

Ashland and Cherryland Community Health and Wellness Element

An Element of the Alameda County General Plan



December 8, 2015



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Introduction

OVERVIEW

1.1. Project Background

The Alameda County Community Development Agency and Department of Public Health have partnered to develop the Ashland and Cherryland Community Health and Wellness Element (“Element” or “CHWE”) of the Alameda County General Plan. The CHWE is based on the principles of equity, accountability, collaboration, diverse resident participation, and the development of local assets and resources that support the community’s vision of health and wellness. The Element is based on the findings of a community health profile that describes the status of health and wellness in Ashland and Cherryland today, including a review of current physical, social, and economic determinants of health. The goals, policies, and actions in the Element address how land use and building policies may support health, social equity, and environmental justice within these communities. The actions include potential amendments to County ordinances, resolutions, and the commitment to establish programs aligned with the goals provided in the Element.

1.2. Planning Area

The CHWE covers the unincorporated communities of Ashland and Cherryland, surrounded by the Cities of Hayward and San Leandro and the unincorporated communities of San Lorenzo and Castro Valley. More detailed information about Ashland and Cherryland can be found in Chapter 2. A map of the Planning Area is provided as Figure 1.

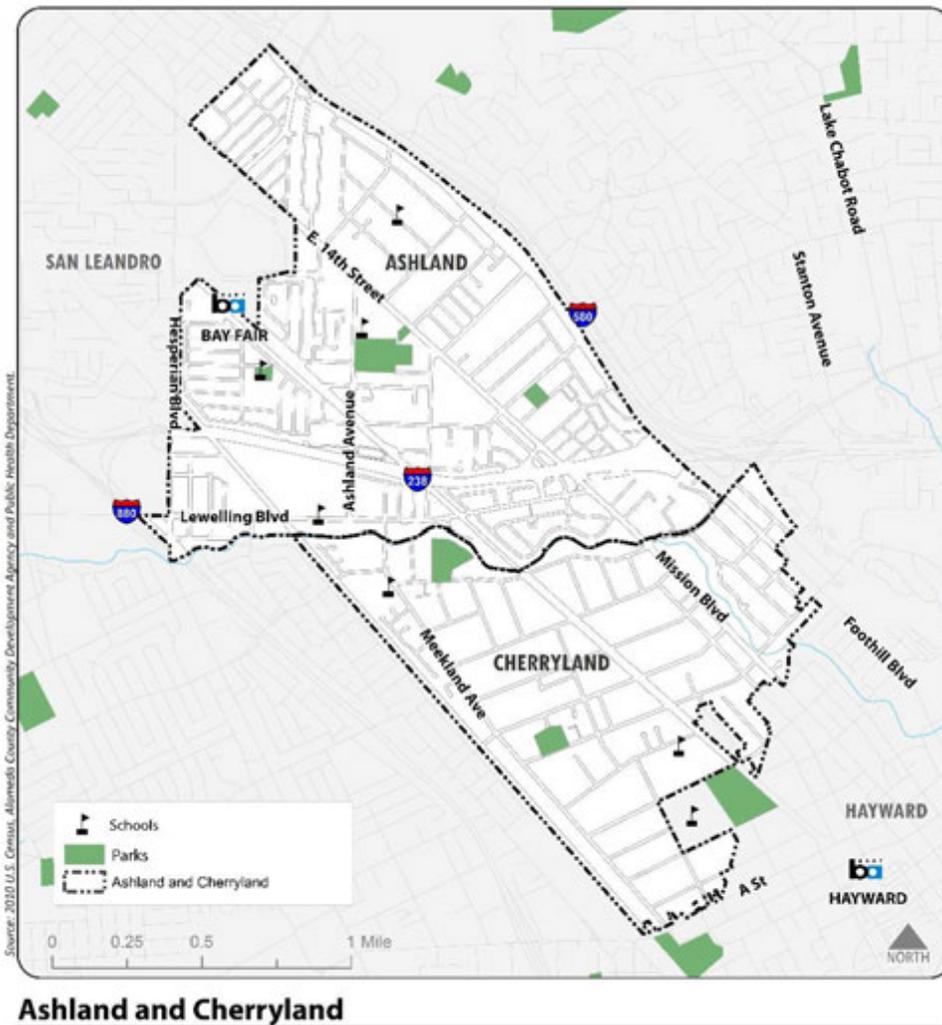


Figure 1: Ashland and Cherryland Community Areas

1.3. Vision, Purpose and Objectives

The vision of the CHWE is for Ashland and Cherryland residents to achieve improved health, wellness and resiliency. The purpose of the Element is to develop the foresight and the regulatory authority necessary to ensure that County land use and other policies are not incompatible with health, but rather that they support healthy, equitable, and ecological community development. It summarizes all of those actions that the County has or will take in support of the community vision; thereby providing an opportunity for improved collaboration and coordination of efforts taking place in Ashland and Cherryland. The general plan is the appropriate place for health policy as it can ensure that health is integrated into future land use policy and decisions. How land use policies and decisions are implemented through the general plan have long-term health, economic, social, political, and environmental consequences as the location and design of homes, schools, businesses, parks, hospitals, transportation routes and services, and other components of the built environment have a direct impact on where one chooses to live and work, and how much pollution they produce and are exposed to.

The following objectives were identified as part of this project and are aligned with the Element's vision and purpose:

- Residents invested in a vision for their community;
- A shift in focus to the environment in which projects are developed;
- A healthy community image; and
- A planning model that could be replicated in other unincorporated communities or cities within Alameda County.

In addition, the following tasks were identified as part of this planning effort:

- Determine the baseline health of residents living in the unincorporated areas of Ashland and Cherryland;
- Educate the community about the relationship between the built environment and health;
- Identify existing assets and resources that contribute to community health;
- Develop the capacity of individuals and community based organizations to actively participate in developing policies and programs that not only affect the built environment but also health;
- Address resident needs through the creation of community supported and evidence based goals and policies;
- Broaden resident/stakeholder involvement in land use decision-making;
- Improve coordination and collaboration among County departments and other organizations engaged in the issue; and
- Document lessons learned and best practices to serve as a model for other communities.

