



Chapter 7: Healthy Community Element



7.1 INTRODUCTION

The purpose of this Healthy Community Element is to promote the health, safety, and general welfare of Murrieta’s residents, workers, and visitors. It highlights the connections between health and the physical, social, and economic environment, and provides an overarching strategy for achieving and maintaining a healthy community. The Element begins by describing the legal and logical basis for creating a Healthy Community Element; is followed by key health conditions and determinants in Murrieta; and continues with the Vision and Key Concepts for health in Murrieta. The centerpiece of the Element is a set of explicit goals and policies to promote a healthy community. The summary of key health conditions and determinants – are organized according to the following key topics:

- Citywide Health
- Land Use and Urban Design for Health
- Environmental Health
- Safe, Sustainable, and Active Transportation
- Public Spaces for Physical Activity and Social Cohesion
- Healthy Economy
- Healthy Goods and Services

The following Community Priorities relate most directly to this Element:

- Provide abundant parks and facilities for recreational activities, and cultural amenities.
- Improve roadway networks to reduce traffic, and provide a citywide system of bicycle lanes and recreational trails that improve accessibility without a car.
- Improve health care within the City, and continue to provide excellent school, police, fire, library, and recreation services.

7.2 AUTHORITY FOR ELEMENT

Health and city planning have been closely connected for a very long time. In fact, the health crises created by rapid industrialization and urbanization during the late 19th and early 20th centuries were the impetus for much of modern planning and zoning. Faced with the rampant spread of diseases such as cholera, and with the frightening health effects of locating industrial pollution sources like coal-fired manufacturing plants within close proximity to high-density

residential urban areas, city planners began requiring basic infrastructure to protect public health – like sewer treatment and garbage disposal – and zoned city blocks to buffer residential areas from polluting industries. The result was the Federal Zoning Enabling Act, which enabled modern zoning and is still the legal rationale for land use regulation and planning across the country. Similarly, the landmark 1926 U.S. Supreme Court decision *Village of Euclid vs. Ambler Realty Co* cited preservation of public health as one of the basic responsibilities of local government. It interpreted zoning as an extension of the local police power to promote the “health, safety, and general welfare” of a community, a legal rationale that still holds sway in the United States today.

Continuing research about a variety of topics, including transportation, air and water quality, economics, nutrition, environmental health, and the design of parks and public spaces, has confirmed a common-sense observation:

Your physical surroundings (where you live, work, and play) impacts your health and your day-to-day behavior.

Since the goal of the General Plan is to create a long-term vision for the City’s physical form and character, it provides a fundamental opportunity to promote community health for the long-term. Local governments are not specifically mandated by the State of California *Government Code* (Section 65302) to address health in general plans. However, this Healthy Community Element is consistent with *Government Code* Section 65303, which authorizes local jurisdictions to adopt additional elements to those required by state law when they relate to the physical development of the jurisdiction.

7.3 SETTING THE CONTEXT: COMMUNITY HEALTH CONDITIONS AND DETERMINANTS

A person’s or population’s health status is determined by a mix of genetics, surrounding environment, and behavior. One’s environment can have a direct effect on health, such as if someone is regularly exposed to tobacco smoke or contaminated water. It can also influence day-to-day behavior, such as what someone eats or how much exercise they get. The goal of healthy community planning is to create a built environment that limits exposure to health risks while also supporting healthy behavior and lifestyles.

The following section summarizes the existing health conditions and determinants in Murrieta, identifying some of the key issues that are addressed in the subsequent goals and policies. For additional detail, including a more detailed review of literature and academic research about the connections between planning and health, refer to the General Plan Existing Conditions Background Report and the Community Vision Report.



CITYWIDE HEALTH

The City of Murrieta has a relatively young population, with a median age of 30.7 years, which is slightly lower than the Riverside County median age of 31.6, but five years younger than the national median age of 36.¹ Additionally, on average, people in Murrieta enjoy higher incomes and have higher educational attainment than the Riverside County or national average.² Research has correlated higher income and higher educational attainment with positive health outcomes, and younger populations are generally at lower risk for many chronic diseases and illnesses than older populations.³ At the same time, these demographic figures are just averages. Certain segments of the population, such as young children, older adults, and those with lower incomes, are often more susceptible to a variety of health risks. In addition, Murrieta's young people will age and experience cumulative health impacts over the course of their lifetimes, and high incomes do not always remain constant for all individuals.

