved, they’ll reap the benefits.”

Transportation

This section presents findings on how respondents travel to work and school, and their use of public transportation, bicycling, and walking.

KEY HIGHLIGHTS

1. While over half of respondents rely on their car to commute to work or school, nearly a quarter of respondents walk or bike.
2. Fear of crime, distance to destinations, and inadequate infrastructure (e.g., lack of sidewalks and bike lanes) are the top barriers to walking or bicycling. Respondents report that infrastructure improvements that create safer conditions would encourage people to walk and bike more often.
3. The majority of respondents seldom utilize public transportation, and indicate that improvements in safety, lighting, and cleanliness are needed at local BART stations and AC transit.

1. While over half of respondents rely on their car to commute to work or school, nearly a quarter of respondents walk or bike.

Of the 60 percent of respondents who attend school or work outside of the home, over half of respondents drive alone to work or school (52 percent), followed by 22 percent who walk and 12 percent who take public transportation (see Exhibit 14).

The most popular destinations for walking and biking were grocery stores (66 percent) and parks (65 percent), followed by the homes of friends and family (42 percent). Fewer respondents reported walking or biking to a BART station (38 percent), drug store (34 percent), or library (21 percent).

- Latinos, people living in poverty, Spanish-speakers, and people with a high school education or less are more likely to walk and less likely to drive alone.
- Those who report taking public transportation more frequently identify as non-Latino and non-white races³ (20 percent), are living in poverty (16 percent), English-speakers (17 percent), and have a Bachelor's degree or higher (20 percent).

Exhibit 14. Modes of Commute to Work or School (n=263)

	Percent
Drive Alone	52%
Walk	22%
Take public transportation (e.g., BART, bus)	12%
Carpool	8%
Other	4%
Bicycle	2%
Taxi	0.4%

³ This includes respondents who identify as African-American, Asian, Pacific Islander or Native Hawaiian, Alaska Native/American Indian, and mixed race.

2. Fear of crime, distance to destinations, and inadequate infrastructure (e.g., lack of sidewalks and bike lanes) and are the top barriers to walking or bicycling. Respondents report that infrastructure improvements that create safer conditions would encourage people to walk and bike more often.

Across survey respondents and focus group participants, the top reported barriers to walking or bicycling were fear of crime (49 percent) and distance of destinations (42 percent). Other commonly reported barriers relate to infrastructure and traffic issues, and include a fear of car traffic (27 percent), a lack of sidewalks (23 percent), and an insufficient number of bike lanes (18 percent) (see Exhibit 15). In addition to fear of crime, the presence of off-leash dogs was another commonly cited safety concern that deters walking and biking. Focus group participants also described experiences of harassment and violence while walking, and many specifically highlighted challenges of car traffic and insufficient lighting near schools and parks.

Exhibit 15. Top Barriers to Walking and Biking (n=401)

	Percent	
Scared of crime	49%	The greatest percentage of survey respondents identified the following infrastructure improvements as important motivations for them or their family to walk or bike more often: more signs highlighting biking and walking routes (49 percent), better/more sidewalks (43 percent), more bike lanes (37 percent), and more public transit destinations (35 percent) (see Exhibit 16). Another improvement noted by fewer respondents is secure bicycle parking (30 percent). Many focus group participants also
Destination is too far	42%	
Scared of car traffic	27%	
Not enough sidewalks	23%	
Other	19%	
Not enough bike lanes	18%	
I am not physically able to walk or bike	7%	

noted unsafe conditions near schools and parks, and suggested traffic calming measures such as speed bumps, stop signs, and traffic lights.

Exhibit 16. Top Improvements Needed to Promote Walking and Biking (n=401)

	Percent	Reflections from focus groups participants
More signs highlighting biking and walking routes	49%	<i>Make signs people can read . . . there are no signs or you can't read them because they don't cut the trees.</i>
Better/more sidewalks	43%	<i>The walkways need to get some work done, safe sidewalks for kids - Ashland St. going under the bridge is too narrow, kids walk in the road. Not Safe!</i>
More bike lanes	37%	<i>Make areas to specify for bikes only.</i>
More public transit destinations	35%	<i>Nothing goes down to the BART station</i>
Secure bicycle parking	30%	<i>We need bikes but we need a safe environment. . . About two weeks ago my husband rode to BART on his bike. . . He parked the bike at the San Leandro BART. When we came back, his bike was gone.</i>
Other	23%	<i>I'd like to see speed bumps in the streets because cars pass by 162nd very fast and that's close to the school. Cars should be going 15 or 20 miles per hour, but they go 45 or 50 instead.</i>

3. The majority of respondents seldom utilize public transportation, and indicate that improvements in safety, lighting, and cleanliness are needed at local BART stations and AC transit.

While the majority of respondents rarely or never take public transportation (61 percent) (see Exhibit 17), the populations that use transit more frequently are Latino and other races and people living in poverty. As detailed in Exhibit 18, the most common suggestions voiced by survey respondents and focus group participants to promote more frequent use of transit included improvements in safety, lighting, and cleanliness.

Exhibit 17. Frequency of Public Transit Use (n=436)



Exhibit 18. Improvements Needed at Local Transit Systems

Improvement	Transit System	Quotations
More security, lighting, and businesses	Bay Fair and Hayward BART	<i>More street lights and police patrol [are needed]. Overall, during light hours I'm comfortable with the bus system and let my 17 year old son ride the line, but absolutely not at night.</i>
	AC Transit	
Cleaner	Bay Fair and Hayward BART	<i>[They need to] clean up, get rid of birds, [and] minimize the homeless/beggars.</i>
	AC Transit	<i>[Please] keep them clean, remove graffiti immediately and fix/cover the scarring of the glass/benches.</i>
More affordable	Bay Fair and Hayward BART	<i>Family passes (e.g., make it more affordable) [are key]. If the county wants people to use public transportation, then it needs to be less expensive than packing the family into an SUV and driving.</i>
More businesses	Bay Fair and Hayward BART	<i>During peak hours it's safe, but there are so many youngsters that get out of hand. I want to say more BART police but I'm distrustful of that too. It would be nice to have better food and breakfast options near BART for the young people and to draw a more sophisticated crowd to WANT to get public transportation at these locations.</i>
		<i>Less crime [and] better lighting would lead to more and better stores and businesses.</i>
Parking	Bay Fair and Hayward BART	<i>[We need] bigger parking lots and more buses.</i>
Bilingual information	Bay Fair and Hayward BART	<i>[I would like to see more] information and bilingual people.</i>
Improved service	AC Transit	<i>More frequent buses like there used to be would help. It may make me take bus to work.</i>
		<i>More bus stops in Cherryland [are needed].</i>
Seating at bus stops	AC Transit	<i>[We need] benches where you can sit and... cover yourself from the rain.</i>

Community and Retail Services

This section presents findings on the availability of desired services in Ashland and Cherryland.

KEY HIGHLIGHTS

1. Respondents report that there are not enough child care providers, family entertainment establishments, and gyms in Ashland and Cherryland.
2. Respondents would like more libraries, hospitals, and professional services in their communities.
3. Many respondents indicated that there are too many liquor stores and fast food restaurants in Ashland and Cherryland.

1. Respondents report that there are not enough child care providers, family entertainment establishments, and gyms in Ashland and Cherryland.

Nearly three quarters (74 percent) of respondents reported that there were not enough child care providers in Ashland and Cherryland (see Exhibit 19). Specifically, survey respondents and focus group participants discussed the lack of affordable child care and stringent requirements for government assistance, especially for single parents. A lack of family entertainment establishments and gyms or places to exercise were reported by 72 percent and 71 percent, respectively, of respondents. Furthermore, 48 percent of respondents indicated that there were not safe places to exercise in their neighborhood.

Exhibit 19. Top Three Most Requested Services in Ashland and Cherryland

Service	Percent of total respondents reporting “not enough” of service	Differences by respondent group	Quotation
Child care providers	74%	<ul style="list-style-type: none"> Particularly those in poverty, ages 15-24, and ages 60 or older 	<i>A lot of people can't work because they have kids... Like for me, I want to work, but don't have [anybody] to take care of my kids. If I want someone to take care of my kids, I'll be working to pay daycare.</i>
Family entertainment (movie theaters, bowling alleys, etc.)	72%	<ul style="list-style-type: none"> Particularly those with Bachelor's degrees or higher and whites 	<i>[I'd like] more activities for entertainment... for my family in the parks.</i>
Gyms or places to exercise	71%	<ul style="list-style-type: none"> Particularly those with Bachelor's degrees or higher 	<i>If the parks around here are not safe, how are we going to exercise more? How are we going to go out for walks in the evening?"</i> <i>[We need] a community gym so people can access it without paying a cost .</i>

2. Respondents would like more libraries, hospitals, and professional services in their communities.

More than two thirds of respondents (68 percent) reported that there were not enough libraries in Ashland and Cherryland, followed by hospitals or health clinics (66 percent), business services (61 percent), sit down restaurants (57 percent), and parks (55 percent).

Exhibit 20. Additional Services Requested in Ashland and Cherryland

Service	Percent of total respondents reporting “not enough” of service	Differences by respondent group
Libraries	68%	<ul style="list-style-type: none"> Particularly Latinos
Hospitals or health clinics	66%	<ul style="list-style-type: none"> Particularly Latinos, those in poverty, and ages 60 or older
Business/ professional services (legal, accounting, or financial services)	61%	<ul style="list-style-type: none"> Particularly ages 60 or older
Sit down restaurants	57%	<ul style="list-style-type: none"> Particularly whites
Parks	55%	<ul style="list-style-type: none"> Particularly ages 15-24

3. Many respondents indicated that there are too many liquor stores and fast food restaurants in Ashland and Cherryland.

Over half of respondents (57 percent) noted that there are too many liquor stores in their community, and roughly a third (32 percent) noted that there are too many fast food restaurants. Focus group participants also noted that they would like to see fewer of these businesses in their communities.

Exhibit 21. Least Desired Services in Ashland and Cherryland

Service	Percent of total respondents reporting “too many” of service	Differences by respondent group	Quotation
Liquor stores	57%	<ul style="list-style-type: none"> Everyone except those in poverty. Particularly whites, those with Bachelor’s degrees or higher, and ages 60 or older. 	<p><i>The youth go [to liquor stores] and ask an older person to buy beer and cigarettes.</i></p> <p><i>More surveillance [is needed] in the liquor stores because they are selling alcohol to minors.</i></p>
Fast food restaurants	32%	<ul style="list-style-type: none"> Those with Bachelor’s degrees or higher, and ages 15 – 24. 	<p><i>[We need] more... restaurants, not fast food.</i></p> <p><i>All the fast food chains... say \$1 hamburger. They never say \$1 salad.... [I’d like to see] more promotion of healthy food at lower prices.</i></p>

Community Facilities and Programs

KEY HIGHLIGHTS

1. While over three-quarters of respondents currently visit parks in their community, fewer report feeling safe there.
2. Sixty-one percent of respondents report visiting the library, and many note that providing more classes and programs would encourage them to visit more often.
3. The REACH Ashland Youth Center serves a vital role for youth, and youth report that they would benefit from additional college preparation, job training, and social services.

1. While over three-quarters of respondents currently visit parks in their community, fewer report feeling safe there.

Though 77 percent of respondents indicated that they visit parks in their community, only 56 percent of respondents said they felt safe at their neighborhood parks. Survey respondents and focus group participants, such as those quoted below, provided numerous reasons for feeling unsafe at parks located in Ashland and Cherryland.

"Fairmont, by the liquor store. . . It's right on the street, there shouldn't even be a park there [because] cars are coming off the freeway. I've never been there; I wouldn't take my kids there."

"We don't [visit] our local park; there are lots of youth and loose dogs. It's scary for young children."

The top reported concerns were the presence of drugs, gangs, and violence; the parks' proximity to liquor stores and major roadways; and an overall lack of cleanliness. Some also described the dangers posed by off-leash dogs. Among survey respondents, fewer Spanish-speakers (47 percent), Latinos (51 percent), and people with a high school diploma or less reported feeling safe at their neighborhood park.

However, several focus group participants and respondents expressed strong preference for one local park (Meekland Park), noting that "it's really fun; it has its own walking thing for the parents and a play station for kids. While you walk, you can see them playing" and "[It's] the only park I will take my family to... the other parks are either run down or unsafe." However, other parents were not aware that it existed, and thus suggested that more publicity about the parks was needed. Some participants also explained that they "have to go to nicer areas for our children's safety" and listed the parks they drive to outside the area, for example in Castro Valley and San Ramon.

"We don't [visit] our local park; there are lots of youth and loose dogs. It's scary for young children."

- Focus Group Participant

When asked about the programs, facilities, or equipment that would encourage families to visit local parks more often, the vast majority of respondents requested increased safety and cleanliness, followed by recreational activities and events such as sports and games. Other common requests included more play structures for children, exercise equipment, and more restrooms.

2. Sixty-one percent of respondents report visiting the library, and many note that providing more classes and programs would encourage them to visit more often.

While 61 percent of respondents visit the library, library visitation varies by age, education, race, income, and language. Most notably, only 58 percent of those with a high school degree or less visit the library, compared to 70 percent of those with a two-year degree and 81 percent of those with a Bachelor’s degree or higher. Fewer youth ages 15-24 (47 percent), Spanish-speakers (53 percent), Latinos (57 percent), and people in poverty (59 percent) frequent the library.

Among focus groups participants, a key challenge to utilizing libraries was a lack of access due to a number of factors, including lack of facilities in Ashland and Cherryland, limited hours of available facilities, and the additional costs of using libraries in neighboring cities. Some families mentioned that they rent books from a mobile library van, which they noted was convenient but crowded.

When asked what programs or services would encourage their families to visit libraries, survey respondents most commonly described tutoring programs, programs and events for children, and English language and computer classes. Many also mentioned the need for a library closer to where they live, and free access to other libraries in the area. Some also requested a larger selection of books, particularly in Spanish.

3. The REACH Ashland Youth Center serves a vital role for youth, and youth report that they would benefit from additional college preparation, job training, and social services.

Survey respondents and focus group participants highlighted the REACH Ashland Youth Center as an important resource for youth. As described by two participants, it is “the only real resource that has everything. Not just activities and games; they [also] help you with homework, they have jobs, and arts and crafts” and “The response to the new facility has been tremendous and clearly demonstrates that these services are desperately needed in our community. Provide more!” Respondents also outlined additional programs and services needed by youth; these are described in Exhibit 22.

Exhibit 22. Additional Programs and Services Needed by Youth

Program and support	Reflections from focus groups participants and survey respondents
Sports programs and recreational activities	<i>[I'd like to see more] sports security and programs that help youth so that they do not go and do bad things outside of the parks like smoking and drinking alcohol.</i>
Social services (e.g., support with basic needs, counseling)	<i>Think about it - I'm 15 at the house, I have no food to eat, my mom's not home. The last thing I think about is school. My mind is on nothing else but how I will get past the next day.</i>
Health and violence prevention education	<i>[I'd like] education programs for parents about drug prevention, and chats for young people about sex education.</i>
Mentorship programs	<i>Let's have more discussions on lowering the crime rate! Let's get some folks who turned their lives around and are doing well to speak to the youth - someone the kids can relate to. There are very few Latino male role models for these young boys growing up - let's get more representation.</i>
Employment and job training	<i>[We need] career readiness programs and job placement agencies.</i>
College preparation programs (e.g., advising, workshops, college fairs, fieldtrips)	<i>I'm a senior in high school and I feel school is trying to get you ready, but now that I'm about to go to college I have unanswered questions. . . . I feel we should have college nights where people . . . can come here and get college advising.</i>

Basic Needs and Social Environment

This section presents findings related to basic needs.

KEY HIGHLIGHTS

1. More than one in four respondents went without at least one basic need such as food, dental care, and health care in the last year.
2. Nearly a third of respondents experienced housing insecurity in the last twelve months.
3. The majority of respondents do not know where to get support services.

1. More than one in four respondents went without at least one basic need such as food, dental care, and health care in the last year.

Overall, 27 percent of respondents went without basic needs in the last year. Those who went without basic needs were more likely to be living in poverty (45 percent), younger and middle age (30 percent of age 15-24, 32 percent of 25-34, and 28 percent of 35-59, compared to 10 percent of seniors), and Latino (29 percent) and other races (32 percent). In explaining the difficulty some face in meeting their basic needs, many focus group participants described the financial challenges associated with working low-wage jobs but not meeting eligibility requirements for federal benefits. As stated by one participant: “If you work and make an income, you don’t qualify [for government benefits], but your income is below the living standard.”

Over half of respondents – 52 percent – who went without basic needs experienced a lack of dental care in the last year, and 43 percent went without health care. The experiences of focus group participants echoed these findings, as two participants noted: “Dental care is the main thing, kids get care, we don’t get anything. If your teeth go, they just go” and “There’s some access to health care, but adults don’t have access to dental. I don’t know what the government is thinking; when you get to a certain age you don’t have access to dental.”

A similarly high percentage of respondents went without food or faced limited food choices (49 percent).

2. Nearly a third of respondents experienced housing insecurity in the last twelve months.

When asked what basic needs they went without in the last twelve months, 32 percent of respondents indicated that they went without rent or housing, and 31 percent went without child care in the last year. Greater percentages of Latinos and other races went without rent and child care. While 42 percent of other races and 32 percent of Latinos went without rent in the last twelve months, only 13 percent of whites were in similar situations. Additionally, 34 percent of Latinos and 29 percent of other races went without child care, while no whites reported lacking child care. One focus group participant provided insight into the childcare challenges that single, working parents experience:

“I’m a single mom of three, I study, work and am a mom. . . if I ask for help, I don’t qualify anymore. For child care, the government offers a program through Calworks that pays a babysitter. But since I don’t qualify for Medi-Cal I don’t qualify for Calworks. . . They should see we’re single moms and have low incomes and for a few bucks we don’t qualify and that affects us a lot.”

3. The majority of respondents do not know where to get support services.

Only 27 percent of respondents who went without basic needs in the last 12 months reported knowing where to go to get support. Far fewer youth – 13 percent – reported knowing where to get support for their basic needs. Among Latinos and other races, awareness of available support was also lower than among whites. One-quarter of Latinos and 30 percent of other races indicated that they knew where to get support, as compared to 43 percent of whites.

Additional Community Needs

In addition to the needs detailed throughout this report, interview participants and survey respondents identified several other community needs, displayed in the exhibit below.

Exhibit 23. Additional Programs and Services Needed by Community Members

Community Need	Reflections from Interviewees
Programs for young children	<i>We need activities for younger kids ages 10 and under so that we can be involved with them as well.</i>
	<i>Open a program for younger kids, to have some activities like maybe dancing.</i>
	<i>Exposing kids to programs like Reach at a younger age. Some still hang out at the parking lot, so why stop now. For the younger kids, there isn't much offered.</i>
Job training and employment	<i>[We need] trainings for people who want to work, like workshops to teach people job skills, because many people want to work but don't have those skills.</i>
Legal support	<i>Speaking from personal experience... you go and apply [for jobs], and since you don't have a good social security number, they won't give you the job. The only thing they say is they'll call later. They don't call because there is no good social security number.</i>
	<i>This is dependent on immigration reform. At least let's get a social security number for... people to get jobs.</i>
Family/ community center	<i>It starts in the home, a family center. That teaches if a parent is humble enough to take the class, things they'd need to make their life more stable for their family.</i> <i>Place for everyone to spend time together and do activities together. A big community center, for San Leandro and San Lorenzo too. They can have workshops and feel emotionally positive. To eat healthy, programs for how to eat and cook a different way. We have different cultures and nationalities, in Mexico we eat a lot of meat and don't see many vegetables.</i>

Recommendations

This report provides important insights into the strengths and challenges of living in Ashland and Cherryland, with a focus on how the findings can inform the development of the communities' Health and Wellness General Plan Element. Therefore, the following recommendations identify opportunities for Alameda County, community partners, and residents to create and strengthen healthy, safe, and vibrant communities while enhancing the quality of life in Ashland and Cherryland.