1.4. Topics Addressed within the Element

The Element addresses the following topics:

- Health and Social Services
- Public Safety and Social Environment
- Land Use and Housing
- Economic Opportunity
- Active and Safe Transportation
- Healthy Food Access
- Parks and Community Facilities
- Sustainability and Environmental Health

1.5. Built Environment and its Relationship to Health

What was once considered practical knowledge has been confirmed by years of epidemiological research: mortality and morbidity from infectious and chronic diseases can be reduced by improved nutrition and living conditions. Research has demonstrated that increased rates of chronic diseases such as obesity, diabetes, asthma, and heart disease are partially attributable to how communities are developed. Features of the built environment influence individual behaviors, physical activity patterns, social networks, and access to resources. For example, places built exclusively for automobiles, or otherwise lacking in parks or open space; neighborhoods lacking access to fresh fruits and vegetables; and housing that is located near sources of pollution, all pose threats to an individual's long-term health and well-being, as they are obstacles to healthy living. In 2006, the World Health Organization estimated that 25% of all deaths and disease were attributable to environmental factors. Thus, efforts to improve health outcomes must include strategies to address the built environment.

Anticipated growth and recent changes in land use regulation offer both challenges and opportunities for residents to change and revitalize their communities with the explicit goal of improved human and environmental health. Increased population will require better land use coordination to achieve local, regional and state environmental goals, infill housing that is close to employment opportunities, and do so within the County's urban growth boundaries. These challenges will require local and regional agencies to synchronize their land use and transportation planning efforts to meet State mandates codified in Assembly Bill 32 (Nunez, 2006) and Senate Bill 375 (Steinberg, 2008). As a result, Alameda County and the Ashland and Cherryland community are committed to creating vibrant, attractive communities that capitalize on infill development opportunities to create communities that support expanded employment opportunities, are pedestrian-friendly, bikeable, and transit-oriented. In addition to environmental sustainability benefits gained from compact, and mixed use development, researchers have also documented tangible community health benefits; therefore, there is significant local and regional political support for policy documents that will address health, sustainability and environmental justice such as the Ashland Cherryland Community Health and Wellness Element.

1.6. Relationship to the Eden Area Livability Initiative

The creation of a health-focused element of the General Plan was initially proposed during Phase I of the County's Eden Area Livability Initiative (EALI). Alameda County District 4 Supervisor Nate Miley spearheaded EALI in December of 2004, with the goal of improving the livability of the community of the western part of the unincorporated areas of Alameda County (referred to hereafter as the "Eden Area"). EALI included the formulation of "Livability Principles" (based on the Ahwahnee Principles, developed by the Local Government Commission in 1991) which identify regional and local beliefs that will be used to guide the development of an integrated approach for future planning, development, land use, and all aspects of service delivery (including education, infrastructure, fire, recreation, public health, public safety, and public works) decisions within the Eden Area. The Livability Principles are stated below and were used to guide the CHWE. In addition, "Livability Factors" were drafted. These factors were based on Prevention Institute's Tool for Health and Resilience in Vulnerable Environments (THRIVE). The "Livability Factors" are intended to help people understand and prioritize the factors within their own communities in order to improve health and safety. Both the "Livability Factors" and "Livability Principles" are included as Appendix D.