The leading causes of death in Murrieta are cancer and heart disease, followed by stroke, chronic lower respiratory disease, and Alzheimer's disease. Deaths from cancer and Alzheimer's are more common in Murrieta than California or Riverside County, while the rates of death from heart disease, diabetes, and chronic liver disease are slightly lower than the State and County averages.⁴ Major risk factors for most of the leading causes of death in Murrieta – cancer, heart disease, stroke, Alzheimer's, and diabetes – include a lack of physical activity, being overweight or obese, chronic stress, and age. A major risk factor for chronic lower respiratory diseases (CLRD) and illnesses, such as asthma, chronic obstructive pulmonary disease, emphysema, pneumonia, and bronchitis, is polluted air. CLRD often restricts physical activity, which has further negative health impacts. In 2004, CLRD was the fourth leading cause of death in Murrieta (as well as in the United States⁵).

Like leading causes of death, hospitalization rates provide a gauge of a population's health status. Murrieta's rates of hospitalizations and emergency room visits for asthma are significantly lower than those of California and other Southern California counties. This may be because of better air quality or because Murrieta's population, which has higher incomes and is more educated than other parts of California, benefits from better preventative care and regular asthma management support. A significant portion of the population still suffers from asthma,

¹ Stanley R. Hoffman Associates, *Economic Trends and Conditions Murrieta General Plan Update*, January 7, 2010.

² U.S. Census, *American Community Survey Selected Economic Characteristics, 2006-2008*, available at www.factfinder.census.gov.

³ Wirt, J., Choy, S., Rooney, P., Provasnik, S., Sen, A., and Tobin, R. (2004). *The Condition of Education 2004 (NCES 2004-077)*. U.S. Department of Education, National Center for Education Statistics, Washington, DC: U.S. Government Printing Office.

⁴ Refer to Table 5.1-1, *Leading Causes of Death by Percentage, Murrieta, 2003-2007*, in *City of Murrieta General Plan Update Existing Conditions Report*, (Riverside County Community Health Agency, Department of Public Health, Epidemiology & Program Evaluation Branch, July 2009, with data from State of California, Department of Health Services, Center for Health Statistics, *Death Statistical Master File, Riverside County, 2005 (Residence)*).

⁵ Centers for Disease Control, 2006, "Table B. Deaths and death rates for 2004 and age-adjusted death rates and percentage changes in age-adjusted rates from 2003 to 2004 for the 15 leading causes of death in 2004: United States, final 2003 and preliminary 2004," *National Vital Statistics Reports 2006*, Vol. 54, No. 19, June 28. (http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_19.pdf).



which is exacerbated by environmental triggers such as indoor and outdoor air pollution. Murrieta’s rate of heart attack hospitalizations is similar to the Riverside County average, which is 32 percent higher than the California average and 54 percent and 45 percent higher than San Diego and Los Angeles Counties, respectively.⁶ This means that heart attacks are happening more frequently in Murrieta than many places in the region.

LAND USE AND URBAN DESIGN FOR HEALTH

Planning decisions such as zoning, land use, and urban design can have a strong impact on our transportation choices, housing, and social interactions. These decisions can improve physical and mental health by providing opportunities for physical activity like walking, providing easier access to nutritious food, or enabling neighbors to interact with each other on a regular basis.

Murrieta’s development pattern is consistent with prevailing development patterns in many other fast-growing Southern California cities: low densities and automobile-oriented design, with large sections of the City devoted to single uses, such as residential subdivisions or commercial shopping centers. Most housing is provided in single-use subdivisions of single-family homes.