- **Contribute to improved public safety by making infrastructure improvements – including more lighting and sidewalks – and implementing pedestrian safety measures.** Though survey respondents and focus group participants generally feel safe walking in their communities during the day, they repeatedly emphasized their lack of safety at night. To address this and promote active transportation (e.g., walking and biking) to parks, jobs, and services, they highlighted the need for more street lights, sidewalks, signage, and traffic calming measures, as well as more secure bicycle parking and stricter enforcement of leash laws.
- **Increase public transit access, affordability, safety, lighting and cleanliness.** Currently, low usage of public transit – 61 percent of respondents rarely or never take public transportation – indicates that improvements in transit are needed. Respondents most commonly report that improvements in safety, lighting, and cleanliness at AC Transit and Bay Fair and Hayward BART stations are needed. Increased affordability, parking, and bilingual information is recommended to increase BART ridership, while improved service and seating at bus stops would promote usage of AC Transit.
- **Improve access to affordable fresh produce.** Respondents identified numerous challenges that they faced in accessing affordable fresh produce, and reported that revisions to government benefit eligibility requirements, more food banks, community gardens, and nutrition education classes would help them eat healthier.
- **Provide clean places to exercise and implement health programming.** In order for families to safely walk and play in their neighborhoods, respondents requested improvements in the safety and cleanliness of local parks. Furthermore, respondents noted that providing family-friendly health programming and entertainment at parks would help promote physical activity and foster community cohesion.
- **Strengthen access to dental and health care.** Data indicate notable gaps in consistent dental and health care among respondents both in poverty and above the poverty line. To address this, outreach about available resources and support, more health care facilities, and improved insurance coverage, particularly for undocumented residents, are needed.
- **Enhance services for youth, particularly higher education preparation and employment training programs.** The majority of focus group participants and survey respondents reported that youth would benefit from programs to prepare them for college, train them for jobs, and connect them to needed social services. In addition, a number of respondents noted that sports and recreation activities, mentorship programs, and health and violence prevention education would help youth

maintain healthy lifestyles and promote positive community involvement.

- **Prioritize the needs of communities in poverty, low-income communities and communities of color to promote equitable health outcomes.** Analyses of survey and focus group data demonstrate striking disparities across measures of health and quality of life among low-income communities, poor communities, and communities of color. It is therefore essential that the needs of these communities be prioritized in the development of policy frameworks to improve the health of all Ashland and Cherryland residents.
- **Create accessible, culturally-appropriate outreach materials to inform community members of available resources for key needs such as dental care, health care, food, housing, and child care.** Lack of awareness about where to go for support services was a challenge cited by nearly three-quarters of respondents who were not able to meet one or more of their basic needs in the last year. Therefore, increased outreach about available social services, especially to youth, Spanish-speakers, Latinos, and other people of color, would help ensure that residents' basic needs are met.
- **Explore comprehensive crime prevention strategies.** Crime and violence were the key barriers to walking, visiting local parks that respondents reported. Survey respondents and focus group participants identified several strategies to reduce crime, including increasing police patrol and responsiveness, implementing neighborhood watch programs, and increasing access to social services.
- **Expand the availability of affordable housing.** Respondents clearly expressed a need for affordable housing, as only 16 percent of respondents indicated that affordable housing was available in their neighborhood, and 32 percent of respondents went without rent in the last year. It is recommended that efforts to ensure that affordable housing is available and accessible to all residents incorporate an assessment of the conditions underlying racial disparities in perceived availability of affordable housing, such as language barriers or systemic discrimination.

Appendix: Survey data

Respondent Demographics

Exhibit 1. Primary language spoken at home (n=399)

	Frequency	Percent
English	161	40%
Spanish	229	57%
Other	9	2%

If other, specify other language:

- Cantonese
- Ilokano
- Tagalog (n=2)
- Vietnamese (n=2)

Exhibit 2. Respondent country of birth (n=443)

	Frequency	Percent
United States	192	43%
Other	251	57%

If other, specify country:

- | | | |
|----------------------|-------------------|---------------------|
| ■ Cambodia | ■ Honduras (n=4) | ■ Panama |
| ■ China (n=2) | ■ Jerusalem | ■ Peru (n=9) |
| ■ Colombia | ■ Liberia | ■ Philippines (n=6) |
| ■ El Salvador (n=20) | ■ Mexico (n=166) | ■ Portugal (n=3) |
| ■ Germany | ■ Morocco | ■ Salvador (n=3) |
| ■ Guatemala (n=9) | ■ Nicaragua (n=5) | ■ Vietnam |

Exhibit 3. Respondent age (n=430)

	Frequency	Percent
15-19 years	28	7%
20-24 years	32	7%
25-34 years	118	27%
35-44 years	119	28%
45-54 years	56	13%
55-59 years	25	6%
60-64 years	20	5%
65+	32	7%

Exhibit 4. Respondent race/ethnicity[†] (n=444)

	Frequency	Percent
Alaska Native/ American Indian	1	0.2%
Asian	14	3%
Black/ African American	29	7%
Hispanic/ Latino	297	67%
Pacific Islander or Native Hawaiian	5	1%
White	63	14%
Mixed race	29	7%
Other	6	1%

[†] Percentages do not total 100% because respondents were instructed to select “all that apply.”

If other, specify race:

- Liberian
- Filipino
- Jamaican

Exhibit 5. Family household income (n=264)[†]

	Frequency	Percent
Less than \$10,000	44	17%
\$10,000 to \$14,999	33	13%
\$15,000 to \$24,999	56	21%
\$25,000 to \$34,999	40	15%
\$35,000 to \$49,999	25	9%
\$50,000 to \$74,999	36	14%
\$75,000 to \$99,999	20	8%
\$100,000+	10	4%

[†] The U. S. Census Bureau’s 2007-2011 American Community Survey 5-Year Estimates of the average household size in Ashland and Cherryland is 3 persons. The 2013 Federal Poverty Level for a three person household is \$19,530.

Exhibit 6. Highest grade or year of school completed (n=417)

	Frequency	Percent
Less than high school	124	30%
High school diploma or GED (General Education Development)	164	39%
Attended college but no degree	52	12%
AA (Associate’s degree) or vocational certificate or two- year degree	32	8%
Bachelor’s degree or other college four-year degree	30	7%
Graduate or Master’s degree	15	4%

Exhibit 7. Reported Neighborhood⁴ (n=430)

	Frequency	Percent
Cherryland	215	50%
Ashland	175	41%
Other	40	9%

If other, specify:

- Castro Valley
- Fremont
- Hayward
- Oakland
- San Leandro (n=16)
- San Lorenzo (n=2)
- San Ramon

Exhibit 8. Length of residence in Ashland/Cherryland (n=423)

	Frequency	Percent
Less than a year	33	8%
1-3 years	114	27%
4-6 years	95	22%
7-9 years	58	14%
10+	123	29%

Exhibit 9. Do you own or rent your home? (n=444)

	Frequency	Percent
I own my home	87	20%
I rent my home	332	75%
N/A	25	6%

If N/A, please explain:

- Homeless
- I am an adolescent
- My mom rents where we live
- No stable housing
- Rent apartment (n=2)
- Staying with family (n=2)

⁴ This includes all respondents whose home or work address was located in Ashland or Cherryland.

Exhibit 10. What is your employment status? (n=405)

	Frequency	Percent
Full- time	155	38%
Part-time	58	14%
Retired	34	8%
Looking for work/unemployed	92	23%
Student	39	10%
Other	27	7%

If other, specify other employment status:

- Disabled (n=5)
- Housewife (n=4)
- Injured
- Private practice
- Self-employed (n=2)
- SSI
- Stay at home mom (n=3)
- Temporary
- Volunteer at food bank

Neighborhood Characteristics

Exhibit 11. Please rate your agreement/disagreement with the following statements

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I know most of my neighbors. (n=447)	11% (50)	32% (143)	26% (114)	24% (109)	7% (31)
I trust the people in my neighborhood. (n=446)	7% (32)	23% (102)	34% (152)	26% (114)	10% (46)
I feel safe walking in my neighborhood during the day. (n=444)	12% (55)	45% (199)	21% (92)	15% (68)	7% (30)
I feel safe walking in my neighborhood after dark. (n=439)	5% (21)	17% (75)	21% (92)	34% (151)	23% (100)
My neighborhood is well lit after dark (e.g., the streetlights are sufficient). (n=448)	6% (27)	20% (91)	25% (114)	32% (142)	17% (74)
My neighborhood is a healthy place to live. (n=446)	4% (20)	33% (145)	35% (157)	19% (84)	9% (40)
My neighborhood is a safe place to grow up or raise children. (n=447)	5% (23)	30% (136)	33% (148)	22% (99)	9% (41)
Houses in my neighborhood are generally well-maintained. (n=441)	4% (17)	31% (136)	34% (150)	23% (102)	8% (36)
My neighborhood has a lot of abandoned homes and/or buildings. (n=443)	4% (16)	13% (56)	25% (111)	46% (204)	13% (56)
Affordable housing is available in my neighborhood. (n=421)	4% (16)	12% (50)	37% (156)	29% (122)	18% (77)
My neighborhood does not have any vandalism and graffiti. (n=445)	4% (20)	21% (95)	20% (87)	34% (153)	20% (90)
My neighborhood does not have any litter. (n=448)	4% (16)	18% (81)	20% (89)	34% (152)	25% (110)

Exhibit 12. Strongly agree/agree with the following statements by age (n=401-426)

	15-24 years (n=58-60)		25-34 years (n=106-118)		35-59 years (n=188-198)		60+ years (n=49-52)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
I know most of my neighbors.	15	25%	42	36%	102	53%	25	48%
I trust the people in my neighborhood.	7	12%	28	25%	72	36%	20	39%
I feel safe walking in my neighborhood during the day.	28	47%	66	56%	113	59%	33	63%
I feel safe walking in my neighborhood after dark.	11	18%	19	17%	48	25%	16	31%
My neighborhood is well lit after dark (e.g., the streetlights are sufficient).	12	20%	19	16%	57	29%	23	44%
My neighborhood is a healthy place to live.	14	24%	39	34%	76	39%	24	47%
My neighborhood is a safe place to grow up or raise children.	16	27%	36	31%	76	39%	20	38%
Houses in my neighborhood are generally well-maintained.	13	22%	43	38%	67	35%	23	45%
My neighborhood has a lot of abandoned homes and/or buildings.	9	15%	13	11%	36	19%	10	20%
Affordable housing is available in my neighborhood.	6	10%	11	10%	34	18%	13	27%
My neighborhood does not have any vandalism and graffiti.	11	19%	28	24%	55	28%	15	29%
My neighborhood does not have any litter.	10	17%	22	19%	45	23%	13	25%

Exhibit 13. Strongly agree/agree with the following statements by race (n=412-439)

	Latino (n=272-293)		White (n=59-63)		Other (n=81-84)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
I know most of my neighbors.	119	41%	36	59%	35	42%
I trust the people in my neighborhood.	89	31%	21	34%	22	27%
I feel safe walking in my neighborhood during the day.	153	53%	43	72%	51	61%
I feel safe walking in my neighborhood after dark.	51	18%	17	27%	27	33%
My neighborhood is well lit after dark (e.g., the streetlights are sufficient).	77	26%	18	29%	21	25%
My neighborhood is a healthy place to live.	115	39%	16	26%	30	37%
My neighborhood is a safe place to grow up or raise children.	104	36%	17	27%	34	41%
Houses in my neighborhood are generally well-maintained.	103	36%	19	31%	29	35%
My neighborhood has a lot of abandoned homes and/or buildings.	41	14%	13	21%	17	21%
Affordable housing is available in my neighborhood.	32	12%	14	24%	20	25%
My neighborhood does not have any vandalism and graffiti.	75	26%	13	21%	22	26%
My neighborhood does not have any litter.	73	25%	1	2%	19	23%

Exhibit 14. Strongly agree/agree with the following statements by income (n=250-262)

	Above poverty (n=124-131)		Below poverty (n=123-132)	
	Frequency	Percent	Frequency	Percent
I know most of my neighbors.	66	51%	55	42%
I trust the people in my neighborhood.	39	30%	44	34%
I feel safe walking in my neighborhood during the day.	80	63%	76	59%
I feel safe walking in my neighborhood after dark.	28	22%	22	18%
My neighborhood is well lit after dark (e.g., the streetlights are sufficient).	26	20%	35	27%
My neighborhood is a healthy place to live.	40	31%	49	38%
My neighborhood is a safe place to grow up or raise children.	40	31%	52	40%
Houses in my neighborhood are generally well-maintained.	40	31%	41	33%
My neighborhood has a lot of abandoned homes and/or buildings.	23	18%	20	16%
Affordable housing is available in my neighborhood.	35	28%	17	13%
My neighborhood does not have any vandalism and graffiti.	29	22%	29	22%
My neighborhood does not have any litter.	20	15%	23	18%

Exhibit 15. Strongly agree/agree with the following statements by language (n=376-386)

	English (n=154-160)		Spanish (n=212-227)	
	Frequency	Percent	Frequency	Percent
I know most of my neighbors.	76	48%	95	42%
I trust the people in my neighborhood.	50	32%	67	30%
I feel safe walking in my neighborhood during the day.	105	66%	114	51%
I feel safe walking in my neighborhood after dark.	47	30%	34	16%
My neighborhood is well lit after dark (e.g., the streetlights are sufficient).	43	27%	65	29%
My neighborhood is a healthy place to live.	53	34%	86	38%
My neighborhood is a safe place to grow up or raise children.	53	33%	83	37%
Houses in my neighborhood are generally well-maintained.	54	34%	73	33%
My neighborhood has a lot of abandoned homes and/or buildings.	31	20%	34	15%
Affordable housing is available in my neighborhood.	33	21%	27	13%
My neighborhood does not have any vandalism and graffiti.	38	24%	61	27%
My neighborhood does not have any litter.	24	15%	61	27%

Exhibit 16. Strongly agree/agree with the following statements by location (n=620-660)

	Ashland/Cherryland resident/worker (n=421-448)		Non-Ashland/Cherryland resident/worker (n=207-212)	
	Frequency	Percent	Frequency	Percent
I know most of my neighbors.	193	43%	95	45%
I trust the people in my neighborhood.	134	30%	71	34%
I feel safe walking in my neighborhood during the day.	254	57%	128	62%
I feel safe walking in my neighborhood after dark.	96	22%	46	22%
My neighborhood is well lit after dark (e.g., the streetlights are sufficient).	118	26%	59	28%
My neighborhood is a healthy place to live.	165	37%	81	38%
My neighborhood is a safe place to grow up or raise children.	159	36%	87	41%
Houses in my neighborhood are generally well-maintained.	153	35%	92	44%
My neighborhood has a lot of abandoned homes and/or buildings.	72	16%	48	23%
Affordable housing is available in my neighborhood.	66	16%	31	16%
My neighborhood does not have any vandalism and graffiti.	115	26%	77	37%
My neighborhood does not have any litter.	97	22%	66	31%

Exhibit 17. Strongly agree/agree with the following statements by education (n=363-390)

	High school or less (n=249-266)		Some college/ 2-year degree (n=73-81)		Bachelor's or higher (n=41-44)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
I know most of my neighbors.	112	42%	36	45%	22	51%
I trust the people in my neighborhood.	85	32%	22	28%	12	28%
I feel safe walking in my neighborhood during the day.	143	55%	50	63%	31	72%
I feel safe walking in my neighborhood after dark.	47	18%	21	27%	13	30%
My neighborhood is well lit after dark (e.g., the streetlights are sufficient).	74	28%	18	22%	10	23%
My neighborhood is a healthy place to live.	105	40%	26	32%	11	26%
My neighborhood is a safe place to grow up or raise children.	102	39%	22	27%	12	27%
Houses in my neighborhood are generally well-maintained.	88	34%	31	39%	15	36%
My neighborhood has a lot of abandoned homes and/or buildings.	39	15%	17	21%	9	21%
Affordable housing is available in my neighborhood.	33	13%	13	18%	13	32%
My neighborhood does not have any vandalism and graffiti.	63	24%	21	26%	11	25%
My neighborhood does not have any litter.	60	23%	15	19%	9	20%

Exhibit 18. What would make you feel safer in your neighborhood?† (n=436)

	Frequency	Percent
More street lights	331	76%
More sidewalks	161	37%
More businesses	107	25%
More social services	187	43%
More community policing	294	67%
Seeing more people out at night	158	36%
Other	74	17%

† Percentages do not total 100% because respondents were instructed to select “all that apply.”

If other, specify other:

Transportation and bicycle and pedestrian safety

- More stop signs (n=2)
- A lot of people drive at a fast speed in their cars and that they police pay more attention to vandalism and to also pay attention to people who do not have driver's licenses.

- Make community pedestrian friendly crossing. Mission Blvd is dangerous especially at night. More lighted crosswalks on Mission Blvd in Cherryland
- Slower speed limits on small streets
- Speed bumps or street lights
- The streets more fixed
- Streets with holes if they could fill them because there are a lot of flat tires. Better pavement! More stop lights/ red lights.
- Sidewalks and streetlights on Lewelling Blvd between Meekland and Mission; I live in Ravenwood East townhomes, where I feel safe only because it is a fairly isolated neighborhood, but I wouldn't walk around on Lewelling at all.
- The street lights between Hampton and Medford is not adequate for the length of the street. There are sections where it is extremely dark at night and you would not want to walk there.
- Traffic calming for 163rd Ave between 580 and E. 14th. With no continuous sidewalks and the excessive rate of speed cars drive on this street it is only a matter of time until someone is killed. Children have to walk in the street to get to school, disabled citizens also have to be in the street to traverse the neighborhood by foot. Stop signs, roundabouts, traffic calming circles, something needs to be installed along this street! I purposefully do not walk in my neighborhood because of this issue.

Community programs, services, and engagement

- Block Parties
- Gathering spaces, community gardens, coffee shops, book store
- If parents would supervise their children while playing on the streets.
- More activities for the kids
- More community, family events
- More friendly people
- More enrichment activities for children, youth, young adults and families (including sports, social, arts, and library activities)
- Have better neighbors / unity in the neighborhood
- To have a community center for different groups so that they can come together
- To have our community center so we can get together and get to know more people
- More "family" people out at night. There are plenty of teens and questionable adults out and about. Social services do not improve a neighborhood but rather promote its decline as the type of people who gather near services NEVER add a positive element to the quality of life in the area, e.g., section 8 housing simply injects people who generally bring their issues with them and deteriorates the local area... contrary to County beliefs.

Land use and cleanliness

- More gardens and parks
- Conversion of "empty" lots to small parks
- Better streets
- More trash cans, frequent street cleaning of trash and graffiti
- Clean the streets , see less trash (n=3)
- Get rid of all the dirt bags in section 8 apartments. There's drugs, fireworks, loud music, fighting, and loud arguing in the apartments on 164/165th ave. People literally stop at a stop sign and throw all their

garbage out of their vehicles.