Throughout the life of the Initiative, community members have played a vital role in the development and direction of the process. Several community based leadership committees have been formed to provide input and guidance, while increasing the capacity of community based leadership. The Community Health and Wellness Element (CHWE) planning process happened parallel to and in coordination with the EALI Phase II planning process. EALI community input priorities were incorporated into the CHWE goals and policies.

1.7. Community Participation

The inclusion of community stakeholders helps to ensure that appropriate policies and actions are efficiently and effectively evaluated, developed, and implemented. The public outreach process consisted of the following strategies:

- Wellness Advisory Committee
- Community Workshops

- Attendance at Community Events
- Press Releases
- Website/Facebook Page
- Survey and Focus Groups

A summary of events is provided in Appendix B.

In addition to the activities listed above, the CHWE has been discussed at the following public hearings and meetings.

GROUP	DATE	TIME	LOCATION
Alameda County Planning Commission (Hearing)	10/6/2014	3:00 PM	224 West Winton Avenue, Room 160, Hayward, CA
Hayward Area Recreation and Parks District (HARD) Board of Directors	10/13/2014	7:00 PM	HARD Offices, 1099 E Street, Hayward, CA
Cherryland Community Association	10/14/2014	7:00 PM	Eden United Church of Christ, 21455 Birch St, Hayward, CA 94541
Community Meeting	10/30/2014	6:30 PM	224 West Winton Avenue, Room 160, Hayward, CA
Alameda County Planning Commission (Hearing)	11/17/2014	3:00 PM	224 West Winton Avenue, Room 160, Hayward, CA
Alameda County Planning Commission (Workshop)	4/20/2015	3:00 PM	224 West Winton Avenue, Room 160, Hayward, CA
Alameda County Planning Commission (Hearing)	6/1/2015	6:00 PM	224 West Winton Avenue, ECD Conference Room, Hayward, CA
Alameda County Planning Commission (Workshop)	8/3/2015	6:00 PM	224 West Winton Avenue, Room 160, Hayward, CA
Alameda County Planning Commission (Hearing)	9/8/2015	6:00 PM	224 West Winton Avenue, Room 160, Hayward, CA
Alameda County Planning Commission (Hearing)	9/21/2015	3:00 PM	224 West Winton Avenue, Room 160, Hayward, CA
Alameda County Board of Supervisors (BOS) – Transportation and Planning Committee	10/5/2015	9:30 AM	1221 Oak Street, Board Chambers, Oakland, CA
BOS – Health Committee	10/12/2015	9:30 AM	1221 Oak Street, Board Chambers, Oakland, CA
BOS	11/3/2015	1:00 PM	1221 Oak Street, Board Chambers, Oakland, CA
BOS	12/8/2015	1:00 PM	1221 Oak Street, Board Chambers, Oakland, CA

1.8. Intergovernmental Planning Coordination

In preparing the Element, County Planning and Public Health Department staff consulted with the following Alameda County departments and agencies to ensure that the policies are consistent with other initiatives and programs underway in Ashland and Cherryland:

- Alameda County Community Development Agency
- Alameda County Public Works Agency
- Alameda County Social Services Agency
- Alameda County Health Care Services Agency
- Alameda County Sheriff's Office
- Alameda County Fire Department

1.9. Scope and Organization

The Element is organized into three chapters and five appendices which are described as follows:

- The *Introduction* provides an overview of the document and describes its purpose and authority.
- The *Policy Framework* chapter describes what current or proposed policies and actions will be taken to support health and wellness within Ashland and Cherryland.
- The *Community Health Profile* chapter provides health and demographic data on the Ashland and Cherryland communities.
- *Appendix A* contains the PowerPoint presentation of Community Health Profile
- *Appendix B* provides a summary and analysis of community engagement and outreach activities.
- *Appendix C* contains the Survey and Focus Group Key Findings Report.
- *Appendix D* contains the "Livability Principles" and "Livability Factors" that were adopted as part of the Eden Area Livability Initiative (EALI).
- *Appendix E* is the Element's "Implementation Plan". Each of the goals, policies and actions is listed with the anticipated timeline and partners.