The City has a very low density overall: 30.50 percent of land is occupied by single-family homes while only 1.11 percent is occupied by multi-family homes. At the same time, 73 percent of housing units are single-family, while 22 percent are multi-family, demonstrating how multi-family homes consume significantly less land per unit than single-family homes. Murrieta has a lower proportion of multi-family housing than the rest of the SCAG (Southern California Association of Governments) region, where approximately 47 percent of housing is estimated to be multi-family, but a similar amount to Riverside County.⁷ Forty-three percent of land in Riverside County is occupied by vacant land, golf courses, and agricultural land, and another 15.60 percent of land is occupied by streets and infrastructure.



Land use planning can encourage walking and biking, not only by creating safe pathways but by placing different types of land uses within walking and biking distance of each other.

⁶ Refer to Table 5.1-2, *Asthma and Heart Attack Hospitalizations per 10,000 Residents, 2006-2008 Combined*, in *City of Murrieta General Plan Update Existing Conditions Report*, from the California Office of Statewide Health Planning and Development (OSHPD) Patient Discharge Database, provided to Raimi + Associates by Meredith Millet, California Department of Public Health, Environmental Health Investigations Branch, March 2010.

⁷ Southern California Association of Governments, “Compass Blueprint Growth Vision Report” (2004).



ENVIRONMENTAL HEALTH

Environmental health concerns include air pollutants, contaminated land or water, or even toxic substances in everyday household items. While it may be impossible to eliminate all of these environmental health risks completely, efforts to clean up contaminated sites, eliminate toxic substances, and protect air and water quality can reduce environmental health risks.

The California Air Resources Board (CARB) publishes guidelines for protecting “sensitive land uses,” such as residential uses, health care or child care facilities, and recreation facilities, from various types of air pollution like freeways, industrial sites, or shipyards.

Of these pollution types, freeways, truck routes, and other busy roadways are the most prevalent in Murrieta. CARB generally recommends at least a 500-foot buffer between “sensitive land uses” and freeways or truck routes, and most existing residential uses in Murrieta meet this recommendation. There are a limited number of residential uses within 500 feet of the I-15 Freeway as it enters the city from the northwest, in the center of the City along the I-215 Freeway, and along the City’s eastern border along SR-79. Portions of the Loma Linda University Medical Center site are also within 500 feet of the I-215 Freeway.

Like air pollution, noise pollution in Murrieta mostly comes from freeways and busy roadways, and the most heavily impacted areas are those close to freeways and busy roadways.

Partially because it has never been the site of large-scale industrial land use, the City does not contain a high number of contaminated sites, or any strong geographical concentrations of contaminated sites. At the same time, there are contaminated sites of various types throughout the City where clean up is ongoing or needed in the future. There are generally more of these in the central and southwestern areas of the City. Gas stations with underground leaking storage tanks are one of the most common types of contaminated sites. In addition, several formerly contaminated sites in Murrieta are recorded by the State of California as cleaned up.

SAFE, SUSTAINABLE, AND ACTIVE TRANSPORTATION

Most people in Murrieta drive to work, to school, and for daily needs such as shopping. This is similar to the transportation behavior of Riverside County, where in 2008 the average household drove 66.5 miles per day (21.26 miles per day per capita).⁸ Currently, with the exception of some areas like Historic Downtown Murrieta, walking or cycling is an infeasible mode of daily transportation for most Murrieta residents. Walking and cycling can provide health benefits by increasing levels of physical activity and reducing levels of air pollution. In addition, the risk of being involved in a collision with an automobile is a significant health risk for drivers, pedestrians, and cyclists alike.

From 2006-2008, 77 percent of Murrieta residents drove to work alone, slightly higher than the County, State, and national averages, while 13 percent carpooled (higher than the California average). Around 1.5 percent of Murrieta residents walked or cycled to work, which was about

⁸ Regional Transportation Plan 2008, Amendment 2 PL data provided by Yongping Zhang and Guoxiong Huang, Transportation Planning Department, Southern California Association of Governments in March 2010 for Raimi + Associates.



one-half the State and national average, while 0.1 percent of residents used public transportation to get to work. Similarly, rates of walking to school are lower than State averages.⁹

The average travel time to work (one-way) for a Murrieta resident from 2006-2008 was 36.5 minutes, around 35 percent longer than the California average of 27.0 minutes and 44 percent longer than the national average of 25.3 minutes.¹⁰ This implies that many residents are traveling outside of Murrieta for work. It also means that commute times and vehicle miles traveled could decrease if a higher proportion of residents worked in Murrieta.