Security and police

- More personal security and more security for the home
- More police patrol, especially at night: Less transient activity, less litter.
- More security/police (n=8)
- If the police was gone
- more security in the parks and schools
- Keep criminals in jail and quit releasing the druggies back on the streets. ""Diversion "" does not work, when the druggie is on the third or fourth round.
- School more secure for the kids
- Having Police actually respond to noise complaints! Having neighbors not play loud music all the time. Also dog walkers could pick up their dog's waste but that is secondary to the noise
- Housing at lower prices, more public transportation, better medical services
- Supervision in the apartments
- Supervision to Property Management
- Surveillance/cameras (n=2)
- Control the vandalism more
- Less daily crimes and drug/gang related activities
- We have a drug problem in this neighborhood and the only way we will be safe is if this is ended. It probably won't be--but at least we can recognize the source of the problems and violence.
- No group homes, mental homes, or 1/2 way houses (n=2)
- There are a lot of homeless people behind my house
- Get rid of low income housing and section 8
- Less adolescents in a group on the sidewalk

Housing

- Cheaper apartment rent
- More lower priced homes

Other

- More bus stops
- Code Enforcement
- County following their in place rules now

Exhibit 19. What would make you feel safer in your neighborhood by age (n=414)

	15-24 years (n=58)		25-34 years (n=116)		35-59 years (n=191)		60+ years (n=49)	
	Frequency	Percent	Percent	Frequency	Percent	Percent	Frequency	Percent
More street lights	51	88%	89	77%	143	75%	31	63%
More sidewalks	20	34%	36	31%	78	41%	18	37%
More businesses	16	28%	25	22%	44	23%	16	33%
More social services	23	40%	50	43%	92	48%	17	35%
More community policing	31	53%	73	63%	144	75%	35	71%
Seeing more people out at night	25	43%	33	28%	72	38%	19	39%
Other	11	19%	9	8%	38	20%	11	22%

Exhibit 20. What would make you feel safer in your neighborhood by race (n=427)

	Latino (n=286)		White (n=59)		Other (n=82)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
More street lights	217	76%	41	69%	65	79%
More sidewalks	102	36%	28	47%	27	33%
More businesses	59	21%	15	25%	29	35%
More social services	129	45%	19	32%	34	41%
More community policing	208	73%	37	63%	43	52%
Seeing more people out at night	108	38%	21	36%	25	30%
Other	35	12%	23	39%	14	17%

Exhibit 21. What would make you feel safer in your neighborhood by income (n=254)

	Above poverty (n=126)		Below poverty (n=128)	
	Frequency	Percent	Frequency	Percent
More street lights	87	69%	100	78%
More sidewalks	47	37%	59	46%
More businesses	37	67%	35	61%
More social services	44	35%	70	55%
More community policing	84	67%	101	79%
Seeing more people out at night	49	39%	57	45%
Other	32	25%	18	14%

Exhibit 22. What would make you feel safer in your neighborhood by language (n=374)

	English (n=154)		Spanish (n=220)	
	Frequency	Percent	Frequency	Percent
More street lights	114	74%	166	75%
More sidewalks	57	37%	82	37%
More businesses	45	29%	48	22%
More social services	57	37%	98	45%
More community policing	85	55%	164	75%
Seeing more people out at night	48	31%	90	41%
Other	36	23%	28	13%

Exhibit 23. What would make you feel safer in your neighborhood by location (n=642)

	Ashland/Cherryland resident/worker (n=436)		Non-Ashland/Cherryland resident/worker (n=206)	
	Frequency	Percent	Frequency	Percent
More street lights	331	76%	148	72%
More sidewalks	161	37%	73	35%
More businesses	107	25%	43	21%
More social services	187	43%	77	37%
More community policing	294	67%	128	62%
Seeing more people out at night	158	36%	75	36%
Other	73	17%	40	19%

Exhibit 24. What would make you feel safer in your neighborhood by education (n=382)

	High school or less (n=261)		Some college/2-year degree (n=77)		Bachelor's or higher (n=44)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
More street lights	201	77%	59	77%	29	66%
More sidewalks	95	36%	23	30%	18	41%
More businesses	54	21%	18	23%	17	39%
More social services	118	45%	29	38%	18	41%
More community policing	182	70%	52	68%	28	64%
Seeing more people out at night	90	55%	26	62%	21	59%
Other	35	13%	16	21%	15	34%

Health and Wellness

Exhibit 25. How would you rate your overall health? (n=441)

	Frequency	Percent
Excellent	70	16%
Good	239	54%
Fair	114	26%
Poor	18	4%

Exhibit 26. How would you rate your overall health by age (n=419)

	15-24 years (n=58)		25-34 years (n=117)		35-59 years (n=194)		60+ years (n=50)	
	Frequency	Percent	Percent	Frequency	Percent	Percent	Frequency	Percent
Excellent	15	26%	11	14%	29	15%	4	8%
Good	27	47%	72	62%	106	55%	26	52%
Fair	14	24%	28	24%	48	25%	16	32%
Poor	2	3%	1	1%	11	6%	4	8%

Exhibit 27. How would you rate your overall health by race (n=433)

	Latino (n=288)		White (n=62)		Other (n=83)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Excellent	40	14%	14	23%	14	17%
Good	149	52%	35	56%	51	61%
Fair	85	30%	11	18%	16	19%
Poor	14	5%	2	3%	2	2%

Exhibit 28. How would you rate your overall health by income (n=258)

	Above poverty (n=129)		Below poverty (n=129)	
	Frequency	Percent	Frequency	Percent
Excellent	25	19%	15	12%
Good	82	64%	59	46%
Fair	19	15%	44	34%
Poor	3	2%	11	9%

Exhibit 29. How would you rate your overall health by language (n=379)

	English (n=158)		Spanish (n=221)	
	Frequency	Percent	Frequency	Percent
Excellent	30	19%	29	13%
Good	91	58%	115	52%
Fair	32	20%	65	29%
Poor	5	3%	12	5%

Exhibit 30. How would you rate your overall health by location (n=652)

	Ashland/Cherryland resident/worker (n=441)		Non-Ashland/Cherryland resident/worker (n=211)	
	Frequency	Percent	Frequency	Percent
Excellent	70	16%	31	15%
Good	239	54%	106	50%
Fair	114	26%	61	29%
Poor	18	4%	13	6%

Exhibit 31. How would you rate your overall health by education (n=388)

	High school or less (n=265)		Some college/2-year degree (n=79)		Bachelor's or higher (n=44)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Excellent	28	11%	21	27%	7	16%
Good	139	52%	43	54%	31	70%
Fair	84	32%	13	16%	5	11%
Poor	14	5%	2	3%	1	2%

Exhibit 32. Has a health care provider ever diagnosed you with any of the following health problems?† (n=219)

	Frequency	Percent
Diabetes	41	19%
Heart disease	15	7%
Obesity	43	20%
Asthma	49	22%
High blood pressure	59	27%
Cancer	10	5%
Lung disease	6	3%
Other	73	33%

† Percentages do not total 100% because respondents were instructed to select “all that apply.”

If other, specify other health problem:

- Allergies (n=3)
- Allergies and changes in climate
- Anemia (n=2)
- Anxiety and panic attacks
- Arthritis / osteoporosis (n=3)
- Back pain(n=2)
- Blood thickening, high blood pressure, high cholesterol, bad vision, need glasses, need dentist (bad dentures).
- Bronchitis
- Dental issues
- Glucose?
- Hepatitis C (n=2)
- High cholesterol (n=3)
- Hernias
- High blood pressure
- Insomnia
- Kidney Dialysis
- Lupus
- Migraines
- PMR
- Prediabetic
- Skin cancer on ear
- Stroke
- Stress
- Swelling in legs
- Thyroid

Exhibit 33. Has a health care provider ever diagnosed you with any of the following health problems by age (n=210)

	15-24 years (n=29)		25-34 years (n=44)		35-59 years (n=97)		60+ years (n=40)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Diabetes	5	17%	5	11%	17	18%	13	33%
Heart disease	2	7%	0	0%	6	6%	6	15%
Obesity	1	3%	9	20%	26	27%	3	8%
Asthma	14	48%	12	27%	12	12%	6	15%
High blood pressure	1	3%	8	18%	31	32%	17	43%
Cancer	0	0%	1	2%	6	6%	3	8%
Lung disease	0	0%	0	0%	3	3%	3	8%
Other	9	31%	16	36%	32	33%	13	33%

Exhibit 34. Has a health care provider ever diagnosed you with any of the following health problems by race (n=216)

	Latino (n=134)		White (n=38)		Other (n=44)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Diabetes	29	22%	5	13%	6	14%
Heart disease	10	7%	2	5%	2	5%
Obesity	28	21%	7	18%	6	14%
Asthma	25	19%	10	26%	12	27%
High blood pressure	25	19%	13	34%	20	45%
Cancer	4	3%	3	8%	3	7%
Lung disease	5	4%	1	3%	0	0%
Other	51	38%	10	26%	12	27%

Exhibit 35. Has a health care provider ever diagnosed you with any of the following health problems by income (n=138)

	Above poverty (n=70)		Below poverty (n=68)	
	Frequency	Percent	Frequency	Percent
Diabetes	7	10%	22	32%
Heart disease	2	3%	5	7%
Obesity	17	24%	14	21%
Asthma	18	26%	9	13%
High blood pressure	28	40%	16	24%
Cancer	3	4%	4	6%
Lung disease	0	0%	3	4%
Other	10	14%	16	24%

Exhibit 36. Has a health care provider ever diagnosed you with any of the following health problems by language (n=193)

	English (n=93)		Spanish (n=100)	
	Frequency	Percent	Frequency	Percent
Diabetes	15	16%	21	21%
Heart disease	5	5%	7	7%
Obesity	15	16%	25	25%
Asthma	27	29%	17	17%
High blood pressure	35	38%	18	18%
Cancer	7	8%	3	3%
Lung disease	2	2%	3	3%
Other	24	25%	40	40%

Exhibit 37. Has a health care provider ever diagnosed you with any of the following health problems by location (n=339)

	Ashland/Cherryland resident/worker (n=219)		Non-Ashland/Cherryland resident/worker (n=120)	
	Frequency	Percent	Frequency	Percent
Diabetes	41	19%	25	21%
Heart disease	15	7%	7	6%
Obesity	43	20%	24	20%
Asthma	49	22%	26	22%
High blood pressure	59	27%	17	14%
Cancer	10	5%	5	4%
Lung disease	6	3%	4	3%
Other	35	16%	17	14%

Exhibit 38. Has a health care provider ever diagnosed you with any of the following health problems by education (n=191)

	High school or less (n=129)		Some college/2-year degree (n=37)		Bachelor's or higher (n=25)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Diabetes	22	17%	5	14%	5	20%
Heart disease	6	5%	2	5%	2	8%
Obesity	28	22%	4	11%	7	28%
Asthma	27	21%	5	14%	6	24%
High blood pressure	25	19%	15	41%	13	52%
Cancer	4	3%	2	5%	3	12%
Lung disease	3	2%	1	3%	0	0%
Other	46	36%	12	32%	4	16%

Exhibit 39. How often do you experience stress or anxiety in your daily life? (n=441)

	Frequency	Percent
Never	72	16%
Rarely	84	19%
Sometimes	185	42%
Often	100	23%

Exhibit 40. How often do you experience stress or anxiety in your daily life by age (n=418)

	15-24 years (n=59)		25-34 years (n=113)		35-59 years (n=194)		60+ years (n=52)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	6	10%	20	18%	35	18%	7	13%
Rarely	10	17%	25	22%	29	15%	12	23%
Sometimes	21	36%	45	40%	95	49%	20	38%
Often	22	37%	23	20%	35	18%	13	25%

Exhibit 41. How often do you experience stress or anxiety in your daily life by race (n=432)

	Latino (n=288)		White (n=62)		Other (n=82)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	62	22%	3	5%	5	6%
Rarely	53	18%	15	24%	14	17%
Sometimes	122	42%	26	42%	34	41%
Often	51	18%	18	29%	29	35%

Exhibit 42. How often do you experience stress or anxiety in your daily life by income (n=258)

	Above poverty (n=129)		Below poverty (n=129)	
	Frequency	Percent	Frequency	Percent
Never	10	8%	21	16%
Rarely	33	26%	18	14%
Sometimes	60	47%	55	43%
Often	26	20%	35	27%

Exhibit 43. How often do you experience stress or anxiety in your daily life by language (n=380)

	English (n=159)		Spanish (n=221)	
	Frequency	Percent	Frequency	Percent
Never	13	8%	47	21%
Rarely	35	22%	34	15%
Sometimes	65	41%	101	46%
Often	46	29%	39	18%

Exhibit 44. How often do you experience stress or anxiety in your daily life by location (n=647)

	Ashland/Cherryland resident/worker (n=441)		Non-Ashland/Cherryland resident/worker (n=206)	
	Frequency	Percent	Frequency	Percent
Never	72	16%	36	17%
Rarely	84	19%	42	20%
Sometimes	185	42%	83	40%
Often	100	23%	45	22%

Exhibit 45. How often do you experience stress or anxiety in your daily life by education (n=385)

	High school or less (n=261)		Some college/2-year degree (n=81)		Bachelor's or higher (n=43)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never	54	21%	6	7%	4	9%
Rarely	46	18%	18	22%	7	16%
Sometimes	105	40%	36	44%	23	53%
Often	56	21%	21	26%	9	21%

Exhibit 46. Where do you go most often to access health care services for yourself and your family? (n=418)

	Frequency	Percent
Doctor/private worker	178	43%
Health clinic	197	47%
Emergency department	18	4%
Other	25	6%

If other, specify other health care service:

Clinics

- Clínica Comunitaria
- Community clinics
- Free clinic (n=2)
- Tiburcio Vásquez (n=2)
- Work (clinic)

Hospitals

- Hospital, Highland Hospital (n=2)
- Kaiser (n=17)
- Kaiser in Union City and Hayward
- Urgent care- no insurance
- Winton Wellness Center, Highland Hospital

Other

- Don't go (n=5)
- HMO
- Was without work and without medical insurance

Exhibit 47. Where do you go most often to access health care services for yourself and your family by age (n=398)

	15-24 years (n=56)		25-34 years (n=109)		35-59 years (n=184)		60+ years (n=49)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Doctor/private worker	27	48%	38	35%	80	43%	26	53%
Health clinic	26	46%	59	54%	83	45%	17	35%
Emergency department	2	4%	6	6%	9	5%	4	2%
Other	1	2%	6	6%	12	7%	5	10%

Exhibit 48. Where do you go most often to access health care services for yourself and your family by race (n=411)

	Latino (n=276)		White (n=58)		Other (n=77)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Doctor/private worker	80	29%	39	67%	56	73%
Health clinic	171	62%	9	16%	13	17%
Emergency department	13	5%	2	3%	3	4%
Other	12	4%	8	14%	5	6%

Exhibit 49. Where do you go most often to access health care services for yourself and your family by income (n=247)

	Above poverty (n=126)		Below poverty (n=121)	
	Frequency	Percent	Frequency	Percent
Doctor/private worker	79	63%	33	27%
Health clinic	34	27%	71	59%
Emergency department	1	1%	13	11%
Other	12	10%	4	3%

Exhibit 50. Where do you go most often to access health care services for yourself and your family by language (n=361)

	English (n=149)		Spanish (n=225)	
	Frequency	Percent	Frequency	Percent
Doctor/private worker	101	68%	48	23%
Health clinic	29	19%	142	67%
Emergency department	6	4%	11	5%
Other	13	9%	11	5%

Exhibit 51. Where do you go most often to access health care services for yourself and your family by location (n=619)

	Ashland/Cherryland resident/worker (n=418)		Non-Ashland/Cherryland resident/worker (n=201)	
	Frequency	Percent	Frequency	Percent
Doctor/private worker	178	43%	66	33%
Health clinic	197	47%	109	54%
Emergency department	18	4%	8	4%
Other	25	6%	18	9%

Exhibit 52. Where do you go most often to access health care services for yourself and your family by education (n=366)

	High school or less (n=247)		Some college/2-year degree (n=77)		Bachelor's or higher (n=42)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Doctor/private worker	74	30%	55	71%	29	69%
Health clinic	146	59%	17	22%	5	12%
Emergency department	13	5%	2	3%	2	5%
Other	14	6%	3	4%	6	14%

Exhibit 53. Please rate your agreement/disagreement with the following statements?

	Yes	No
I eat fresh fruits and vegetables every day (<i>not counting juice or potatoes</i>). (n=450)	77% (348)	23% (102)
I can purchase affordable fresh fruits and vegetables in my neighborhood. (n=439)	56% (245)	44% (194)
I exercise at least three times per week. (n=445)	65% (289)	35% (156)
There are places to exercise in my neighborhood. (n=439)	52% (229)	48% (210)

Exhibit 54. Agreement with the following statements by age (n=415-426)

	15-24 years (n=58-60)		25-34 years (n=114-117)		35-59 years (n=193-198)		60+ years (n=49-51)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
I eat fresh fruits and vegetables every day (<i>not counting juice or potatoes</i>).	43	72%	92	79%	149	75%	45	88%
I can purchase affordable fresh fruits and vegetables in my neighborhood.	39	67%	68	60%	91	47%	28	56%
I exercise at least three times per week.	35	59%	68	59%	134	68%	32	64%
There are places to exercise in my neighborhood.	34	58%	61	52%	96	50%	25	51%

Exhibit 55. Agreement with the following statements by race (n=429-440)

	Latino (n=284-293)		White (n=61-63)		Other (n=82-84)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
I eat fresh fruits and vegetables every day (<i>not counting juice or potatoes</i>).	230	78%	51	81%	57	68%
I can purchase affordable fresh fruits and vegetables in my neighborhood.	144	51%	39	63%	55	66%
I exercise at least three times per week.	186	64%	39	62%	55	66%
There are places to exercise in my neighborhood.	146	51%	30	49%	48	59%

Exhibit 56. Agreement with the following statements by income (n=255-261)

	Above poverty (n=129-131)		Below poverty (n=126-130)	
	Frequency	Percent	Frequency	Percent
I eat fresh fruits and vegetables every day (<i>not counting juice or potatoes</i>).	101	77%	93	72%
I can purchase affordable fresh fruits and vegetables in my neighborhood.	78	60%	57	45%
I exercise at least three times per week.	91	70%	79	61%
There are places to exercise in my neighborhood.	59	46%	63	49%

Exhibit 57. Agreement with the following statements by language (n=376-386)

	English (n=156-161)		Spanish (n=219-225)	
	Frequency	Percent	Frequency	Percent
I eat fresh fruits and vegetables every day (<i>not counting juice or potatoes</i>).	123	76%	177	79%
I can purchase affordable fresh fruits and vegetables in my neighborhood.	101	64%	108	49%
I exercise at least three times per week.	106	66%	144	65%
There are places to exercise in my neighborhood.	83	53%	119	54%

Exhibit 58. Agreement with the following statements by location (n=649-664)

	Ashland/Cherryland resident/worker (n=439-450)		Non-Ashland/Cherryland resident/worker (n=210-214)	
	Frequency	Percent	Frequency	Percent
I eat fresh fruits and vegetables every day (<i>not counting juice or potatoes</i>).	348	77%	173	81%
I can purchase affordable fresh fruits and vegetables in my neighborhood.	245	56%	114	54%
I exercise at least three times per week.	289	65%	133	63%
There are places to exercise in my neighborhood.	229	52%	100	48%

Exhibit 59. Agreement with the following statements by education (n=381-390)

	High school or less (n=260-265)		Some college/ 2-year degree (n=79-81)		Bachelor's or higher (n=42-44)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
I eat fresh fruits and vegetables every day (<i>not counting juice or potatoes</i>).	206	78%	56	69%	41	93%
I can purchase affordable fresh fruits and vegetables in my neighborhood.	137	53%	41	52%	28	67%
I exercise at least three times per week.	167	63%	49	61%	33	77%
There are places to exercise in my neighborhood.	141	54%	41	53%	16	39%

Transportation

Exhibit 60. Do you attend school or work outside of the home? (n=437)

	Frequency	Percent
No	173	40%
Yes	264	60%
How do you commute to work or school? (n=263) ††		
Walk	58	22%
Drive Alone	136	52%
Carpool	22	8%
Bicycle	4	2%
Take public transportation (e.g., BART, bus)	31	12%
Taxi	1	0.4%
Other	11	4%

‡ Question was only asked of respondents who attend school or work outside of the home.

† Percentages do not total 100% because respondents were instructed to select “all that apply.”

If other, specify other transportation:

- Injured
- Parents drive me (3)
- Skateboard

Exhibit 61. Do you attend school or work outside of the home by age (n=414)

	15-24 years (n=59)		25-34 years (n=114)		35-59 years (n=190)		60+ years (n=51)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
No	14	24%	62	54%	60	32%	32	63%
Yes	45	76%	52	46%	130	68%	19	37%
	15-24 years (n=38)		25-34 years (n=58)		35-59 years (n=127)		60+ years (n=24)	
How do you commute to work or school? † (n=247)								
Walk	8	21%	13	22%	27	21%	4	17%
Drive Alone	16	42%	29	50%	72	57%	14	58%
Carpool	4	11%	4	7%	11	9%	1	4%
Bicycle	2	5%	1	2%	1	1%	0	0%
Take public transportation (e.g., BART, bus)	5	13%	10	17%	14	11%	2	8%
Taxi	0	0%	0	0%	0	0%	1	4%
Other	3	8%	1	2%	2	2%	2	8%

† Question was only asked of respondents who attend school or work outside of the home.

Exhibit 62. Do you attend school or work outside of the home by race (n=428)

	Latino (n=290)		White (n=58)		Other (n=80)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No	124	43%	24	41%	20	25%
Yes	166	57%	34	59%	60	75%
	Latino (n=171)		White (n=34)		Other (n=54)	
How do you commute to work or school? † (n=259)						
Walk	51	30%	2	6%	3	6%
Drive Alone	78	46%	24	71%	32	59%
Carpool	17	10%	2	6%	3	6%
Bicycle	1	1%	1	3%	2	4%
Take public transportation (e.g., BART, bus)	18	11%	2	6%	11	20%
Taxi	0	0%	1	3%	0	0%
Other	6	4%	2	6%	3	6%

† Question was only asked of respondents who attend school or work outside of the home.

Exhibit 63. Do you attend school or work outside of the home by income (n=254)

	Above poverty (n=127)		Below poverty (n=127)	
	Frequency	Percent	Frequency	Percent
No	45	35%	49	39%
Yes	82	65%	78	61%
	Above poverty (n=75)		Below poverty (n=77)	
How do you commute to work or school?[‡]				
(n=152)				
Walk	7	9%	23	30%
Drive Alone	51	68%	33	43%
Carpool	9	12%	8	10%
Bicycle	1	1%	0	0%
Take public transportation (e.g., BART, bus)	5	7%	12	16%
Taxi	0	0%	0	0%
Other	3	4%	0	0%

[‡] Question was only asked of respondents who attend school or work outside of the home.

Exhibit 64. Do you attend school or work outside of the home by language (n=378)

	English (n=153)		Spanish (n=225)	
	Frequency	Percent	Frequency	Percent
No	50	33%	104	46%
Yes	103	67%	121	54%
How do you commute to work or school?				
* (n=223)				
Walk	9	9%	40	32%
Drive Alone	58	59%	58	47%
Carpool	6	6%	13	10%
Bicycle	3	3%	0	0%
Take public transportation (e.g., BART, bus)	17	17%	11	9%
Taxi	1	1%	0	0%
Other	5	5%	2	2%

[‡] Question was only asked of respondents who attend school or work outside of the home.