Most housing in Murrieta is currently provided in single-use subdivisions with a hierarchical curvilinear street layout of neighborhood feeder streets and large arterials. Streets that do not connect to adjacent areas, cul-de-sacs without pedestrian cut-throughs, blocks with lengths over 1,000 feet, and a lack of nearby non-residential destinations are very common in almost of the City’s neighborhoods. Most of Murrieta’s commercial streets are wider than 60 feet, with high street speeds. These factors all reduce the number of route choices and attractive destinations for pedestrians, make walking less comfortable and safe, and make it difficult to walk as part of daily life.

On the other hand, many of Murrieta’s residential neighborhoods, as well as Historic Downtown Murrieta, have consistent and frequent street trees and sidewalks. Mature street trees, such as those found along Washington Avenue, are particularly valuable and pleasant for the pedestrian environment. Most of the residential subdivisions around the City have less mature trees, but with proper maintenance, they will continue to grow and improve the pedestrian environment over time.



Trees, sidewalks, and storefronts along Washington Avenue provide a comfortable and interesting environment for walking.

PUBLIC SPACES FOR PHYSICAL ACTIVITY AND SOCIAL COHESION

Parks, plazas, natural areas, sports facilities, and other public spaces can have great health benefits for physical and mental health. They encourage physical activity by creating a venue for organized or casual recreation. They can also provide opportunities for social interaction, relaxation, and a connection with nature, all of which have well-established links to good mental health.

⁹ 2005 California Health Interview Survey, “Walked/Biked/Skated to or from school in past week,” Riverside County and State of California, accessed March 23 at www.chis.ucla.edu.

¹⁰ U.S. Census Bureau, *American Community Survey Selected Economic Characteristics*, 2006-2008, available at www.factfinder.census.gov.



In Riverside County as a whole, 65.2 percent of residents report having visited a park, playground, or open space in the last week, similar to the California average of 68.8 percent.¹¹ As of June 2009, the City of Murrieta contained 476 acres of parkland within 48 total parks available for residents to use.¹² This total includes one Citywide park of 45 acres, 95 acres of Community Parks, and 10 Neighborhood Parks that provide over 72 combined acres of parkland. The City also includes seven “Nature Parks” containing 140 acres of parkland, 15 multi-use trails, 2,306.01 acres of Open Space, and additional acreage in joint-use school facilities and private recreation facilities. The City has set a standard of 5 acres of parkland per 1,000 residents. At 2011 population levels, it will require 34 acres of additional park space to meet this requirement. There are six locations in the City that are identified as underserved, farther than ½-mile from a park. Research shows that residents in these areas are less likely to meet minimum weekly exercise recommendations.¹³

HEALTHY ECONOMY

Income is one of the strongest determinants of health status. When people have access to high quality employment that pays a living wage, they are more likely to have access to health care, and they can more likely afford basic necessities such as healthy food and housing to support their health. Additionally, people with higher incomes incur less psychosocial stress about how to make ends meet.

The number of jobs in a community in proportion to the amount of housing available is an important indicator of both the availability of housing for the City’s workforce, and the availability of jobs for City residents. The need to travel long distances for work or for housing increases time spent driving, which negatively impacts physical health and decreases levels of social engagement. A lack of jobs can also diminish economic vitality, competitiveness, and sustainability.

The overall jobs/housing ratio within Riverside County is approximately 0.7, which includes all cities within its jurisdiction.¹⁴ Only 13 percent of the City’s labor force is employed in jobs within Murrieta, with 87 percent of the labor force commuting to areas outside the City. About 16 percent of the labor force commutes to Temecula for employment, while another 22 percent commutes into San Diego County. Murrieta residents hold only 21 percent of the jobs in Murrieta. Residents with higher education and occupational skills are largely commuting out of the City for work.