Exhibit 65. Do you attend school or work outside of the home by location (n=643)

	Ashland/Cherryland resident/worker (n=437)		Non-Ashland/Cherryland resident/worker (n=206)	
	Frequency	Percent	Frequency	Percent
No	173	40%	90	44%
Yes	264	60%	116	56%
How do you commute to work or school?‡ (n=393)				
Walk	58	22%	27	21%
Drive Alone	136	52%	71	55%
Carpool	22	8%	12	9%
Bicycle	4	5%	6	2%
Take public transportation (e.g., BART, bus)	31	12%	10	8%
Taxi	1	0.4%	0	0%
Other	11	4%	4	3%

‡ Question was only asked of respondents who attend school or work outside of the home.

Exhibit 66. Do you attend school or work outside of the home by education (n=381)

	High school or less (n=261)		Some college/2-year degree (n=78)		Bachelor's or higher (n=42)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No	122	47%	26	33%	9	21%
Yes	139	53%	52	67%	33	79%
How do you commute to work or school? ‡ (n=225)						
	High school or less (n=147)		Some college/2-year degree (n=53)		Bachelor's or higher (n=25)	
Walk	40	27%	10	19%	0	0%
Drive Alone	71	48%	32	60%	17	68%
Carpool	11	7%	4	8%	2	8%
Bicycle	2	1%	0	0%	0	0%
Take public transportation (e.g., BART, bus)	16	11%	6	11%	5	20%
Taxi	0	0%	1	2%	0	0%
Other	7	5%	0	0%	1	4%

‡ Question was only asked of respondents who attend school or work outside of the home.

Exhibit 67. Do you walk or bike to any of the following places? † (n=351)

	Frequency	Percent
Grocery store	230	66%
Drug store	119	34%
BART station	135	38%
Park	227	65%
Library	73	21%
Friend/family member's home	146	42%
Restaurant/bar	51	15%
Other	58	17%

† Percentages do not total 100% because respondents were instructed to select "all that apply."

If other, specify location:

School and church

- Adult school
- Church (n=2)
- School / child's school (n=14)

Neighborhood and parks

- Around the block
- Creekside
- Lake Chabot
- Neighborhood/dogs
- Park/trail (n=2)
- Walk the dogs and walk the lake

Stores and services

- Clinic (appointments)
- Corner stores
- Farmer's market
- Liquor store
- Mall (n=2)
- Dry Cleaners
- REACH
- Storage

Other

- AC Transit
- Bus stop
- Senior community center
- Work (n=2)

- Despite the trouble; I walk the dog-I walk for exercise and try to keep fit where I can. I can't afford good food and produce, so I do what I can.
- I do not walk or bicycle anywhere because this neighborhood is so dangerous I would be robbed.
- I don't normally walk to places, except a few times to a nearby church because Sunday morning is a pretty "uneventful" time to walk. I would love to be able to walk more and have it be aesthetically pleasing and feel safe. kid's school
- Not safe no bike lanes

Exhibit 68. Do you walk or bike to any of the following places by age (n=333)

	15-24 years (n=47)		25-34 years (n=93)		35-59 years (n=157)		60+ years (n=36)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Grocery store	31	66%	62	67%	105	67%	18	50%
Drug store	19	40%	34	37%	51	32%	11	31%
BART station	18	38%	42	45%	61	39%	7	19%
Park	25	53%	71	76%	102	65%	13	36%
Library	13	28%	18	19%	33	21%	5	14%
Friend/family member's home	25	53%	35	38%	65	41%	12	33%
Restaurant/bar	13	28%	9	10%	16	10%	6	17%
Other	11	23%	9	10%	27	17%	8	22%

Exhibit 69. Do you walk or bike to any of the following places by race (n=345)

	Latino (n=237)		White (n=46)		Other (n=62)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Grocery store	177	75%	18	39%	31	50%
Drug store	89	38%	13	28%	15	24%
BART station	88	37%	12	26%	32	52%
Park	165	70%	16	35%	41	66%
Library	54	23%	6	13%	12	19%
Friend/family member's home	94	40%	19	41%	30	48%
Restaurant/bar	26	11%	7	15%	17	27%
Other	35	15%	14	30%	9	15%

Exhibit 70. Do you walk or bike to any of the following places by income (n=214)

	Above poverty (n=107)		Below poverty (n=107)	
	Frequency	Percent	Frequency	Percent
Grocery store	55	51%	80	75%
Drug store	26	24%	45	42%
BART station	34	32%	49	46%
Park	57	53%	76	71%
Library	16	15%	27	25%
Friend/family member's home	34	32%	55	51%
Restaurant/bar	17	16%	16	15%
Other	28	26%	13	12%

Exhibit 71. Do you walk or bike to any of the following places by language (n=311)

	English (n=122)		Spanish (n=189)	
	Frequency	Percent	Frequency	Percent
Grocery store	58	48%	145	77%
Drug store	36	30%	70	37%
BART station	51	42%	71	38%
Park	67	55%	133	70%
Library	21	17%	43	23%
Friend/family member's home	50	41%	77	41%
Restaurant/bar	21	17%	22	12%
Other	28	23%	26	14%

Exhibit 72. Do you walk or bike to any of the following places by location (n=516)

	Ashland/Cherryland resident/worker (n=351)		Non-Ashland/Cherryland resident/worker (n=165)	
	Frequency	Percent	Frequency	Percent
Grocery store	230	66%	106	64%
Drug store	119	34%	48	29%
BART station	135	38%	59	36%
Park	227	65%	96	58%
Library	73	21%	55	33%
Friend/family member's home	146	42%	64	39%
Restaurant/bar	51	15%	18	11%
Other	56	16%	15	9%

Exhibit 73. Do you walk or bike to any of the following places by education (n=301)

	High school or less (n=205)		Some college/2-year degree (n=62)		Bachelor's or higher (n=34)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Grocery store	158	77%	33	53%	11	32%
Drug store	79	39%	17	27%	4	12%
BART station	86	42%	21	34%	13	38%
Park	146	71%	38	61%	11	32%
Library	47	23%	9	15%	5	15%
Friend/family member's home	89	43%	21	34%	11	32%
Restaurant/bar	29	14%	6	10%	4	12%
Other	30	15%	10	16%	9	26%

Exhibit 74. What, if anything, keeps you from walking or biking more often?+ (n=401)

	Frequency	Percent
Scared of crime	195	49%
Scared of car traffic	107	27%
Not enough sidewalks	92	23%
Not enough bike lanes	74	18%
Destination is too far	170	42%
I am not physically able to walk or bike	29	7%
Other	76	19%

+ Percentages do not total 100% because respondents were instructed to select "all that apply."

If other, specify other:

Safety

- A lot of dogs (n=2)
- Automatic/sensor-based light changes don't get triggered when on bike
- Bad drivers (n=2)
- Gangs in the street, lots of drugs
- I get scared I'll get lost when I have to go too far and unfamiliar places.
- My sister gave me her bike and I do use it; but I'm scared of the traffic as people don't abide by the driving laws--or any laws, really.
- Not feeling safe to lock bike outside stores, restaurants
- Scared of police
- Too many people walking their dogs (mostly pit bulls and rotweillers) and not observing the leash laws. I used to walk a lot more in my neighborhood (by myself or with my leashed dogs) but I am too afraid of possible chance encounters.

Health

- Stroke
- Injured (n=3)
- My weight
- Pregnant

Other

- Weather (n=2)
- I don't feel like it / lack motivation (n=10)
- I don't have a bike (n=6)
- I don't know how to ride them
- There is no reason to (n=2)
- I use my car (n=5)
- Kids (n=2)
- Hill / live on top of a hill (n=2)
- Not enough time (n=10)
- Taking a walk among car lots is not that enjoyable. Rather drive to Garin or Memorial park or Lake Chabot and walk there.

Exhibit 75. What, if anything, keeps you from walking or biking more often by age (n=383)

	15-24 years (n=57)		25-34 years (n=109)		35-59 years (n=169)		60+ years (n=48)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Scared of crime	33	58%	60	55%	79	47%	16	33%
Scared of car traffic	11	19%	25	23%	52	31%	14	29%
Not enough sidewalks	12	21%	20	18%	43	25%	12	25%
Not enough bike lanes	10	18%	14	13%	40	24%	5	10%
Destination is too far	35	61%	42	39%	67	40%	16	33%
I am not physically able to walk or bike	3	5%	4	4%	10	6%	12	25%
Other	7	12%	19	17%	29	17%	10	21%

Exhibit 76. What, if anything, keeps you from walking or biking more often by race (n=394)

	Latino (n=254)		White (n=59)		Other (n=81)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Scared of crime	140	55%	22	37%	31	38%
Scared of car traffic	65	26%	12	20%	27	33%
Not enough sidewalks	54	21%	16	27%	19	23%
Not enough bike lanes	43	17%	9	15%	19	23%
Destination is too far	101	40%	25	42%	41	51%
I am not physically able to walk or bike	16	6%	10	17%	3	4%
Other	38	15%	17	29%	20	25%

Exhibit 77. What, if anything, keeps you from walking or biking more often by income (n=235)

	Above poverty (n=120)		Below poverty (n=115)	
	Frequency	Percent	Frequency	Percent
Scared of crime	58	48%	62	54%
Scared of car traffic	32	27%	35	30%
Not enough sidewalks	25	21%	35	30%
Not enough bike lanes	26	22%	28	24%
Destination is too far	55	46%	43	37%
I am not physically able to walk or bike	6	5%	10	9%
Other	28	23%	14	12%

Exhibit 78. What, if anything, keeps you from walking or biking more often by language (n=345)

	English (n=153)		Spanish (n=192)	
	Frequency	Percent	Frequency	Percent
Scared of crime	55	36%	108	56%
Scared of car traffic	41	27%	48	25%
Not enough sidewalks	38	25%	42	22%
Not enough bike lanes	30	20%	33	17%
Destination is too far	73	48%	73	38%
I am not physically able to walk or bike	14	9%	10	5%
Other	39	25%	27	14%

Exhibit 79. What, if anything, keeps you from walking or biking more often by location (n=583)

	Ashland/Cherryland resident/worker (n=401)		Non-Ashland/Cherryland resident/worker (n=182)	
	Frequency	Percent	Frequency	Percent
Scared of crime	195	49%	93	51%
Scared of car traffic	107	27%	42	23%
Not enough sidewalks	92	23%	27	15%
Not enough bike lanes	74	18%	36	20%
Destination is too far	170	42%	63	35%
I am not physically able to walk or bike	29	7%	17	9%
Other	67	17%	29	16%

Exhibit 80. What, if anything, keeps you from walking or biking more often by education (n=350)

	High school or less (n=232)		Some college/2-year degree (n=75)		Bachelor's or higher (n=43)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Scared of crime	124	53%	32	43%	14	33%
Scared of car traffic	59	25%	20	27%	17	40%
Not enough sidewalks	48	21%	17	23%	13	30%
Not enough bike lanes	37	16%	13	17%	14	33%
Destination is too far	84	36%	41	55%	22	51%
I am not physically able to walk or bike	17	7%	7	9%	2	5%

Other	37	16%	14	19%	11	26%
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Exhibit 81. What would motivate you or your family members to walk or bike more often?† (n=383)

	Frequency	Percent
Secure bicycle parking	113	30%
More bike lanes	142	37%
Better/more sidewalks	166	43%
More signs highlighting biking and walking routes	189	49%
More public transit destinations	133	35%
Other	87	23%

† Percentages do not total 100% because respondents were instructed to select "all that apply."

If other, specify other:

Safety

- Bike paths free of cars
- Blinking light crosswalks
- If crossing lights lasted longer
- Have police standing on specific corners to ensure my safety
- In the Ashland area there is no such thing as "secure bicycle parking" that is laughable
- Less crime and harassment (n=3)
- Less traffic
- Make the streets better (n=2)
- More lighting (n=2)
- More police in the streets
- More police security in the streets (n=2)
- More security (n=10)
- More vigilance with enforcing leash laws.
- Visible cops
- Security on the streets
- Safer neighborhood
- Safer Streets
- No crime
- No vandalism
- Roads designed for bikes/walking
- Safety from bicycle theft
- Secure and safe walking places
- Reduce traffic speed
- People still bike against traffic. Education is essential.
- Slower traffic, please
- Slowing down vehicle traffic on residential streets
- Traffic safety

Health

- A healing in my back of spinal stenosis

- None because of age and physical problems
- My weight won't allow me
- Healthier environment

Other

- Closer destinations / places / stores (n=2)
- Family friendly business
- More desirable destinations - coffee shops, organic shopping marts, etc.
- More local business to fill needs
- More local shopping
- Parks that are closer
- Free bikes - probably buy everyone a bike in Cherryland and Ashland and eliminate thefts
- I don't use a bike (n=2)
- To have one
- We need Bikes
- Global warming
- Greenery
- If my Harley broke down
- If there could be more public transportation that arrives to Cherryland, more bus stops on Western Blvd. there are not enough.
- More reliable and affordable public transportation
- More restaurants/cafes near by
- More time (n=8)
- My parents are too lazy
- When they want to save gas

Exhibit 82. What would motivate you or your family members to walk or bike more often by age (n=363)

	15-24 years (n=52)		25-34 years (n=101)		35-59 years (n=173)		60+ years (n=37)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Secure bicycle parking	16	31%	27	27%	59	34%	7	19%
More bike lanes	17	33%	37	37%	70	40%	9	24%
Better/more sidewalks	18	35%	40	40%	83	48%	15	41%
More signs highlighting biking and walking routes	28	54%	52	51%	90	52%	9	24%
More public transit destinations	22	42%	37	37%	59	34%	13	35%
Other	9	17%	20	20%	42	24%	11	30%

Exhibit 83. What would motivate you or your family members to walk or bike more often by race (n=375)

	Latino (n=247)		White (n=51)		Other (n=77)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Secure bicycle parking	81	33%	11	22%	18	23%
More bike lanes	97	39%	17	33%	23	30%
Better/more sidewalks	111	45%	22	43%	29	38%
More signs highlighting biking and walking routes	142	57%	13	25%	29	38%
More public transit destinations	87	35%	11	22%	33	43%
Other	42	17%	21	41%	23	30%

Exhibit 84. What would motivate you or your family members to walk or bike more often by income (n=224)

	Above poverty (n=111)		Below poverty (n=113)	
	Frequency	Percent	Frequency	Percent
Secure bicycle parking	27	24%	45	40%
More bike lanes	41	37%	50	44%
Better/more sidewalks	45	41%	63	56%
More signs highlighting biking and walking routes	49	44%	59	52%
More public transit destinations	30	27%	46	41%
Other	38	34%	14	12%

Exhibit 85. What would motivate you or your family members to walk or bike more often by language (n=327)

	English (n=136)		Spanish (n=191)	
	Frequency	Percent	Frequency	Percent
Secure bicycle parking	29	21%	62	32%
More bike lanes	44	32%	72	38%
Better/more sidewalks	54	40%	87	46%
More signs highlighting biking and walking routes	48	35%	106	55%
More public transit destinations	48	35%	60	31%
Other	46	34%	34	18%

Exhibit 86. What would motivate you or your family members to walk or bike more often by location (n=569)

	Ashland/Cherryland resident/worker (n=383)		Non-Ashland/Cherryland resident/worker (n=186)	
	Frequency	Percent	Frequency	Percent
Secure bicycle parking	113	30%	50	27%
More bike lanes	142	37%	57	31%
Better/more sidewalks	166	43%	64	34%
More signs highlighting biking and walking routes	189	49%	92	49%
More public transit destinations	133	35%	50	27%
Other	78	20%	38	20%

Exhibit 87. What would motivate you or your family members to walk or bike more often by education (n=339)

	High school or less (n=232)		Some college/2-year degree (n=68)		Bachelor's or higher (n=39)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Secure bicycle parking	74	32%	15	22%	12	31%
More bike lanes	90	39%	17	25%	19	49%
Better/more sidewalks	102	44%	30	44%	19	49%
More signs highlighting biking and walking routes	122	53%	26	38%	15	38%
More public transit destinations	79	34%	20	29%	14	36%
Other	43	19%	24	35%	12	31%

Exhibit 88. How often do you take public transportation? (n=436)

	Frequency	Percent
Daily	59	14%
Weekly	53	12%
Monthly	57	13%
Almost never	131	30%
Never	136	31%

Exhibit 89. How often do you take public transportation by age (n=415)

	15-24 years (n=57)		25-34 years (n=116)		35-59 years (n=192)		60+ years (n=50)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Daily	10	18%	16	14%	24	13%	7	14%
Weekly	8	14%	18	16%	21	11%	5	10%
Monthly	5	9%	16	14%	28	15%	3	6%
Almost never	16	28%	28	24%	63	33%	16	32%
Never	18	32%	38	33%	56	29%	19	38%

Exhibit 90. How often do you take public transportation by race (n=428)

	Latino (n=284)		White (n=60)		Other (n=84)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Daily	41	14%	4	7%	12	14%
Weekly	34	12%	2	3%	17	20%
Monthly	35	12%	9	15%	13	15%
Almost never	81	29%	24	40%	22	26%
Never	93	33%	21	35%	20	24%

Exhibit 91. How often do you take public transportation by income (n=255)

	Above poverty (n=128)		Below poverty (n=127)	
	Frequency	Percent	Frequency	Percent
Daily	10	8%	21	17%
Weekly	10	8%	17	13%
Monthly	20	16%	14	11%
Almost never	45	35%	41	32%
Never	43	34%	34	27%

Exhibit 92. How often do you take public transportation by language (n=375)

	English (n=157)		Spanish (n=218)	
	Frequency	Percent	Frequency	Percent
Daily	21	13%	27	12%
Weekly	19	12%	27	12%
Monthly	22	14%	29	13%
Almost never	49	31%	66	30%
Never	46	29%	69	32%

Exhibit 93. How often do you take public transportation by location (n=647)

	Ashland/Cherryland resident/worker (n=436)		Non-Ashland/Cherryland resident/worker (n=211)	
	Frequency	Percent	Frequency	Percent
Daily	59	14%	17	8%
Weekly	53	12%	35	17%
Monthly	57	13%	28	13%
Almost never	131	30%	66	31%
Never	136	31%	65	31%

Exhibit 94. How often do you take public transportation by education (n=380)

	High school or less (n=258)		Some college/2-year degree (n=79)		Bachelor's or higher (n=43)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Daily	39	15%	9	11%	4	9%
Weekly	32	12%	5	6%	5	12%
Monthly	37	14%	10	13%	7	16%
Almost never	73	28%	25	32%	16	37%
Never	77	30%	30	38%	11	26%

Community and Retail Services

Exhibit 95. Please indicate whether there are too many, about right, or not enough of the following services in Ashland and Cherryland

	Too many	About right	Not enough
Business/ professional services (legal, accounting, or financial services) (n=330)	4% (12)	35% (116)	61% (202)
Banks or credit unions (n=394)	4% (15)	48% (189)	48% (190)
Personal services (barber shops, hair salons, nail salons, etc.) (n=417)	15% (63)	63% (263)	22% (91)
Auto dealerships, repair, and accessories (n=401)	13% (54)	55% (222)	31% (125)
Grocery stores (n=426)	4% (18)	48% (205)	48% (203)
Child care providers (n=274)	2% (6)	23% (64)	74% (204)
Sit down restaurants (n=387)	5% (18)	38% (147)	57% (222)
Fast food restaurants (n=421)	32% (133)	48% (202)	20% (86)
Coffee shops (n=401)	6% (26)	40% (162)	53% (213)
Family entertainment (movie theaters, bowling alleys, etc.) (n=406)	1% (6)	27% (108)	72% (292)
Retail stores (clothing stores, book stores, etc.) (n=415)	3% (14)	42% (176)	54% (225)
Liquor stores (n=402)	57% (230)	36% (146)	6% (26)
Parks (n=420)	4% (16)	41% (174)	55% (230)
Libraries (n=406)	2% (8)	30% (122)	68% (276)
Hospitals or health clinics (n=410)	2% (10)	31% (128)	66% (272)
Gyms or places to exercise (n=398)	2% (8)	27% (107)	71% (283)

Exhibit 96. Ranking of availability of services in Ashland and Cherryland

<u>Service</u>	<u>Most common response</u> (Percent of total respondents)	<u>Differences by respondent group</u>
Child care providers	Not enough (74%)	Everyone, particularly those below poverty, ages 15-24, and ages 60 or older.
Family entertainment (movie theaters, bowling alleys, etc.)	Not enough (72%)	Everyone, particularly those with Bachelor's degrees or higher and whites.
Gyms or places to exercise	Not enough (71%)	Everyone, particularly those with Bachelor's degrees or higher.
Libraries	Not enough (68%)	Everyone, particularly Latinos.
Hospitals or health clinics	Not enough (66%)	Everyone, particularly Latinos, those below poverty, and ages 60 or older.
Business/ professional services (legal, accounting, or financial services)	Not enough (61%)	Everyone, particularly ages 60 or older.
Sit down restaurants	Not enough (57%)	Everyone, particularly whites.
Parks	Not enough (55%)	Everyone, particularly ages 15 – 24.
Retail stores (clothing stores, book stores, etc.)	Not enough (54%)	Everyone except those with some college or 2-year degrees.
Coffee shops	Not enough (53%)	Everyone except ages 25-34, and particularly whites and those with Bachelor's degrees or higher.
Banks or credit unions	Not enough (48%)	All incomes, Latinos and whites, those with some college or more, and ages 35 and over.
	About right (48%)	Other races, those with high school or less, and ages 15 – 34.
Grocery stores	Not enough (48%)	All incomes, whites and other races, those with some college or more, and ages 35 and older.
	About right (48%)	Latinos, those with high school or less, and ages 15 – 34.
Personal services (barber shops, hair salons, nail salons, etc.)	About right (63%)	Everyone
Auto dealerships, repair, and accessories	About right (55%)	Everyone except those with Bachelor's degrees or higher.
Fast food restaurants	About right (48%)	All races and incomes, those with 2-year degrees or less, and ages 25 and older.
	Too many (32%)	Those with Bachelor's degrees or higher, and ages 15 – 24.
Liquor stores	Too many (57%)	Everyone except those below poverty. Particularly whites, those with Bachelor's degrees or higher, and ages 60 or older.