¹¹ 2007 California Health Interview Survey, “Visited a park, playground, or open space in the last month,” Riverside County and State of California, www.chis.ucla.edu.

¹² *City of Murrieta Parks and Recreation Master Plan, June 2009.*

¹³ L. Frank et al., 2000, *Linking Land Use with Household Vehicle Emissions in the Central Puget Sound: Methodological Framework and Findings*, Part D, Vol. 5, Transportation Research, *supra* note 11.

¹⁴ Western Riverside Council of Governments “Western Riverside County: A collection of profiles, indicators, and maps” (2006).



HEALTHY GOODS AND SERVICES

As a whole, the City of Murrieta is well-served by full-service grocery stores providing fresh produce, though some neighborhoods are better-served than others. The City has 14 grocery stores, including large chain vendors as well as locally owned and small grocery stores. This equals about 1.4 full-service grocery stores per 10,000 residents.¹⁵ As a rule of thumb, more than one grocery store per 10,000 residents is considered well served.¹⁶ A privately operated farmer's market and a community garden sponsored by the City are currently in operation, providing residents an additional opportunities to access high-quality local produce.



People are more likely to eat fruits and vegetables when they are sold nearby.

Access to health care and preventative care is an important component of community health. Over the past few decades, Riverside County's population has increased at a more rapid rate than have the various services, such as physicians and hospitals, necessary to support the population. As a result, Riverside County, in particular the Southern Area which includes Murrieta,¹⁷ experienced a general shortage of hospitals, physicians, and nurses compared to the rest of California. At the same time, three of the five hospitals in the Southern Area of Riverside County, Rancho Springs Medical Center, Inland Valley Regional Medical Center, and the recently completed Loma Linda University Medical Center, are located in or very near Murrieta. As a result, the City of Murrieta itself is fairly well-served by healthcare providers compared to other cities in the surrounding region.

In general, the ability of Murrieta residents to pay for health care, and their likelihood of being insured, is greater than the surrounding region. Approximately two-thirds of Murrieta residents are currently able to pay for hospitalization through private insurance, almost twice the rate for Riverside County. Conversely, only 23 percent paid with Medicare (compared with 42 for Southern Riverside County) and 8 percent paid with Medi-Cal (compared with 15 percent for Southern Riverside County).¹⁸ This corresponds with Murrieta's levels of income, which are higher than the national and county average,¹⁹ and its poverty rates, which are lower. At the

¹⁵ Based on a Murrieta population estimate of 97,029, U.S. Census, *American Community Survey Demographic Estimates*, 2006-2008, available at www.factfinder.census.gov.

¹⁶ The 1 grocery store per 10,000 residents rule of thumb is based on service area calculations used by the supermarket industry.

¹⁷ The Southern Area of Riverside County, as identified by Riverside County, includes Murrieta, Temecula, Canyon Lake, Lake Elsinore, Perris, San Jacinto, Hemet, and areas of unincorporated Riverside County between and surrounding these cities.

¹⁸ 2005 California Health Interview Survey, "Currently Insured" question for Riverside County and the State of California, accessed March 23, 2010 at www.chis.ucla.edu.

¹⁹ U.S. Census, *American Community Survey Selected Economic Characteristics*, 2006-2008, available at www.factfinder.census.gov.



same time, there are still significant segments of the Murrieta community, such as the elderly and those with lower incomes, that lack affordable access to health care or depend on various medical safety nets for their care.

7.4 SETTING THE VISION FOR A HEALTHY COMMUNITY

The Healthy Community Element seeks to improve the health of Murrieta's residents by:

- Promoting overall physical and mental health;
- Creating complete and well-designed neighborhoods and streets;
- Reducing the community's exposure to environmental hazards;
- Creating public spaces that promote physical activity and social cohesion;
- Promoting safe and active transportation;
- Supporting educational and occupational opportunities; and
- Encouraging healthy goods and services that are physically, economically, and culturally easily accessible.