Community Facilities and Programs

Exhibit 97. Do you or your family currently visit the parks in your community? (n=433)

	Frequency	Percent
Yes	332	77%
No	101	23%

Exhibit 98. Do you or your family currently visit the parks in your community by age (n=412)

	15-24 years (n=57)		25-34 years (n=110)		35-59 years (n=194)		60+ years (n=51)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	32	56%	98	89%	155	80%	35	69%
No	25	44%	12	11%	39	20%	16	31%

Exhibit 99. Do you or your family currently visit the parks in your community by race (n=425)

	Latino (n=283)		White (n=61)		Other (n=81)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	227	80%	42	69%	57	70%
No	56	20%	19	31%	24	30%

Exhibit 100. Do you or your family currently visit the parks in your community by income (n=254)

	Above poverty (n=127)		Below poverty (n=127)	
	Frequency	Percent	Frequency	Percent
Yes	96	76%	106	83%
No	31	24%	21	17%

Exhibit 101. Do you or your family currently visit the parks in your community by language (n=374)

	English (n=156)		Spanish (n=218)	
	Frequency	Percent	Frequency	Percent
Yes	109	70%	178	82%
No	47	30%	40	18%

Exhibit 102. Do you or your family currently visit the parks in your community by location (n=644)

	Ashland/Cherryland resident/worker (n=433)		Non-Ashland/Cherryland resident/worker (n=211)	
	Frequency	Percent	Frequency	Percent
Yes	332	77%	164	78%
No	101	23%	47	22%

Exhibit 103. Do you or your family currently visit the parks in your community by education (n=378)

	High school or less (n=256)		Some college/2-year degree (n=79)		Bachelor's or higher (n=43)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	206	80%	60	76%	27	63%
No	50	20%	19	24%	16	37%

Exhibit 104. Do you feel safe at the parks in your neighborhood? (n=421)

	Frequency	Percent
Yes	234	56%
No	187	44%

Exhibit 105. Do you feel safe at the parks in your neighborhood by age (n=402)

	15-24 years (n=58)		25-34 years (n=109)		35-59 years (n=188)		60+ years (n=47)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	32	55%	61	56%	99	53%	30	64%
No	26	45%	48	44%	89	47%	17	36%

Exhibit 106. Do you feel safe at the parks in your neighborhood by race (n=414)

	Latino (n=281)		White (n=58)		Other (n=75)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	142	51%	35	60%	53	71%
No	139	49%	23	40%	22	29%

Exhibit 107. Do you feel safe at the parks in your neighborhood by income (n=245)

	Above poverty (n=117)		Below poverty (n=125)	
	Frequency	Percent	Frequency	Percent
Yes	63	54%	64	51%
No	54	46%	61	49%

Exhibit 108. Do you feel safe at the parks in your neighborhood by language (n=362)

	English (n=149)		Spanish (n=213)	
	Frequency	Percent	Frequency	Percent
Yes	105	70%	101	47%
No	44	30%	112	53%

Exhibit 109. Do you feel safe at the parks in your neighborhood by location (n=617)

	Ashland/Cherryland resident/worker (n=421)		Non-Ashland/Cherryland resident/worker (n=196)	
	Frequency	Percent	Frequency	Percent
Yes	234	56%	111	57%
No	187	44%	85	43%

Exhibit 110. Do you feel safe at the parks in your neighborhood by education (n=365)

	High school or less (n=251)		Some college/2-year degree (n=75)		Bachelor's or higher (n=39)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	131	52%	44	59%	25	64%
No	120	48%	31	41%	14	36%

Exhibit 111. Do you or your family ever visit the library? (n=440)

	Frequency	Percent
Yes	270	61%
No	170	39%

Exhibit 112. Do you or your family ever visit the library by age (n=419)

	15-24 years (n=59)		25-34 years (n=114)		35-59 years (n=195)		60+ years (n=51)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	28	47%	71	62%	126	65%	35	69%
No	31	53%	43	38%	69	35%	16	31%

Exhibit 113. Do you or your family ever visit the library by race (n=432)

	Latino (n=288)		White (n=62)		Other (n=82)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	164	57%	46	74%	57	70%
No	124	43%	16	26%	25	30%

Exhibit 114. Do you or your family ever visit the library by income (n=256)

	Above poverty (n=128)		Below poverty (n=128)	
	Frequency	Percent	Frequency	Percent
Yes	98	77%	75	59%
No	30	23%	53	41%

Exhibit 115. Do you or your family ever visit the library by language (n=379)

	English (n=159)		Spanish (n=220)	
	Frequency	Percent	Frequency	Percent
Yes	115	72%	116	53%
No	44	28%	104	47%

Exhibit 116. Do you or your family ever visit the library by location (n=650)

	Ashland/Cherryland resident/worker (n=440)		Non-Ashland/Cherryland resident/worker (n=210)	
	Frequency	Percent	Frequency	Percent
Yes	270	61%	136	65%
No	170	39%	74	35%

Exhibit 117. Do you or your family ever visit the library by education (n=383)

	High school or less (n=260)		Some college/2-year degree (n=80)		Bachelor's or higher (n=43)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	152	58%	56	70%	35	81%
No	108	42%	24	30%	8	19%

Basic Needs and Social Environment

Exhibit 118. In the last 12 months, did you find yourself having to go without basic needs such as child care, health care, food, or housing?[†] (n=410)

	Frequency	Percent
No	301	73%
Yes	109	27%
What did you go without? (n=122) ^{‡†}		
Child care	38	31%
Health care	53	43%
Dental care	64	52%
Food/limited food choices	60	49%
Rent/housing	39	32%
Other	14	11%
Did you know where to get support?(n=124) [‡]		
No	90	73%
Yes	34	27%

[‡] Question was only asked of respondents who went without basic needs in the last 12 months.

[†] Percentages do not total 100% because respondents were instructed to select “all that apply.”

If other, specify other basic need:

- Almost all needed services
- Housing is too expensive - hard to "hang on" to our house
- I have Medi-Cal, no dental at all and my teeth are actually getting loose-this worries me and I can't do anything about it. I can't afford groceries and can't get food assistance on SSI.
- Missing free access to education (English).
- Help with citizenship
- Money (n=3)
- Put off paying down credit card balances
- The rent is very high
- Without light

Exhibit 119. In the last 12 months, did you find yourself having to go without basic needs such as child care, health care, food, or housing by age (n=391)

	15-24 years (n=50)		25-34 years (n=107)		35-59 years (n=183)		60+ years (n=51)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
No	35	70%	73	68%	132	72%	46	90%
Yes	15	30%	34	32%	51	28%	5	10%
<i>What did you go without? ‡(n=116)</i>	15-24 years (n=18)		25-34 years (n=35)		35-59 years (n=58)		60+ years (n=5)	
Child care	8	44%	14	40%	15	26%	0	0%
Health care	9	50%	16	46%	25	43%	1	20%
Dental care	9	50%	18	51%	34	59%	2	40%
Food/limited food choices	11	61%	14	40%	29	50%	2	40%
Rent/housing	7	39%	9	26%	22	38%	0	0%
Other	3	17%	0	0%	7	12%	3	60%
<i>Did you know where to get support? ‡(n=120)</i>	15-24 years (n=16)		25-34 years (n=37)		35-59 years (n=62)		60+ years (n=5)	
No	14	88%	27	73%	41	66%	5	100%
Yes	2	13%	10	27%	21	34%	0	0%

‡ Question was only asked of respondents who went without basic needs in the last 12 months.

Exhibit 120. In the last 12 months, did you find yourself having to go without basic needs such as child care, health care, food, or housing by race (n=404)

	Latino (n=269)		White (n=60)		Other (n=75)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No	191	71%	54	90%	51	68%
Yes	78	29%	6	10%	24	32%
<i>What did you go without?† (n=119)</i>	Latino (n=87)		White (n=8)		Other (n=24)	
Child care	30	34%	0	0%	7	29%
Health care	38	44%	3	38%	10	42%
Dental care	48	55%	5	63%	9	38%
Food/limited food choices	45	52%	3	38%	11	46%
Rent/housing	28	32%	1	13%	10	42%
Other	9	10%	3	38%	2	8%
<i>Did you know where to get support?† (n=121)</i>	Latino (n=91)		White (n=7)		Other (n=23)	
No	68	75%	4	57%	16	70%
Yes	23	25%	3	43%	7	30%

† Question was only asked of respondents who went without basic needs in the last 12 months.

Exhibit 121. In the last 12 months, did you find yourself having to go without basic needs such as child care, health care, food, or housing by income (n=247)

	Above poverty (n=123)		Below poverty (n=124)	
	Frequency	Percent	Frequency	Percent
No	100	23%	68	55%
Yes	23	19%	56	45%
<i>What did you go without?† (n=84)</i>	Above poverty (n=24)		Below poverty (n=60)	
Child care	8	33%	18	30%
Health care	11	46%	25	42%
Dental care	12	50%	37	62%
Food/limited food choices	10	42%	35	58%
Rent/housing	7	29%	24	40%
Other	4	17%	6	10%
<i>Did you know where to get support?† (n=86)</i>	Above poverty (n=24)		Below poverty (n=62)	
No	16	67%	46	74%
Yes	8	33%	16	26%

† Question was only asked of respondents who went without basic needs in the last 12 months.

Exhibit 122. In the last 12 months, did you find yourself having to go without basic needs such as child care, health care, food, or housing by language (n=353)

	English (n=151)		Spanish (n=202)	
	Frequency	Percent	Frequency	Percent
No	116	77%	147	73%
Yes	35	23%	55	27%
<i>What did you go without?† (n=101)</i>	English (n=38)		Spanish (n=63)	
Child care	7	18%	23	37%
Health care	16	42%	24	38%
Dental care	20	53%	32	51%
Food/limited food choices	16	42%	31	49%
Rent/housing	12	32%	18	29%
Other	4	11%	7	11%
<i>Did you know where to get support?‡ (n=103)</i>	English (n=37)		Spanish (n=66)	
No	25	68%	49	74%
Yes	12	32%	17	26%

† Question was only asked of respondents who went without basic needs in the last 12 months.

Exhibit 123. In the last 12 months, did you find yourself having to go without basic needs such as child care, health care, food, or housing by location (n=610)

	Ashland/Cherryland resident/worker (n=410)		Non-Ashland/Cherryland resident/worker (n=200)	
	Frequency	Percent	Frequency	Percent
No	301	73%	132	66%
Yes	109	27%	68	34%
What did you go without?† (n=200)				
	Ashland/Cherryland resident/worker (n=122)		Non-Ashland/Cherryland resident/worker (n=78)	
Child care	38	31%	22	28%
Health care	53	43%	32	41%
Dental care	64	52%	34	44%
Food/limited food choices	60	49%	40	51%
Rent/housing	39	32%	19	24%
Other	14	11%	4	5%
Did you know where to get support?‡ (n=196)				
	Ashland/Cherryland resident/worker (n=124)		Non-Ashland/Cherryland resident/worker (n=72)	
No	90	73%	43	60%
Yes	34	27%	29	40%

† Question was only asked of respondents who went without basic needs in the last 12 months.

Exhibit 124. In the last 12 months, did you find yourself having to go without basic needs such as child care, health care, food, or housing by education (n=361)

	High school or less (n=247)		Some college/2-year degree (n=74)		Bachelor's or higher (n=40)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No	174	70%	56	76%	34	85%
Yes	73	30%	70	24%	6	15%
<i>What did you go without?†(n=108)</i>	High school or less (n=82)		Some college/2-year degree (n=18)		Bachelor's or higher (n=8)	
Child care	380	44%	3	38%	10	42%
Health care	31	38%	11	61%	5	63%
Dental care	45	55%	11	61%	3	38%
Food/limited food choices	42	51%	10	56%	2	25%
Rent/housing	25	30%	8	44%	3	38%
Other	8	10%	3	17%	2	25%
<i>Did you know where to get support? *(n=109)</i>	High school or less (n=83)		Some college/2-year degree (n=18)		Bachelor's or higher (n=8)	
No	60	72%	11	61%	6	75%
Yes	23	28%	7	39%	2	25%

† Question was only asked of respondents having to go without basic needs in the last 12 months.

Additional Demographics

Language

Exhibit 125. Primary language spoken at home by age (n=384)

	15-24 years (n=54)		25-34 years (n=99)		35-59 years (n=184)		60+ years (n=47)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
English	27	50%	33	33%	67	36%	30	64%
Spanish	23	43%	66	67%	114	62%	16	34%
Other	4	7%	0	0%	3	2%	1	2%

Exhibit 126. Primary language spoken at home by race (n=397)

	Latino (n=253)		White (n=62)		Other (n=82)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
English	26	10%	60	97%	74	90%
Spanish	225	89%	2	3%	1	1%
Other	2	1%	0	0%	7	9%

Exhibit 127. Primary language spoken at home by income (n=243)

	Above poverty (n=123)		Below poverty (n=120)	
	Frequency	Percent	Frequency	Percent
English	80	65%	30	25%
Spanish	42	34%	89	74%
Other	1	1%	1	1%

Exhibit 128. Primary language spoken at home by location (n=591)

	Ashland/Cherryland resident/worker (n=399)		Non-Ashland/Cherryland resident/worker (n=192)	
	Frequency	Percent	Frequency	Percent
English	161	40%	54	28%
Spanish	229	57%	132	69%
Other	9	2%	6	3%

Exhibit 129. Primary language spoken at home by education (n=346)

	High school or less (n=231)		Some college/2-year degree (n=71)		Bachelor's or higher (n=44)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
English	50	22%	49	69%	38	86%
Spanish	178	77%	18	25%	6	14%
Other	3	1%	4	6%	0	0%

Country of birth

Exhibit 130. Respondent country of birth by age (n=425)

	15-24 years (n=59)		25-34 years (n=118)		35-59 years (n=197)		60+ years (n=51)	
	Frequency	Percent	Percent	Frequency	Percent	Percent	Frequency	Percent
United States	41	69%	47	40%	59	30%	35	69%
Other	18	31%	71	60%	138	70%	16	31%

Exhibit 131. Respondent country of birth by race (n=439)

	Latino (n=292)		White (n=63)		Other (n=83)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
United States	66	23%	56	89%	67	81%
Other	227	77%	7	11%	16	19%

Exhibit 132. Respondent country of birth by income (n=263)

	Above poverty (n=131)		Below poverty (n=132)	
	Frequency	Percent	Frequency	Percent
United States	79	60%	42	32%
Other	52	40%	90	68%

Exhibit 133. Respondent country of birth by language (n=388)

	English (n=159)		Spanish (n=229)	
	Frequency	Percent	Frequency	Percent
United States	136	86%	28	12%
Other	23	14%	201	88%

Exhibit 134. Respondent country of birth by location (n=653)

	Ashland/Cherryland resident/worker (n=443)		Non-Ashland/Cherryland resident/worker (n=210)	
	Frequency	Percent	Frequency	Percent
United States	192	43%	64	30%
Other	251	57%	146	70%

Exhibit 135. Respondent country of birth by education (n=388)

	High school or less (n=265)		Some college/2-year degree (n=80)		Bachelor's or higher (n=43)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
United States	79	30%	53	66%	28	65%
Other	186	70%	27	34%	15	35%

Age

Exhibit 136. Respondent age by race (n=426)

	Latino (n=284)		White (n=62)		Other (n=80)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
15-19 years	18	6%	1	2%	9	11%
20-24 years	16	6%	2	3%	14	18%
25-34 years	90	32%	7	11%	18	23%
35-44 years	95	33%	11	18%	12	15%
45-54 years	32	11%	11	18%	13	16%
55-59 years	11	4%	10	16%	4	5%
60-64 years	9	3%	36	10%	5	6%
65+	13	5%	14	23%	5	6%

Exhibit 137. Respondent age by income (n=256)

	Above poverty (n=126)		Below poverty (n=130)	
	Frequency	Percent	Frequency	Percent
15-19 years	3	2%	6	5%
20-24 years	4	3%	7	5%
25-34 years	29	23%	41	32%
35-44 years	38	30%	43	33%
45-54 years	17	13%	16	12%
55-59 years	14	11%	5	4%
60-64 years	7	6%	6	5%
65+	14	11%	6	5%

Exhibit 138. Respondent age by language (n=376)

	English (n=157)		Spanish (n=219)	
	Frequency	Percent	Frequency	Percent
15-19 years	12	8%	13	6%
20-24 years	15	10%	10	5%
25-34 years	33	21%	66	30%
35-44 years	28	18%	83	38%
45-54 years	23	15%	25	11%
55-59 years	16	10%	6	3%
60-64 years	11	7%	6	3%
65+	19	12%	10	5%

Exhibit 139. Respondent age by location (n=634)

	Ashland/Cherryland resident/ worker (n=430)		Non-Ashland/Cherryland resident/worker (n=204)	
	Frequency	Percent	Frequency	Percent
15-19 years	28	7%	7	3%
20-24 years	32	7%	14	7%
25-34 years	118	27%	60	29%
35-44 years	119	28%	68	33%
45-54 years	56	13%	27	13%
55-59 years	25	6%	10	5%
60-64 years	20	5%	10	5%
65+	32	7%	8	4%

Exhibit 140. Respondent age by education (n=400)

	High school or less (n=273)		Some college/2-year degree (n=83)		Bachelor's or higher (n=44)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
15-19 years	19	7%	3	4%	1	2%
20-24 years	20	7%	9	11%	0	0%
25-34 years	84	31%	19	23%	7	16%
35-44 years	85	31%	21	25%	11	25%
45-54 years	34	13%	10	12%	8	18%
55-59 years	10	4%	8	10%	5	11%
60-64 years	8	3%	6	7%	4	9%
65+	13	5%	7	8%	8	18%

Race/ethnicity

Exhibit 141. Respondent race/ethnicity by age (n=426)

	15-24 years (n=60)		25-34 years (n=115)		35-59 years (n=199)		60+ years (n=52)	
	Frequency	Percent	Percent	Frequency	Percent	Percent	Frequency	Percent
Alaska Native/ American Indian	0	0%	1	0.9%	0	0%	0	0%
Asian	2	3%	2	2%	7	4%	2	4%
Black/ African American	7	12%	10	9%	7	4%	5	10%
Hispanic/ Latino	34	57%	90	78%	138	69%	22	42%
Pacific Islander or Native Hawaiian	1	2%	2	2%	1	0.5%	0	0%
White	3	5%	7	6%	32	16%	20	38%
Mixed race	11	18%	2	2%	12	6%	2	4%
Other	2	3%	1	0.9%	2	1%	1	2%

Exhibit 142. Respondent race/ethnicity by income (n=262)

	Above poverty (n=129)		Below poverty (n=133)	
	Frequency	Percent	Frequency	Percent
Alaska Native/ American Indian	1	1%	0	0%
Asian	3	2%	2	2%
Black/ African American	10	8%	5	4%
Hispanic/ Latino	55	43%	110	83%
Pacific Islander or Native Hawaiian	3	2%	1	1%
White	41	32%	9	7%
Mixed Race	13	10%	6	5%
Other	3	2%	0	0%

Exhibit 143. Respondent race/ethnicity by language (n=388)

	English (n=160)		Spanish (n=228)	
	Frequency	Percent	Frequency	Percent
Alaska Native/ American Indian	1	1%	0	0%
Asian	10	6%	0	0%
Black/ African American	29	18%	0	0%
Hispanic/ Latino	26	16%	225	99%
Pacific Islander or Native Hawaiian	4	3%	0	0%
White	60	38%	2	1%
Mixed Race	24	15%	1	0.4%
Other	6	4%	0	0%

Exhibit 144. Respondent race/ethnicity by location (n=656)

	Ashland/Cherryland resident/worker (n=444)		Non-Ashland/Cherryland resident/worker (n=212)	
	Frequency	Percent	Frequency	Percent
Alaska Native/ American Indian	1	0%	0	0%
Asian	14	3%	11	5%
Black/ African American	29	7%	11	5%
Hispanic/ Latino	297	67%	157	74%
Pacific Islander or Native Hawaiian	5	1%	2	1%
White	63	14%	16	8%
Mixed Race	29	7%	12	6%
Other	6	1%	3	1%

Exhibit 145. Respondent race/ethnicity by education (n=388)

	High school or less (n=267)		Some college/2-year degree (n=78)		Bachelor's or higher (n=43)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Alaska Native/ American Indian	0	0%	0	0%	1	2%
Asian	3	1%	5	6%	5	12%
Black/ African American	11	4%	8	10%	5	12%
Hispanic/ Latino	222	83%	29	37%	8	19%
Pacific Islander or Native Hawaiian	1	4%	3	4%	1	2%
White	22	8%	22	28%	17	40%
Mixed Race	8	3%	9	12%	5	12%
Other	0	0%	2	3%	1	2%

Income

Exhibit 146. Family household income by age (n=256)

	15-24 years (n=20)		25-34 years (n=70)		35-59 years (n=133)		60+ years (n=33)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than \$10,000	3	15%	15	21%	21	16%	4	12%
\$10,000 to \$14,999	5	25%	10	14%	14	11%	3	9%
\$15,000 to \$24,999	5	25%	16	23%	29	22%	5	15%
\$25,000 to \$34,999	4	20%	16	23%	18	14%	1	3%
\$35,000 to \$49,999	1	5%	4	6%	15	11%	4	12%
\$50,000 to \$74,999	1	5%	6	9%	16	12%	11	33%
\$75,000 to \$99,999	1	5%	2	3%	13	10%	3	9%
\$100,000+	0	0%	1	1%	7	5%	2	6%

Exhibit 147. Family household income by race (n=262)

	Latino (n=165)		White (n=50)		Other (n=47)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than \$10,000	36	22%	4	8%	4	9%
\$10,000 to \$14,999	27	16%	1	2%	5	11%
\$15,000 to \$24,999	47	28%	4	8%	5	11%
\$25,000 to \$34,999	28	17%	4	8%	6	13%
\$35,000 to \$49,999	13	8%	8	16%	4	9%
\$50,000 to \$74,999	8	5%	15	30%	13	28%
\$75,000 to \$99,999	5	3%	7	14%	8	17%
\$100,000+	1	1%	7	14%	2	4%

Exhibit 148. Family household income by language (n=241)

	English (n=110)		Spanish (n=131)	
	Frequency	Percent	Frequency	Percent
Less than \$10,000	11	10%	28	21%
\$10,000 to \$14,999	8	7%	23	18%
\$15,000 to \$24,999	11	10%	38	29%
\$25,000 to \$34,999	11	10%	24	18%
\$35,000 to \$49,999	14	13%	10	8%
\$50,000 to \$74,999	30	27%	4	3%
\$75,000 to \$99,999	16	15%	3	2%
\$100,000+	9	8%	1	1%

Exhibit 149. Family household income by location (n=389)

	Ashland/Cherryland resident/worker (n=264)		Non-Ashland/Cherryland resident/worker (n=125)	
	Frequency	Percent	Frequency	Percent
Less than \$10,000	44	17%	24	19%
\$10,000 to \$14,999	33	13%	19	15%
\$15,000 to \$24,999	56	21%	25	20%
\$25,000 to \$34,999	40	15%	25	20%
\$35,000 to \$49,999	25	9%	15	12%
\$50,000 to \$74,999	36	14%	11	9%
\$75,000 to \$99,999	20	8%	2	2%
\$100,000+	10	4%	4	3%

Exhibit 150. Family household income by education (n=243)

	High school or less (n=152)		Some college/2-year degree (n=56)		Bachelor's or higher (n=35)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than \$10,000	34	22%	6	11%	1	3%
\$10,000 to \$14,999	22	14%	3	5%	2	6%
\$15,000 to \$24,999	44	29%	8	14%	1	3%
\$25,000 to \$34,999	22	14%	12	21%	1	3%
\$35,000 to \$49,999	16	11%	4	7%	4	11%
\$50,000 to \$74,999	10	7%	12	21%	12	34%
\$75,000 to \$99,999	4	3%	5	9%	10	29%
\$100,000+	0	0%	6	11%	4	11%

Education

Exhibit 151. Highest grade or year of school completed by age (n=400)

	15-24 years (n=52)		25-34 years (n=110)		35-59 years (n=192)		60+ years (n=46)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than high school	16	31%	26	24%	60	31%	10	22%
High school diploma or GED (General Education Development)	23	44%	58	53%	69	36%	11	24%
Attended college but no degree	10	19%	12	11%	20	10%	9	20%
AA (Associate's degree) or vocational certificate or two- year degree	2	4%	7	6%	19	10%	4	9%
Bachelor's degree or other college four- year degree	0	0%	6	5%	16	8%	7	15%
Graduate or Master's degree	1	2%	1	1%	8	4%	5	11%

Exhibit 152. Highest grade or year of school completed by race (n=411)

	Latino (n=274)		White (n=62)		Other (n=75)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than high school	113	41%	1	2%	10	13%
High school diploma or GED (General Education Development)	120	44%	22	35%	20	27%
Attended college but no degree	20	7%	14	23%	17	23%
AA (Associate's degree) or vocational certificate or two- year degree	12	4%	8	13%	10	13%
Bachelor's degree or other college four-year degree	6	2%	13	21%	10	13%
Graduate or Master's degree	3	1%	4	6%	8	11%

Exhibit 153. Highest grade or year of school completed by income (n=252)

	Above poverty (n=125)		Below poverty (n=127)	
	Frequency	Percent	Frequency	Percent
Less than high school	18	14%	53	42%
High school diploma or GED (General Education Development)	36	29%	53	42%
Attended college but no degree	29	23%	10	8%
AA (Associate's degree) or vocational certificate or two- year degree	11	9%	7	6%
Bachelor's degree or other college four-year degree	20	16%	3	2%
Graduate or Master's degree	11	9%	1	1%

Exhibit 154. Highest grade or year of school completed by language (n=360)

	English (n=147)		Spanish (n=213)	
	Frequency	Percent	Frequency	Percent
Less than high school	12	8%	96	45%
High school diploma or GED (General Education Development)	46	31%	91	43%
Attended college but no degree	29	20%	15	7%
AA (Associate's degree) or vocational certificate or two- year degree	21	14%	5	2%
Bachelor's degree or other college four-year degree	25	17%	5	2%
Graduate or Master's degree	14	10%	1	0.5%

Exhibit 155. Highest grade or year of school completed by location (n=611)

	Ashland/Cherryland resident/worker (n=417)		Non-Ashland/Cherryland resident/worker (n=194)	
	Frequency	Percent	Frequency	Percent
Less than high school	124	30%	58	30%
High school diploma or GED (General Education Development)	164	39%	78	40%
Attended college but no degree	52	12%	24	12%
AA (Associate's degree) or vocational certificate or two- year degree	32	8%	12	6%
Bachelor's degree or other college four-year degree	30	7%	14	7%
Graduate or Master's degree	15	4%	8	4%

Exhibit 156. Highest grade or year of school completed by education (n=394)

	High school or less (n=269)		Some college/2-year degree (n=81)		Bachelor's or higher (n=44)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than high school	113	42%	0	0%	0	0%
High school diploma or GED (General Education Development)	156	58%	0	0%	0	0%
Attended college but no degree	0	0%	50	62%	0	0%
AA (Associate's degree) or vocational certificate or two-year degree	0	0%	31	38%	0	0%
Bachelor's degree or other college four-year degree	0	0%	0	0%	30	68%
Graduate or Master's degree	0	0%	0	0%	14	32%

Residence

Exhibit 157. Where do you live by age (n=408)

	15-24 years (n=60)		25-34 years (n=111)		35-59 years (n=187)		60+ years (n=50)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Cherryland	19	32%	50	45%	108	58%	29	58%
Ashland	30	50%	56	50%	63	34%	18	36%
Other	11	18%	5	5%	16	9%	3	6%

Exhibit 158. Where do you live by race (n=422)

	Latino (n=284)		White (n=61)		Other (n=77)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Cherryland	146	51%	38	62%	28	36%
Ashland	114	40%	17	28%	39	51%
Other	24	8%	6	10%	10	13%

Exhibit 159. Where do you live by income (n=250)

	Above poverty (n=121)		Below poverty (n=129)	
	Frequency	Percent	Frequency	Percent
Cherryland	60	50%	75	58%
Ashland	47	39%	41	32%
Other	14	12%	13	10%

Exhibit 160. Where do you live by language (n=368)

	English (n=152)		Spanish (n=216)	
	Frequency	Percent	Frequency	Percent
Cherryland	72	47%	112	52%
Ashland	63	41%	86	40%
Other	17	11%	18	8%

Exhibit 161. Where do you live by education (n=372)

	High school or less (n=256)		Some college/2-year degree (n=77)		Bachelor's or higher (n=39)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Cherryland	163	53%	41	53%	18	46%
Ashland	103	40%	32	42%	12	31%
Other	17	7%	4	5%	9	23%

Exhibit 162. Length of residence in Ashland/Cherryland by age (n=406)

	15-24 years (n=53)		25-34 years (n=114)		35-59 years (n=192)		60+ years (n=47)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than a year	5	9%	11	10%	13	7%	3	6%
1-3 years	17	32%	39	34%	52	27%	4	9%
4-6 years	10	19%	36	32%	43	22%	2	4%
7-9 years	8	15%	15	13%	28	15%	5	11%
10+	13	25%	13	11%	56	29%	33	70%

Exhibit 163. Length of residence in Ashland/Cherryland by race (n=416)

	Latino (n=278)		White (n=61)		Other (n=77)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than a year	23	8%	2	3%	6	8%
1-3 years	77	28%	12	20%	22	29%
4-6 years	72	26%	7	11%	14	18%
7-9 years	70	14%	5	8%	13	17%
10+	66	24%	35	57%	22	29%

Exhibit 164. Length of residence in Ashland/Cherryland by income (n=250)

	Above poverty (n=123)		Below poverty (n=127)	
	Frequency	Percent	Frequency	Percent
Less than a year	3	2%	8	6%
1-3 years	25	20%	40	31%
4-6 years	28	23%	28	22%
7-9 years	11	9%	23	18%
10+	56	46%	28	22%

Exhibit 165. Length of residence in Ashland/Cherryland by language (n=365)

	English (n=150)		Spanish (n=215)	
	Frequency	Percent	Frequency	Percent
Less than a year	10	7%	19	9%
1-3 years	38	25%	60	28%
4-6 years	24	16%	56	26%
7-9 years	17	11%	32	15%
10+	61	41%	48	22%

Exhibit 166. Length of residence in Ashland/Cherryland by education (n=372)

	High school or less (n=255)		Some college/2-year degree (n=79)		Bachelor's or higher (n=38)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Less than a year	23	9%	3	4%	2	5%
1-3 years	68	27%	25	32%	10	26%
4-6 years	63	25%	17	22%	3	8%
7-9 years	40	16%	5	6%	3	8%
10+	61	24%	29	37%	20	53%

Exhibit 167. Do you own or rent your home by age (n=423)

	15-24 years (n=58)		25-34 years (n=116)		35-59 years (n=197)		60+ years (n=52)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
I own my home	4	7%	9	8%	43	22%	23	44%
I rent my home	48	83%	101	87%	150	76%	23	44%
N/A	6	10%	6	5%	4	2%	6	12%

Exhibit 168. Do you own or rent your home by race (n=325)

	Latino (n=293)		White (n=62)		Other (n=81)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
I own my home	31	11%	39	63%	16	20%
I rent my home	247	84%	21	34%	57	70%
N/A	15	5%	2	3%	8	10%

Exhibit 169. Do you own or rent your home by income (n=261)

	Above poverty (n=130)		Below poverty (n=131)	
	Frequency	Percent	Frequency	Percent
I own my home	61	47%	6	5%
I rent my home	63	48%	122	93%
N/A	6	5%	3	2%

Exhibit 170. Do you own or rent your home by language (n=384)

	English (n=159)		Spanish (n=225)	
	Frequency	Percent	Frequency	Percent
I own my home	56	35%	21	9%
I rent my home	92	58%	194	86%
N/A	11	7%	10	4%

Exhibit 171. Do you own or rent your home by location (n=658)

	Ashland/Cherryland resident/worker (n=444)		Non-Ashland/Cherryland resident/worker (n=214)	
	Frequency	Percent	Frequency	Percent
I own my home	87	20%	34	16%
I rent my home	332	75%	163	76%
N/A	25	6%	17	8%

Exhibit 172. Do you own or rent your home by education (n=388)

	High school or less (n=265)		Some college/2-year degree (n=79)		Bachelor's or higher degree (n=44)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
I own my home	28	11%	30	38%	22	50%
I rent my home	227	86%	44	56%	19	43%
N/A	10	4%	5	6%	3	7%

Employment

Exhibit 173. What is your employment status by age (n=386)

	15-24 years (n=55)		25-34 years (n=101)		35-59 years (n=180)		60+ years (n=50)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Full-time	12	22%	39	39%	92	51%	8	16%
Part-time	18	33%	10	10%	27	15%	3	6%
Retired	1	2%	0	0%	4	2%	27	54%
Looking for work/unemployed	6	11%	37	37%	47	26%	10	20%
Student	16	29%	5	5%	5	3%	0	0%
Other	2	4%	10	10%	5	3%	2	4%

Exhibit 174. What is your employment status by race (n=399)

	Latino (n=259)		White (n=63)		Other (n=77)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Full-time	94	36%	23	37%	37	48%
Part-time	36	14%	8	13%	13	17%
Retired	12	5%	16	25%	6	8%
Looking for work/unemployed	73	28%	12	19%	4	5%
Student	25	10%	0	0%	13	17%
Other	19	7%	4	6%	4	5%

Exhibit 175. What is your employment status by income (n=239)

	Above poverty (n=125)		Below poverty (n=114)	
	Frequency	Percent	Frequency	Percent
Full-time	74	59%	37	32%
Part-time	8	6%	22	19%
Retired	19	15%	6	5%
Looking for work/unemployed	17	14%	28	25%
Student	4	3%	8	7%
Other	3	2%	11	10%

Exhibit 176. What is your employment status by language (n=348)

	English (n=153)		Spanish (n=195)	
	Frequency	Percent	Frequency	Percent
Full-time	64	42%	75	38%
Part-time	26	17%	23	12%
Retired	21	14%	9	5%
Looking for work/unemployed	20	13%	60	31%
Student	11	7%	18	9%
Other	11	7%	10	5%

Exhibit 177. What is your employment status by location (n=598)

	Ashland/Cherryland resident/worker (n=405)		Non-Ashland/Cherryland resident/worker (n=193)	
	Frequency	Percent	Frequency	Percent
Full-time	155	38%	53	27%
Part-time	58	14%	39	20%
Retired	34	8%	13	7%
Looking for work/unemployed	92	23%	49	25%
Student	39	10%	13	7%
Other	27	7%	26	13%

Exhibit 178. What is your employment status by education (n=353)

	High school or less (n=235)		Some college/2-year degree (n=77)		Bachelor's or higher (n=41)	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Full-time	84	36%	37	48%	21	51%
Part-time	35	15%	6	8%	6	15%
Retired	13	6%	10	13%	7	17%
Looking for work/unemployed	72	31%	10	13%	5	12%
Student	17	7%	6	8%	0	0%
Other	17	6%	8	10%	2	5%

**APPENDIX D – EDEN AREA LIVABILITY INITIATIVE (EALI)
“LIVABILITY PRINCIPLES” AND “LIVABILITY FACTORS”**

LIVABILITY PRINCIPLES¹

Preamble:

These principles are meant to function as guidelines rather than formal requirements. There may be instances where a strict application of these guidelines is difficult in light of existing development patterns, environmental constraints, and/or other overriding considerations.



Mission:

To create, strengthen and sustain a livable community in the urban unincorporated areas of Alameda County.

Community Principles:

1. All planning should consider the integration of communities containing housing, shops, work places, schools, parks, libraries, cultural arts venues, and civic facilities essential to the daily life of the residents.
2. Community design should work to ensure that housing, jobs, daily needs and other activities are within easy walking distance of each other.
3. The location and character of the community should be consistent with and facilitate a larger transit network. As many activities and services as possible should be located within easy walking distance of transit.
4. A community should contain a diversity of housing types to enable citizens from a wide range of economic levels and age groups to live within its boundaries.
5. Businesses within the community should provide a range of job types for the community's residents.
6. Each community should have one or more focal points that combine commercial, civic, cultural and recreational uses.
7. The community should contain an ample supply of specialized open space in the form of squares, greens and parks whose frequent use is encouraged through placement and design.
8. Public spaces should be designed to encourage the attention and presence of people of all ages and interests.
9. Each community or cluster of communities should have a well-defined edge, through mechanisms such as signage, public art, agricultural greenbelts, wildlife corridors, community gardens, etc.

¹ Based on the Ahwahnee Principles - The Ahwahnee Principles for More Livable Communities were prepared in 1991. They outline a more sustainable way to develop and redevelop our communities. They provide specific recommendations for communities and regions and include an implementation strategy. The principles or portions of the principles have been adopted in the general plans of over 120 local governments in California.

10. Streets as well as pedestrian and bike facilities should contribute to a safe system of fully connected and interesting routes to all destinations. Their design should encourage pedestrian and bicycle use by being small and spatially defined by buildings, trees and lighting; and by discouraging high speed traffic.
11. Wherever possible, the historical character and resources, the natural terrain, drainage and vegetation of the community should be preserved.
12. The community design should help conserve resources, minimize waste and promote a healthy environment.
13. Communities should provide for the efficient use of water through the use of natural drainage, drought tolerant landscaping and recycling.
14. The street orientation, the placement of buildings and the use of shading should contribute to the energy efficiency of the community.
15. Community designs should incorporate elements that support and enhance a public safety presence through collaborative efforts that promote safe routes and neighborhoods, blight removal, adequate lighting, quality of life concerns and overall community well being.

Regional Principles:

1. The regional land-use planning structure should be integrated within a larger transportation network built around transit rather than freeways.
2. Where practicable, regions should be bounded by and provide a continuous system of greenbelt/wildlife corridors to be determined by natural conditions. Appropriate tools (e.g., land trusts, urban growth boundaries) shall be utilized to clearly delineate areas suitable for urban development from open space/agriculture areas.
3. Regional institutions and services (government, stadiums, museums and performing arts venues, etc) should be located in the urban core and/or near a major transit hub.
4. Materials and project designs should be consistent with local standards, exhibiting a continuity of history and culture and compatibility with the climate to encourage the development of local character and community identity.

Eden Area Livability Initiative – Livability Factors

THRIVE Factors of Livability

Place

1. What's Sold & How It's Promoted is characterized by the availability and promotion of safe, healthy, affordable, culturally appropriate products and services (e.g. food, books and school supplies, sports equipment, arts and crafts supplies, and other recreational items) and the limited promotion and availability, or lack, of potentially harmful products and services (e.g. tobacco, firearms, alcohol, and other drugs).
2. Look & Feel is characterized by a well-maintained, appealing, clean, and culturally relevant visual and auditory environment.
3. Safety is characterized by elements that support and enhance a public safety presence through collaborative efforts that promote safe routes throughout the neighborhood, blight removal, adequate lighting, quality of life concerns, and overall community well being.
4. Parks & Open Space is characterized by safe, clean, accessible parks; parks that appeal to interests and activities of all age groups; green space; outdoor space that is accessible to the community; natural/open space that is preserved through the planning process.
5. Getting Around is characterized by availability of safe, reliable, accessible, and affordable methods for moving people around. This includes public transit, walking, and biking.
6. Housing is characterized by the availability of safe and affordable housing to enable citizens from a wide range of economic levels and age groups to live within its boundaries.
7. Air, Water & Soil is characterized by safe and non-toxic water, soil, indoor and outdoor air, and building materials. Community design should help conserve resources, minimize waste, and promote a healthy environment.
8. Arts & Culture is characterized by a variety of opportunities within the community for cultural and creative expression and participation through the arts.
9. Preserve Resources/Natural Terrain is characterized by the preservation of the historical character and resources, natural terrain, drainage, and vegetation of the community.
10. Defined Communities are characterized by signage, public art, agricultural greenbelts, wildlife corridors, community gardens and other such unique community elements.
11. Public Places are characterized by a design that encourages the attention and presence of people of all ages and interests.