The goals and policies in this Element are the result of a comprehensive analysis of existing health and environment conditions and input from the community at public workshops. They reflect a forward-looking but realistic approach to Murrieta's existing suburban character with low densities, single-use land areas, high levels of automobile use and orientation, and a very large land area. It may not be realistic to expect everyone in the City to sell their cars and start bicycling everywhere, but there are opportunities to promote more physical activity through improved park access, a better walking environment, a more well-connected cycling and trail system, and more jobs and services available locally.

As a guide for improving health in a fast-growing suburban community, this Healthy Community Element is a pioneer for other similar cities across the country. The Element's policies, as well as health-supportive policies in other Elements, include a mix of programmatic and physical strategies that can be implemented over the course of the General Plan. Their success will require patience, persistence, openness to change, and creative thinking about the possibilities of suburban living by local residents, businesses, developers, and the City alike.

The five key topics of the Healthy Community Element goals and policies are as follows:

- Citywide Health
- Environmental Health
- Public Spaces for Physical Activity and Social Cohesion
- Healthy Economy
- Healthy Goods and Services

Additional goals and policies related to the topics discussed in this Element are found in the following Elements: Land Use, Circulation, Conservation, Recreation and Open Space, Air Quality, and Noise.



7.5 GOALS AND POLICIES

CITYWIDE HEALTH

GOAL HC-1 Application of innovative and model best practices in the community health field.

POLICIES

- HC-1.1 Collaborate with the Riverside County Department of Public Health’s efforts to systematically collect, track, and analyze community health and social, economic, and physical environmental data.
- HC-1.2 Establish procedures and tools that help the City consider health in its planning and policy decisions.
- HC-1.3 Encourage that the municipal vehicle fleet achieve the highest possible number of fuel-efficient and low emissions vehicles commercially available.
- HC-1.4 Seek opportunities to promote healthy lifestyles, activities, and food choices at City offices and City-organized events.
- HC-1.5 Promote the health and well being of City employees through health challenges (e.g., weight loss contests, stop smoking, lunchtime/worktime sponsored events, bike to work days), healthy food choices, and healthy work environments, when feasible.

GOAL HC-2 Health and well-being for those who live, work, and play in Murrieta.

POLICIES

- HC-2.1 Consider community health in appropriate City actions and policies.
- HC-2.2 Establish relationships and collaborate with local health officials, planners, non-profit organizations, hospitals, local health clinics, and community groups to improve community health.
- HC-2.3 Seek input from the Riverside County Department of Public Health and others on proposed development projects or other land use and transportation decisions to encourage that the decisions promote health.
- HC-2.4 Incentivize health promotion groups to participate at City-sponsored events (i.e., waive booth fees at fairs, etc.).



- HC-2.5 Consider one or both of the following:
- Encourage developers of larger commercial/office/business park/industrial projects or projects that include sensitive uses (schools, senior centers, medical facilities, and larger residential projects) to prepare a health impact assessment (HIA) to determine potential impacts and to incorporate project-specific mitigation measures to avoid this risk.
 - A Healthy Development Checklist for use in reviewing new major development projects before finalizing plans.
- HC-2.6 Work with Riverside County and community groups to support the availability of substance abuse treatment services to encourage a functional and healthy workforce.

ENVIRONMENTAL HEALTH

GOAL HC-3 Clean, breathable indoor and outdoor air.

POLICIES

- HC-3.1 Update and enforce tobacco control laws that pertain to location and retailing practices, smoking restrictions, and smoking-free home and workplace laws.
- HC-3.2 Disseminate information to tenants and property owners about indoor mold growth hazards, reduction, and prevention methods.

PUBLIC SPACES FOR PHYSICAL ACTIVITY AND SOCIAL COHESION

GOAL HC-4 Public spaces that foster positive human interaction and healthy lifestyles.

POLICIES

- HC-4.1 Create public plazas with seating, art, and play features near shopping and business districts.
- HC-4.2 Work with restaurants and cafes to create sidewalk outdoor seating areas to activate the sidewalk.
- HC-4.3 Allow and encourage residents to apply for street closure permits for neighborhood block parties.