Equitable Opportunity

12. Racial Justice is characterized by policies and organizational practices in the community that foster equitable opportunities and services for all. It is evident in positive relations between people of different races and ethnic backgrounds.
13. Jobs & Local Ownership is characterized by local ownership of assets, including homes and businesses, access to investment opportunities, job availability, and the ability to make a living wage.
14. Education is characterized by high quality and available education and literacy development for all ages.

People

15. Social Networks & Trust is characterized by strong social ties among all people in the community - regardless of their role. These relationships are ideally built upon mutual obligations, opportunities to exchange information, and the ability to enforce standards and administer sanctions.
16. Participation and Willingness to Act for the Common Good is characterized by local leadership, involvement in community or social organizations, participation in the political process, and a willingness to intervene on behalf of the common good of the community.
17. Norms/Expected Behaviors & Attitudes are characterized by community standards of behavior that suggest and define what the community sees as acceptable and unacceptable behavior.

Cross Cutting

18. Planning Integrated Communities is characterized by the integration of communities containing housing, shops, work places, schools, parks, libraries, cultural art venues, and civic facilities essential to the daily lives of residents.

19. Community Focal Points are characterized by a combination of commercial, civic, cultural, and recreational uses.
20. Health Care Access and Treatment is characterized by preventative services, access, treatment quality, disease management, in-patient services and alternative medicine, cultural competence, and emergency response.

*This tool is based on Prevention Institute's Tool for Health and Resilience In Vulnerable Environments (THRIVE) developed to help people understand and prioritize the factors within their own communities in order to improve health and safety. The tool presented here has been modified in particular to incorporate the Eden Area's livability principles.

APPENDIX E – IMPLEMENTATION PLAN

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
1.0 Health and Social Services		
Goal A. Increase access to health and social services.		
<u>Policies</u>		
Policy A.1. Monitor trends related to Ashland and Cherryland’s health and wellness conditions and outcomes.	Ongoing	PHD, CDA
Policy A.2. Incorporate a “Health in All Policies” (HiAP) approach into County operations by considering, and when appropriate incorporating, the public health impacts of County policies and programs that may directly affect Ashland and Cherryland residents.	Ongoing	BoS, CAO, PHD, CDA
Policy A.3. Include assessment of potential disproportionate impacts for vulnerable populations, including how the potential action will improve or worsen existing conditions, and adjust actions or policies, as needed, to maximize positive benefits for all residents.	Ongoing	PHD, CDA
Policy A.4. Foster partnerships and collaborations with community groups and other public agencies to implement the Community Health and Wellness Element and pursue other healthy communities programs.	Ongoing	PHD, CDA
Policy A.5. EContinue to define, promote, and educate the public about the links between the built environment and individual/community behaviors and outcomes, as they may change over time.	Ongoing	PHD, CDA
Policy A.6. Pursue the equitable distribution of health clinics, emergency services, dental care, and mental/behavioral health services across Ashland and Cherryland to ensure all residents have access to preventive care and medical and dental treatment.	Ongoing	PHD, CDA
Policy A.7. Seek the provision of a range of health services (including but not limited to primary, preventive, specialty, prenatal, dental care, mental health, and substance abuse treatment/counseling) in a manner accessible to Ashland and Cherryland residents through partnerships with community groups.	Ongoing	HCSA
Policy A.8. Implement the Public Health Department’s community health improvement plans, including, but not limited to, its Chronic Disease Prevention Plan and Strategic Plan for Oral Health.	3-5 years	PHD
Policy A.9. Support the elimination of barriers for individuals with permanent and temporary disabilities to access healthcare and health resources.	Ongoing	HCSA, SSA, CDA
Policy A.10. Support access to improved health and social services for seniors , the homeless, and young children and their families.	Ongoing	HCSA, SSA, CDA
Policy A.11. Support the elimination of barriers for individuals with limited or no English proficiency to access healthcare resources.	Ongoing	HCSA, SSA
Policy A.12. Increase enrollment in affordable healthcare such as Alameda County HealthPAC and Covered California (ACA) via outreach from County staff and partnerships with health clinics.	Ongoing	HCSA, SSA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Policy A.13. Collaborate with mobile healthcare clinics to implement and coordinate services with primary care clinics in priority areas.	Ongoing	HCSA
Policy A.14. Identify veterans and ensure their access to employment, housing, and nutrition services.	Ongoing	HCSA, SSA
Actions		
Action A.1. Collaborate with developers of new health and medical facilities to select transit-rich locations. For existing healthcare facilities, work with AC Transit, BART, and other transit service providers to adjust bus stop locations, schedules, and routes to ensure transit-dependent community members have equal access.	Ongoing	CDA
Action A.2. Prioritize pedestrian safety and access improvements around healthcare facilities to ensure the infrastructure supports people of all ages and abilities.	Ongoing	CDA, PWA
Action A.3. Collaborate with regional healthcare providers to ensure resource/outreach materials are available in languages that are appropriate for Ashland and Cherryland residents.	Ongoing	HCSA
Action A.4. Host, sponsor, and/or organize public health events such as health fairs, senior fairs, youth fitness programs, speakers, competitions, lectures, and/or workshops. Make it easier for non-profits and private/public institutions to host or participate in such events by reducing barriers such as administrative event paperwork and/or costs.	Ongoing	CDA, PHD, Library
Action A.5. Continue to expand the horizontal enrollment (i.e. “No wrong door”) to screen people for their eligibility for public benefits programs.	Ongoing	SSA, HCSA
Action A.6. Ensure the Alameda County Department of Public Health continues to disseminates updated data for Ashland and Cherryland to other County agencies and local community groups through reports and presentations.	Ongoing	PHD
Action A.7. Create a County Health in All Policies Strategy Plan that contains a list of simple actions and protocols that help institutionalize and standardize how to incorporate health into county policies, programs, and operations.	1-3 years	HCSA
Action A.8. Coordinate the County’s Healthcare for the Homeless program with other services for homeless persons in Ashland and Cherryland.	Ongoing	HCSA, EveryOne Home, CDA
Action A.9. Promote the co-location of healthcare and mental health services for easy access to complete care.	Ongoing	CDA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
2.0 Public Safety and Social Environment		
Goal B. Improve the safety of neighborhoods and public spaces.		
<u>Policies</u>		
Policy B.1. Strive to eliminate the socioeconomic inequities that influence crime and violence in Ashland and Cherryland by allocating sufficient staff and financial resources to comprehensively assess and repair the conditions that foster crime and violence.	Ongoing	All County Agencies/ Departments
Policy B.2. Improve neighborhood involvement in crime prevention, neighborhood beautification, and blight reduction.	Ongoing	CDA, PHD, ACSO, DSAL
Policy B.3. Promote Ashland and Cherryland resident participation in the County’s Community Emergency Response Team (CERT) programs.	Ongoing	ACSO, ACFD, PWA
Policy B.4. Make places such as abandoned buildings, vacant lots, vacant homes, and underpasses safer through Crime Prevention Through Environmental Design (CPTED) principles.	Ongoing	CDA, PWA, CalTrans
Policy B.5. Promote active use of public spaces in neighborhoods and commercial areas at all times of the day to provide “eyes-on-the-street.”	Ongoing	ACSO, CDA
Policy B.6. Support and expand programs, such as the Deputy Sheriff’s Activity League (DSAL), that foster mutual respect and understanding and overall improved relationships between members of law enforcement, social workers, service providers, and the local community.	Ongoing	ACSO, DSAL, PHD
Policy B.7. Work with the Alameda County Department of Behavioral Healthcare Services, community-based organizations, faith-based initiatives, and other groups to identify individuals exposed to serious crimes and help them access mental health services to cope with post-traumatic stress disorders and chronic-traumatic stress disorders.	Ongoing	BHCS, Community-based organizations
Policy B.8. Support and expand programs that foster the healthy reintegration of previously-incarcerated youth and adults such as “Re-Entry One Table” and the County summer youth employment programs. Summer Youth Employment Program.	Ongoing	ACSO, CDA, PHD, SSA
Policy B.9. Collaborate with members of the community to expand mental health and substance abuse programs for juveniles and adults as a cost-effective way to reduce violence and arrests related to mental health disorders and/or substance abuse.	Ongoing	HCSA
Policy B.10. Provide an appropriate mix of uses, high-quality design, and appropriate programming to facilitate natural surveillance in public spaces.	Ongoing	CDA, PWA
Policy B.11. Encourage and support private landowners to maintain and upgrade their property in neighborhoods, commercial corridors, and industrial areas.	Ongoing	CDA
Policy B.12. Protect Ashland and Cherryland’s neighborhoods and commercial areas from adverse impacts of vacant and underutilized sites, graffiti, and/or blighted buildings and structures.	Ongoing	CDA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Policy B.13. Enhance local self-governance by increasing resident involvement in neighborhood improvement efforts, including issues concerning safety, neighborhood character, planning, and revitalization.	Ongoing	All County Agencies/ Departments
Policy B.14. Continue to work with community partners to create programs that provide opportunities for cross-cultural understanding, volunteerism, and multi-generational interaction.	Ongoing	CDA, BoS, ACSO, ACFD, Schools, Library, HARD
Policy B.15. Expand and strengthen collaborations with faith-based and non-profit organizations to better serve youth, re-entry population, seniors, and veterans.	Ongoing	All County Agencies/ Departments
Policy B.16. Encourage participation of community partners for the landscaping of public spaces, community garden projects, and community art projects.	Ongoing	CDA, PWA, GSA, ACSO, BoS, Schools, HARD
Policy B.17. Promote volunteer programs with local non-profit organizations and public schools to foster a sense of ownership and pride among residents.	Ongoing	CDA, PWA, GSA, ACSO, BoS, Schools, HARD
Policy B.18. Support the convening of a multi-sector violence prevention collaborative to design and implement community interventions, identify resources, and ensure that anti-violence efforts include a focus on root causes of crime and violence.	1-3 years	PHD, ACSO, SSA, DA, PD
<u>Actions</u>		
Action B.1. Continue to convene and serve on violence prevention committees.	Ongoing	All County Agencies/ Departments
Action B.2. Compile data on violence as well as its risk and protective factors across residents' lifespan and among different populations, and include this information in future health status and law enforcement reports.	1-3 years; ongoing	PHD, ACSO
Action B.3. Identify local resources and programs that address and prevent injury, violence, and trauma; distribute information at all County operated offices and clinics.	Ongoing	All County Agencies/ Departments
Action B.4. Explore additional strategies through which law enforcement, community-based organizations, and schools can improve and strengthen community-police relations and neighborhood safety.	1-3 years; ongoing	ACSO, DSAL, PHD, Schools
Action B.5. Support and sponsor community gatherings such as cultural events, movie nights, food truck gatherings, etc.	Ongoing	HARD, CDA, BoS
Action B.6. Educate the public about how to report blight, graffiti and unsafe conditions to Public Works and Code Enforcement.	Ongoing	CDA, PWA
Action B.7. Encourage Public Works and Code Enforcement to work quickly to resolve problems, and abate graffiti.	Ongoing	CDA, PWA
Action B.8. Facilitate the creation and training of neighborhood emergency response teams to promote preparedness/safety, build community, and encourage self-efficacy of neighbors.	Ongoing	ACSO, ACFD, PWA
Action B.9. Train one or more County CDA staff in Crime Prevention through Environmental Design (CPTED) principles so they can evaluate and improve discretionary land use applications. Implement a CPTED committee comprised of CDA and Sheriff's Department staff to review project proposals.	1-3 years; ongoing	CDA, ACSO

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Action B.10. Create street lighting standards to ensure that new development and redevelopment projects incorporate pedestrian-scale lighting in the design of streets, parks, and public spaces. Include an incentives program to encourage existing development to provide these improvements. Incorporate the guidelines in all public works projects and the capital improvement program (CIP).	1-3 years	CDA, PWA, GSA, HARD
Action B.11. Support store owners in identifying low-cost solutions to maintenance issues and, if possible, provide financial assistance to businesses.	Ongoing	CDA
Action B.12. Continue to enforce and monitor the effectiveness of the Neighborhood Preservation and Junk Vehicle Ordinances.	Ongoing	CDA
Action B.13. Maintain, and if possible increase, current funding for code enforcement.	1-3 years	CDA, PWA
Action B.14. Recommend that the State Department of Alcoholic Beverage Control limit the number of new liquor licenses approved in areas with high densities of existing alcohol outlets and/or relatively high criminal or drunk driving behavior.	1-3 years	PHD, CDA, ACSO
Action B.15. Consider adding a condition of approval that would require new locations approved for the off sale of alcohol to offer a full range of food choices, including fresh fruits and vegetables.	1-3 years	PHD, CDA
Action B.16. Partner with community organizations to work with local liquor stores to improve perceived and actual neighborhood safety.	Ongoing	PHD, CDA, ACSO
Action B.17. Enforce existing sign ordinance in order to keep businesses' window area uncovered to improve eyes-on-the-street visibility.	Ongoing	CDA
Action B.18. Encourage, when appropriate, the installation of internal and exterior security cameras, and improved outdoor lighting.	Ongoing	CDA, ACSO
Action B.19. Encourage businesses to increase the amount and visibility of "positive, family-friendly products" such as healthy food, and to more discreetly place less positive products, such as adult-oriented publications, knives, cigarettes and other tobacco products, and alcohol.	Ongoing	CDA
Action B.20. Consider an ordinance that prohibits stores from placing alcohol and tobacco products near candy and placing alcohol and tobacco advertisements on exterior signage and below four feet in height (child's eye-level).	1-3 years	PHD
Action B.21. Partner with and support community groups in offering training on healthy relationships. Address positive relationship skills, nonviolent communication, violence prevention, anger management, and conflict resolution.	1-3 years	HCSA
Action B.22. Work with and support community groups in offering training on health and wellness. Include prevention of early level diabetes and hypertension, disease management, and stress management through meditation ("Quiet Time Program").	Ongoing	HCSA
Action B.23. Coordinate with and support community groups to promote justice through dialogue between victims and offenders of crime ("restorative justice"), and provide trauma support services, including efforts to support the re-integration of formerly incarcerated residents back into community life.	Ongoing	ACSO, HCSA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Action B.24. Create new and/or support existing leadership development programs for youth and adults to build understanding of the role of government and how to shape planning and policy decisions.	Ongoing	All County Agencies/ Departments
Action B.25. Encourage County agencies to engage schools and youth in planning and other policies decisions so they can learn about, participate in, and better understand government and policy processes.	Ongoing	All County Agencies/ Departments
3.0 Land Use and Housing		
Goal C. Develop complete and livable neighborhoods for all residents.		
<u>Policies</u>		
Policy C.1. Increase residents’ multi-modal access to goods and services that promote health and healthy environments by providing incentives and programs to attract and expand businesses that support healthy living.	Ongoing	CDA, HCSA
Policy C.2. Make land use and design decisions that promote positive health outcomes in Ashland and Cherryland such as vibrant and livable neighborhoods, a diverse mix of uses, healthy and nutritious food access, reduced air pollution, physical activity, complete streets, and more local jobs.	1-3 years; ongoing	CDA, PWA
Policy C.3. Encourage development of an adequate supply of quality housing units, and housing types that meet the needs of all income levels within Ashland and Cherryland.	Ongoing	CDA
Policy C.4. Secure public investment and improvements for public facilities and amenities that provide significant social, economic, and community benefits. The following areas should be considered: educational facilities (including those for early childhood education), parks, playgrounds, libraries, and community centers; streetscape improvements such as pedestrian-scale lighting, safe pedestrian and bicycle routes, landscaping and traffic calming; and programs for community gardens and urban agriculture.	1-3 years; ongoing	PWA, CDA, HARD, GSA
Policy C.5. Promote local-serving retail and public necessities at key locations within Ashland and Cherryland. Basic goods and services desired by community members include: supermarket, restaurants, laundromat, dry cleaners, pharmacy, bank/credit union, gym, hardware store, and childcare, among others.	Ongoing	CDA
Policy C.6. Support increased resources for code enforcement to address issues of blight and zoning code violations.	1-3 years; ongoing	CDA
Policy C.7. Collect data data and explore the need for a rental housing inspection program to improvewith the goal of improving the habitability of existing housing units, both in owner and tenant occupied units..	1-3 years	CDA
Policy C.8. Support lifecycle housing to provide housing accommodations or living arrangements for persons of all ages and abilities, including young, single professionals, small and large families and seniors.	Ongoing	CDA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Policy C.9. Create neighborhood level interventions that promote aging in place by enabling older adults to be independent and fully integrated into the community by incorporating considerations for older adults in the design of outdoor spaces and buildings, availability of transportation, housing, and health services; opportunities for social participation, civic participation, employment, and communication and information.	Ongoing	SSA, HCSA, CDA
Actions		
Action C.1. Conduct an assessment of available basic goods and services by neighborhood. Create to identify incentives for business creation to fill service gaps in underserved areas and to create incentives for business creation to fill service gaps.	1-3 years	CDA
Action C.2. Develop, implement and enforce regulations for housing establishments such as group homes, care facilities, and other therapeutic treatment facilities to ensure quality of service and safety of the community and program residents.	1-3 years; ongoing	HCSA, CDA, SSA, CCLD, ACSO, ACFD, BoS
Action C.3. Continue to implement the goals, policies, and actions of the County’s Housing Element.	Ongoing	CDA
Action C.4. Continue to implement and refine the EveryOne Home Plan to end homelessness, including provision of permanent supportive housing.	Ongoing	EveryOne Home
Action C.5. Continue to enforce the Americans with Disabilities Act, and encourage the practice of universal design.	Ongoing	PWA, CDA, GSA
Action C.6. Continue to provide Adult and Aging Services for Ashland and Cherryland residents.	Ongoing	SSA
Action C.7. Work with the Oro Loma Sanitary District to develop street trash and multifamily bulky item pick-up programs that are embedded in the rate base.	1-3 years	CDA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Goal D. Reduce the use of and exposure to toxins.		
<u>Policies</u>		
Policy D.1. Promote land use mixes and development densities that encourage pedestrian, bicycle and transit modes of travel to reduce air pollutant emissions from automobiles.	Ongoing	CDA, PWA
Policy D.2. Protect sensitive receptors, including residential uses, schools, early childhood education centers, parks with recreation facilities, and medical facilities from exposure to unsafe levels of pollutants from stationary or mobile sources. Consider the impacts of odors and toxic emissions on sensitive receptors.	Ongoing	CDA
Policy D.3. Encourage property owners pursuing new developments or home renovations to design and construct buildings for healthful living and working conditions, including enhanced internal circulation, healthy building materials, design for universal accessibility, and mechanical and HVAC systems that enhance indoor air quality and employee comfort.	Ongoing	CDA
Policy D.4. Utilize integrated pest management in County landscaped areas to reduce or eliminate the use of herbicides and pesticides (GSA, Public Works, Ag, HARD).	1-3 years	GSA, PWA, CDA, HARD
Policy D.5. Reduce the use of household hazardous waste. Ensure that residents and businesses properly dispose of hazardous items through the “StopWaste Household Hazardous Waste Program”.	Ongoing	StopWaste.org, CDA, PWA, HCSA
Policy D.6. Encourage the use of plants, grasses and trees that do not release excessive amounts of pollens, spores, or other air particulates.	Ongoing	CDA
<u>Actions</u>		
Action D.1. Consult with the Bay Area Air Quality Management District when considering the placement of sensitive land uses near stationary and mobile sources of pollution (including commercial land uses, industrial land uses, and diesel pollution).	Ongoing	BAAQMD, CDA, PWA, CalTrans
Action D.2. Encourage clean and green businesses to retain jobs while transforming to less-polluting uses.	Ongoing	CDA
Action D.3. Continue to require developers to take actions to reduce the combustion emissions and release of suspended and inhalable particulate matter during construction and demolition phases of development projects, and to use CEQA where applicable.	Ongoing	PWA, CDA
Action D.4. When siting sensitive land uses (such as schools, hospitals, elder and childcare facilities, and residences), or if new stationary sources of pollution are proposed, continue to require developers to use current best practice and utilize CEQA to implement mitigation measures to reduce adverse health impacts.	Ongoing	CDA
Action D.5. Maintain adequate setbacks and enforce building design guidelines in order to help create healthy indoor and outdoor living environments.	Ongoing	CDA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Action D.6. Continue to administer the Healthy Homes Program.	Ongoing	CDA
Action D.7. Create a Healthy Development Checklist in order to facilitate the consideration and integration of health impacts of development.	Ongoing	CDA
Action D.8. Develop and distribute a planting guide that lists trees, grasses and plants that do not release excessive amounts of pollen, spores or other air particulates.	1-3 years; ongoing	CDA
Action D.9. Refer all environmental documents required under CEQA and prepared with the County as the lead agency (Negative Declarations, Mitigated Negative Declarations, and Environmental Impact Reports) to the Alameda County Department of Public Health for review and comment.	1-3 years; ongoing	CDA
Action D.10. Create healthy building materialsfact sheets that can be provided to property owners and contractors when applying for building permits.	1-3 years	CDA, PWA
Action D.11. Create and implement indoor air quality standards for new multi-family housing (five or more units) constructed after the adoption of this Element.	1-3 years	CDA, PWA
Action D.12. Use existing planning tools to prevent and reduce residential exposure to air pollution.	Ongoing	CDA
Action D.13. Provide local businesses and residents information on ways to reduce or eliminate herbicide and pesticide usage.	Ongoing	Environmental Health, Stopwaste.org, CDA
Action D.14. Publicize the Household Hazardous Waste Program.	Ongoing	Environmental Health, Stopwaste.org, CDA
Action D.15. Request that the BAAQMD monitor the area for air quality.	1-3 years	CDA, BoS
Action D.16. Approve landscaping plans for discretionary projects that minimize the use of trees, grasses, and plant with identified significant environmental allergen impacts when compared to other landscaping alternatives.	Ongoing	CDA
Goal E. Reduce youth and adult substance abuse.		
<u>Policies</u>		
Policy E.1. Limit residents' exposure to secondhand smoke and vapors.	Ongoing	PHD
Policy E.2. Reduce Ashland and Cherryland youths' exposure to, and interest in, alcohol, tobacco and other drugs..	Ongoing	PHD
Policy E.3. Discourage advertising that promotes tobacco use, alcohol use, and non-nutritious foods.	Ongoing	PHD, CDA
Policy E.4. Require and clarify that all smoking/tobacco policies and regulations equally apply to the sale and usage of e-cigarettes.	Ongoing	PHD, CDA
<u>Actions</u>		
Action E.1. Ban smoking and vaping at all outdoor public events and all public facilities, including farmers' markets, public parks and trails, plazas, and community street fairs.	1-3 years	PHD
Action E.2. Ensure that law enforcement, schools, tobacco retailers, bars, and restaurants, are aware of the State and County's regulations concerning cigarettes and other tobacco products.	Ongoing	PHD