- HC-4.4 Build an affordable, accessible, and flexible central gathering/meeting space that individuals and community groups can rent for a variety of social, cultural, educational, and civic purposes.
- HC-4.5 Encourage the development and display of public art to promote the history, heritage, and culture of Murrieta.
- HC-4.6 Consider adopting a public art ordinance that 1) provides incentives for businesses to provide public art and 2) establishes a fee for commercial and industrial projects that do not wish to install public art.

HEALTHY ECONOMY

GOAL HC-5 **Socially and environmentally responsible businesses that provide meaningful employment opportunities to residents.**

POLICIES

- HC-5.1 Develop programs to attract and retain industries that can provide a living wage, provide health insurance benefits, and meet existing levels of workforce education.
- HC-5.2 Conduct a green technology business incubator feasibility study.
- HC-5.3 Engage existing business incubators and recruit green technology entrepreneurs to their facilities to develop a track record for green technology business development.
- HC-5.4 Encourage local employers to adopt healthy living/healthy employee programs and practice such as health challenges (e.g., weight loss contests, stop smoking, lunchtime/worktime sponsored events, bike to work days), healthy food choices, and healthy work environments.

HEALTHY GOODS AND SERVICES

GOAL HC-6 **A range of choices for accessible, affordable, and nutritious foods.**

POLICIES

- HC-6.1 Encourage equitable distribution of healthy food retail and dining options in all residential and employment areas of the City.



- HC-6.2 Research and consider land use regulations to limit fast food outlet density such as limits on chain, formula, or non-sit down establishments.
- HC-6.3 Identify and utilize available incentives, grants, and/or programs to encourage small grocery or convenience stores to sell basic healthy fresh food items. Programs could include grants or loans to purchase updated equipment, publicity, directories of healthy food outlets, or connecting stores to wholesale sources of healthy food.
- HC-6.4 Encourage restaurants to voluntarily eliminate transfats from their menus.
- HC-6.5 Identify and utilize available incentives, grants, and/or programs to encourage restaurants to create a healthier dining experience for customers by highlighting healthy dishes, offering smaller portion sizes, and disclosing nutrition facts.
- HC-6.6 Support community education programs on healthy eating habits and lifestyles, including topics such as nutrition, physical activity, and vegetable gardening.
- HC-6.7 Encourage larger food retailers to carry specialty ethnic food items and support the opening of smaller ethnic food stores.

GOAL HC-7

A variety of businesses that help create complete neighborhoods and support community health.

POLICIES

- HC-7.1 Encourage fitness centers such as gyms, yoga and dance studios, martial arts centers, and rock climbing facilities to open in Murrieta.
- HC-7.2 Encourage safe, high quality, and affordable child care services for residents and workers in or near housing, transportation, and employment centers.

GOAL HC-8

Accessible health care and preventative care.

POLICIES

- HC-8.1 Work with local and regional health care agencies to promote preventive treatment and broad access to health care.
- HC-8.2 Work with existing organizations and agencies to support high-quality affordable and convenient access to a full range of traditional and alternative primary, preventive, emergency, and specialty health care options.



- HC-8.3 Partner with community groups, the Riverside County Public Health Department, and the Murrieta Valley Unified School District to encourage school-based health centers.
- HC-8.4 Encourage that new public facilities, schools, parks, recreational facilities, and commercial, office, and medical buildings provide drinking fountains.

7.6 IMPLEMENTATION OF THE ELEMENT

The topic of Healthy Community crosses all areas of City government, and implementation will require coordination between a number of City departments, including Community Development, Economic Development, Public Works, and the Community Services District.

The Community Development Department and other relevant departments will review the City's existing codes and ordinances (including the Development Code and the Building Code) and make recommendations on how they can be improved to create more positive health outcomes in the City.

The Economic Development Department will pursue a program of incentives and outreach to attract health care related facilities and businesses to the City. The Economic Development Department will also explore incentives to 1) maintain or expand existing or 2) locate and establish new grocery stores and other healthy food purveyors, and to the extent possible, strive for an equal distribution of healthy food stores throughout the City.

The City can lead by example by developing City-sponsored programs to address employee health for city employees. Suggested programs could include weight loss challenges, exercise challenges, lunchtime exercise programs, sponsoring bike and walk to work days, and providing transit passes for employees.