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Action E.3. Expand the use of signage to enforce County “no-smoking” regulations.	Ongoing	PHD, GSA, PWA
Action E.4. Consider the adoption of an ordinance that bans smoking in multi-family housing including common areas and 100% of individual units.	1-3 years	PHD
Action E.5. Develop an incentive program for retailers to reduce or eliminate advertising that promotes tobacco use, alcohol use and consumption of non-nutritious foods.	1-3 years	PHD, CDA
Action E.6. Enforce the requirement that alcohol related advertising cover no more than 25% of windows and doors as permitted under the Lee Law (1994) and existing County regulations.	Ongoing	CDA
Action E.7. Provide opportunities to share multi-lingual information and services to residents to assist them in quitting smoking.	Ongoing	PHD
Action E.8. Develop educational program events to reduce youth exposure to an interest in alcohol and tobacco and other drugs.	Ongoing	PHD
Action E.9. Draft a Tobacco Retailers License ordinance for consideration by the Board of Supervisors.	1-3 years	PHD
Action E.10. Convene and participate in cross-functional working groups that seek to reduce abuse of alcohol, tobacco or other drugs in Ashland and Cherryland.	Ongoing	All County Agencies/ Departments
Action E.11. Consider revising the minimum age to purchase tobacco and other smoking and vaping products to 21 years of age	1-3 years	PHD
4.0 Economic Opportunity		
Goal F. Expand economic and educational opportunities for residents.		
<u>Policies</u>		
Policy F.1. Improve infrastructure and communication technology to enhance and attract investment within the community.	Ongoing	PWA, CDA
Policy F.2. Support locally owned and cooperative enterprises and businesses to maximize economic and community benefits for Ashland and Cherryland residents.	Ongoing	CDA
Policy F.3. Encourage local businesses to operate in an environmentally sound manner, participate in civic life and play a positive role in the community.	Ongoing	All County Agencies/ Departments
Policy F.4. Encourage businesses and industries to provide living wages and benefits, and opportunities for skill development and advancement.	Ongoing	All County Agencies/ Departments
Policy F.5. Support federal, state, and local policies to improve job quality by raising the minimum wage, providing paid sick days and protections against wage theft.	Ongoing	All County Agencies/ Departments

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Policy F.6. Collaborate with educational institutions, employers, unions, and the local Workforce Investment Board to support and expand jobs-skills training and recruitment programs and services for Ashland and Cherryland youth and adults. Build on workforce development initiatives such as health career ladders, in partnership with the Alameda County Public Health Department, Healthcare Services Agency, Social Services Agency and other stakeholders.	Ongoing	HCSA, SSA, WIB
Policy F.7. Promote business creation, retention, and entrepreneurship by providing technical assistance and financial incentives to local businesses via the use of a small business development center, mentoring, employment links, a small incubator program, and adult education linkage, etc.	Ongoing	HCSA, SSA, WIB, Schools, Library
Policy F.8. Pursue the development of vacant, underutilized and/or blighted sites.	Ongoing	CDA
Policy F.9. Discourage new predatory financial services businesses (e.g., check cashing, payday lenders, auto title lenders, and pawn shops) and encourage the creation of alternatives to financial services businesses (e.g., check cashing, payday lenders, auto title lenders, and pawn shops) such as community check cashing (see Fruitvale model in Oakland) and affordable credit options.	Ongoing	BoS, CDA
Policy F.10. Advocate and provide avenues for increasing resources and opportunities for all schools and students in Ashland and Cherryland.	Ongoing	All County Agencies/ Departments
Policy F.11. Support programs for adults, especially English Language Learners and Adult Literacy, provided by organizations such as the Hayward Adult School or community centers.	Ongoing	Schools, Library
Policy F.12. Strive to foster a system of opportunity for all residents by supporting early childhood education programs that target equipping all children, especially those from low-income households with the tools, resources, and foundation needed to succeed.	Ongoing	First 5, Early Care and Planning Council, SSA, WIB
Policy F.13. Increase financial literacy for adult and youth residents so they can make smart monetary choices and build wealth.	1-3 years	SSA, Library
Policy F.14. Work with the Alameda County Early Care and Educational Planning Council and First Five of Alameda County to increase the availability of high quality, affordable, healthy, and culturally inclusive licensed childcare, pre-school, and after school care facilities in Ashland and Cherryland.	Ongoing	First 5, Early Care and Planning Council
<u>Actions</u>		
Action F.1. Continue to create and implement branding and identity measures via community signage, murals, banners, a local business directory and website, among other actions.	Ongoing	CDA
Action F.2. Fund and implement a façade improvement program for private commercial property that enhances the safety, aesthetics, and walkability of an area.	Ongoing	CDA
Action F.3. Encourage “anchor institutions” such as public agencies, hospitals, and education institutions to develop procurement policies and practices that support supply chains among local businesses.	Ongoing	BoS

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Action F.4. Create and distribute marketing materials about Ashland and Cherryland that includes information about vacant and underutilized parcels for potential investors, commercial brokers and businesses.	Ongoing	CDA
Action F.5. Perform ongoing economic analysis, review, and revise existing economic development plans based on the updated data and make data publicly available.	Ongoing	CDA
Action F.6. Expand broadband and public Wi-Fi capacity and accessibility via instituting Open Trench policy, partnering with Lit San Leandro and other related local initiatives.	Ongoing	PWA, CDA
Action F.7. Support programs that increase employment opportunities and reduce barriers for formerly incarcerated residents.	Ongoing	All County Agencies/ Departments
Action F.8. Support volunteer/internship opportunities for local youth.	Ongoing	All County Agencies/ Departments
Action F.9. Work with local institutions of higher education to coordinate and expand professional development pathways for residents to become licensed childcare providers.	Ongoing	First 5, Early Care and Planning Council, SSA, WIB
Action F.10. Review, and if necessary, revise zoning regulations that limit home based early childhood education facilities.	Ongoing	CDA, First 5, Early Care and Planning Council
Action F.11. Encourage co-location of child care centers and family child care homes with affordable housing, employment centers, and in Transit Oriented Development.	Ongoing	CDA, First 5, Early Care and Planning Council
5.0 Agriculture and Healthy Food Access		
Goal G. Expand convenient access to healthy food and beverage choices for all.		
<u>Policies</u>		
Policy G.1. Promote the availability of fresh fruits and vegetables and quality foods.	Ongoing	SSA, HCSA, CDA, DSAL
Policy G.2. Encourage a wide range of healthy food sources such as full-service grocery stores, ethnic food markets, farm stands, community gardens, edible school yards, farmers’ markets, and restaurants that serve fresh nutritious food.	Ongoing	CDA, SSA
Policy G.3. Support urban agriculture and encourage local farmers to provide fresh food locally.	Ongoing	CDA, SSA
Policy G.4. Permit urban and local agriculture on publicly owned vacant land that is suitable for growing food.	Ongoing	CDA
Policy G.5. Support the creation of new grocery stores through zoning strategies and creative use of public land, and train community residents to work in these businesses.	Ongoing	CDA
Policy G.6. Promote the use of urban farms and community kitchens at schools; integrate experiential learning using school garden education and cooking.	Ongoing	Schools, CDA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Policy G.7. Seek ways for residents, businesses, and institutions to reduce food waste.	Ongoing	Stopwaste.org, Environmental Health
<u>Actions</u>		
Action G.1. Collaborate with the non-profit health sector to develop an incentives program to encourage existing liquor stores, neighborhood markets, or convenience stores to adopt healthy store strategies. Healthy store strategies may include a ban on flavored tobacco products and in-store advertising for tobacco products, a ban on alcohol products targeted to youth, increased availability of fresh fruit and vegetables, acceptance of food assistance (WIC and CalFresh), and compliance with advertising requirements inside and outside the store. Incentives could include, but are not limited to grants to purchase refrigeration units or other equipment necessary to sell fresh produce, financing, marketing, and technical assistance.	Ongoing	PHD, CDA, SSA
Action G.2. Provide educational opportunities for growing, preparing, and selling local food products including cottage food products.	Ongoing	Schools, CDA, DSAL
Action G.3. Partner with food trucks and food carts (mobile vendors) who sell near schools to adjust their business model to include healthy food options.	Ongoing	PHD, CDA
Action G.4. As permitted under AB 551 (Ting, 2013), consider the creation of Urban Agriculture Incentive Zones for the use of vacant, unimproved, or blighted lands for small-scale agricultural use.	Ongoing	CDA
Action G.5. Adopt and implement healthy, local food purchasing (procurement) policies which promote the use of healthy and local food at all government sponsored meetings and events.	1-3 years	HCSA
Action G.6. Collaborate with local food advocacy organizations to develop an urban agriculture program with youth training opportunities.	1-3 years	HCSA
Action G.7. Support and participate in the development of the Urban Greening Master Plan.	1-3 years	CDA, PHD
Action G.8. Draft new and implement existing ordinances that expand urban agriculture opportunities such as allowing urban livestock such as bees and chickens; pop-up and long term gardens and urban farms.	1-3 years	CDA
Action G.9. Collaborate with schools and school districts to create a shared-use agreement that allows community access to school gardens so community members without children can be involved.	1-3 years	CDA
Action G.10. Explore the possibility of planting fruit trees on County land to create edible landscaping for the public.	1-3 years	GSA, PWA
Action G.11. Create a list (and possibly a map) of available public County land that is suitable for growing food based on the site's environmental, health, water availability, and geographic/physical characteristics.	1-3 years	CDA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
6.0 Active and Safe Transportation		
Goal H. Encourage access to safe and convenient public transit and active mobility options for all.		
<u>Policies</u>		
Policy H.1. Support improvements in access, reliability and affordability of the public transit system to improve mobility options for all Ashland and Cherryland residents and visitors.	Ongoing	CDA, PWA
Policy H.2. Promote walking and bicycling as a safe and convenient mode of transportation.	Ongoing	CDA, PWA
Policy H.3. Enhance safety and accessibility for pedestrians, bicyclists and public transit riders.	Ongoing	CDA, PWA
Policy H.4. Promote mixed-use urban streets that balance public transit, walking and bicycling with other modes of travel (e.g. Complete Streets policy).	Ongoing	CDA, PWA
Policy H.5. Evaluate and consider existing traffic conditions and infrastructure to ensure safety for students going to and from all schools.	Ongoing	CDA, PWA
Policy H.6. Support improvements in transportation access and mobility for persons with disabilities.	Ongoing	CDA, PWA
Policy H.7. Evaluate the impacts of transportation decisions on existing businesses.	Ongoing	CDA, PWA
<u>Actions</u>		
Action H.1. Continue to advocate for funding and fund transportation infrastructure, which may include street improvements, sidewalk improvements, public parking, public transportation, bike and pedestrian circulation.	Ongoing	CDA, PWA
Action H.2. Support the synchronization of signals around schools to ensure traffic flow and safety.	Ongoing	PWA
Action H.3. Support the construction and maintenance of high-visibility sidewalks, bike paths and crosswalks, particularly around schools, to increase access, safety and mobility of pedestrians and cyclists.	Ongoing	CDA, PWA
Action H.4. Continue to support and enhance the Safe Routes to School Program.	Ongoing	PWA
Action H.5. Identify streets where speeding/reckless driving is high and where previous accidents, injuries, and fatalities have occurred, especially near schools, and strengthen traffic enforcement in those areas.	Ongoing	ACSO, PWA, CHP
Action H.6. Educate the public about how to report speeding drivers via phone, in person, and online.	Ongoing	ACSO, CHP
Action H.7. Support creative ways to increase enforcement such as a senior volunteer program, pedestrian stings, and speed surveys.	Ongoing	ACSO, CHP
Action H.8. Encourage bicyclists to be aware of bicycling issues and lawful/responsible riding.	Ongoing	ACSO, CHP

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Action H.9. Support bike education events and classes that help new and experienced bike riders become more knowledgeable and effective at bike riding and bike maintenance.	Ongoing	ACSO, CHP
Action H.10. Investigate the feasibility of a bike share/rental program.	Ongoing	CDA, PWA
Action H.11. Collaborate with local businesses to provide safety equipment such as helmets, lights, and horns for youth.	Ongoing	ACSO, CHP, CDA, PWA
Action H.12. Ensure that transportation improvements meet the applicable requirements of the Americans with Disabilities Act.	Ongoing	PWA, CDA
7.0 Parks and Community Facilities		
Goal I. Improve access to parks, recreation, and community facilities.		
<u>Policies</u>		
Policy I.1. Support the development of a comprehensive and integrated system of parks, plazas, playgrounds, trails and open space.	Ongoing	HARD, CDA
Policy I.2. Support the development of a diverse range of park types, functions and recreational opportunities to meet the physical and social needs of the community.	Ongoing	HARD, CDA
Policy I.3. Promote park and facility design that discourages vandalism, deters crime, and creates a safe and comfortable environment.	Ongoing	HARD, CDA
Policy I.4. Expand park and recreation opportunities in Ashland and Cherryland.	Ongoing	HARD, CDA
Policy I.5. Encourage joint use of park, recreational and school sites within the community to open school properties for public use during non-school hours in order to expand opportunities for physical activity in neighborhoods and/or allow appropriate community gardening opportunities to increase nutritional use of community spaces and access to local, healthy foods.	Ongoing	HARD, Schools, CDA
Policy I.6. Work with HARD to identify and fund underutilized parcels, (especially in Ashland) that could be acquired for new parks and play grounds.	Ongoing	HARD, CDA
Policy I.7. Work with HARD to identify and fund key parcels, (especially in Ashland) adjacent to existing parks that could be acquired to expand and enhance existing parks.	Ongoing	HARD, CDA
<u>Actions</u>		
Action I.1. Work with the Hayward Area Recreation and Park District (HARD) to ensure parks, playgrounds, and neighborhood play spaces are safe, clean, and well-lit, with adequate staffing and programming, and prioritize resources to maintain these spaces in communities with poor health outcomes.	Ongoing	HARD, CDA
Action I.2. Encourage new housing developments to provide space for recreation, and housing design and development that support physical activity, e.g. providing bike racks.	Ongoing	CDA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Action I.3. Develop spaces as focal points for community interaction.	Ongoing	HARD, CDA
Action I.4. Advocate for infill and pocket parks.	Ongoing	HARD, CDA
Action I.5. Organize neighborhood clean ups of roads, parks, and creek.	Ongoing	HARD, CDA, PWA, ACSO
Action I.6. Collaborate with HARD and local recreation organizations to expand recreational programming at the parks, particularly for low-income youth, seniors and families (i.e. walking groups, tai chi, etc.)	Ongoing	HARD
Action I.7. Partner with organizations and utilize existing community facilities, such as REACH Ashland Youth Center, that provide opportunities for at-risk young people to participate in sports and physical activity, access to health services or health and wellness education.	Ongoing	HARD, HCSA
Action I.8. Pursue funding to hire a park host and to create programs that increase park safety and facilitate community connections at parks, recreation and community centers, and other public gathering spaces.	Ongoing	HARD, HCSA
8.0 Sustainability and Environmental Health		
Goal J. Grow sustainably and prepare for the impacts of climate change.		
<u>Policies</u>		
Policy J.1. Prioritize actions that affect environmental issues such as climate change, water conservation, and energy efficiency.	Ongoing	CDA, PWA
Policy J.2. Incorporate climate change and climate variability into planning, health, and emergency preparedness plans and guidance to increase preparedness for natural hazards exacerbated by climate change especially among vulnerable populations.	Ongoing	PHD, CDA, PWA, ACSO, ACFD
Policy J.3. Limit the impacts of climate change on the most vulnerable populations by focusing planning and intervention in and with communities with the highest need. This can be implemented by ensuring that policies, services, and programs are responsive to community members who are most vulnerable to the potential impacts of climate change.	Ongoing	All County Agencies/ Departments
Policy J.4. Encourage new development to incorporate project design features to create areas for play/leisure and interaction, maximize solar access, provide passive solar heating during cool seasons, and minimize heat gains during hot periods.	Ongoing	CDA, PWA
Policy J.5. Promote land use planning policies that reduce greenhouse gas emissions and that result in improved air quality and decreased air pollution. Ensure that land use planning decisions do not cumulatively add to “unhealthy” land uses that disproportionately impact a vulnerable population in Ashland and Cherryland, especially children, seniors, and others susceptible to respiratory diseases.	Ongoing	CDA

Topic/Goal/Policy/Action	Timeline	Agencies/ Departments Involved
Policy J.6. Increase investment in tree planting, incentives for green buildings and cool paving, and actively pursue the creation of new green spaces in areas with the highest heat-related vulnerability and/or highest ambient temperatures.	Ongoing	CDA, PWA
<u>Actions</u>		
Action J.1. Explore innovative incentives to address environmental issues such as climate change, water conservation, and energy efficiency. Continue to implement the Alameda County Climate Action Plan and prioritize measures that create health co-benefits.	Ongoing	CDA
Action J.2. Provide funding and support to community and school groups that offer opportunities to learn about environmental stewardship.	1-3 years	CDA, HCSA
Action J.3. Work with the Emergency Preparedness/Disaster Preparedness staff to draft an extreme weather preparation and response plan. The plan should include protocols for heat emergencies under changing climate conditions.	1-3 years	HCSA, ACSO, ACFD
Action J.4. Work with AC Transit, BART, and other public and private transportation providers to develop a plan to transport vulnerable populations to cooling centers during extreme heat events.	1-3 years	Transit Agencies, HCSA, ACSO, ACFD
Action J.5. Provide access to cooling during extreme heat events to minimize heat-related mortality and morbidity.	Ongoing	HCSA, ACSO, ACFD
Action J.6. Expand enforcement of existing regulations to protect workers from the potential health impacts of extreme heat.	1-3 years	OSHA, PHD
Action J.7. Prepare a Climate Adaptation Plan that: identifies potential climate impacts, vulnerable populations and assets; and develops and prioritizes strategies that either prevent or mitigate climate impacts, particularly for vulnerable populations.	1-3 years	CDA
Action J.8. Review the existing Alameda County Green Building Ordinance and cConsider the development of a green building and sustainability checklist with incentives for developers to encourage more sustainable development, such as reducing energy and water use and waste from buildings, reducing vehicle miles travelled and eliminating pesticides in landscaping.	1-3 years	CDA, PWA