Authority

LEGAL OVERVIEW

2.1. Authority for the General Plan and Its Constituent Elements

The general plan expresses the community's vision for the future and is the roadmap for future development. The general plan is based on the principle that the built environment facilitates those actions and behaviors which contribute to an individual's quality of life and personal well-being. It is an assessment of current and future needs, and the resources needed to implement the goals and policies established. The general plan describes the goals, policies and actions that the community will undertake to protect the environment, maintain a healthy economy, provide housing, and ensure fair and equitable treatment of its residents.

State law (Article 5, Section 65300 et seq.) requires the County to have a general plan which contains seven elements: Land Use; Transportation; Housing; Open Space; Conservation; Safety and Noise. Section 65303 grants local jurisdictions the authority to create additional, "optional" elements to address the physical development of a community. Although the Ashland and Cherryland Community Health and Wellness Element is not required by statute, upon approval by the Board of Supervisors, as provided under Section 65300.5, it will have the same legal status as all other elements of the County's General Plan. All land use policies must be consistent with the vision and goals documented in the county's general plan. As the needs of the county change, the planning department with citizen comment and input makes recommendations to the board of supervisors to reflect the direction for the future and to update the general plan.

2.2. Consistency with Other Portions of the General Plan

The CHWE is part of the Alameda County General Plan. The Element presents background data and analysis, and policies and implementation recommendations which supplement materials contained in other portions of the General Plan. The CHWE, taken together with these other documents, make up the Alameda County General Plan.

State law requires the elements of the County's General Plan to be consistent. The CHWE is consistent with all of the other elements of the General Plan, in that it does not require any changes to the other elements of the General Plan, or recommend policies or programs that would contradict the goals and policies contained therein. The CHWE's goals should be interpreted and implemented consistent with those in other portions of the General Plan. As the General Plan may be amended over time, goals, policies, and implementing programs in all General Plan elements will be comprehensively reviewed for internal consistency.

The Alameda County General Plan consists of a number of elements, both geographic and functional. The CHWE has been developed as a separate document containing background and policy information that is useful in guiding public and private decisions affecting health.

Supplemented by background information, analysis and policy statements, the following Elements and Plans, including the CHWE, constitute the comprehensive General Plan for the County:

- Community Climate Action Plan, adopted February 2014
- Safety Element, adopted January 2013, and amended February 2014
- Castro Valley Plan, adopted March 2012
- Alameda County Housing Element, adopted May 2015
- Eden Area General Plan, adopted March 2010
- East County Area Plan, adopted May 1994; modified by voters through Measure D, November, 2000, codified by Board of Supervisors May, 2002
- Open Space Element, adopted May 1973, and amended May 1994
- Conservation Element, adopted January 1976, and amended May 1994
- Noise Element, adopted January 1976, and amended May 1994
- Park and Recreation Element, adopted June 1956, and amended May 1994
- Scenic Route Element, adopted May 1966, and amended May 1994

In addition, the County is currently revising its Resource, Conservation and Open Space Elements and is working on a new Agriculture Element to the General Plan. These Elements will be cross-referenced with the CHWE to ensure that they are consistent with one another.

CHAPTER 1: GOALS, POLICIES, AND ACTIONS

1.0 HEALTH AND SOCIAL SERVICES

Goal A. Increase access to health and social services.

Health and social services are located throughout the community and accessible to those who need them most to improve health disparities caused by inequitable access.

***Rationale:** Easy access to health and social services is vital for helping residents of all ages, abilities, and incomes prevent illness before it arises or worsens and address social risk factors that exacerbate health disparities in Ashland and Cherryland.*

Policies

- Policy A.1.** Monitor trends related to Ashland and Cherryland’s health and wellness conditions and outcomes.
- 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.
- 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.
- 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.
- Policy A.5.** Educate the public about the links between the built environment and individual/community behaviors and outcomes, as they may change over time.
- 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.
- 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.
- 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.
- Policy A.9.** Support the elimination of barriers for individuals with permanent and temporary disabilities to access healthcare and health resources.
- Policy A.10.** Support access to improved health and social services for seniors , the homeless, and young children and their families.

- Policy A.11.** Support the elimination of barriers for individuals with limited or no English proficiency to access healthcare resources.
- 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.
- Policy A.13.** Collaborate with mobile healthcare clinics to implement and coordinate services with primary care clinics in priority areas.
- Policy A.14.** Identify veterans and ensure their access to employment, housing, and nutrition services.

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.
- Action A.2.** Prioritize pedestrian safety and access improvements around healthcare facilities to ensure the infrastructure supports people of all ages and abilities.
- 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.
- 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.
- Action A.5.** Continue to expand the horizontal enrollment (i.e. “No wrong door”) to screen people for their eligibility for public benefits programs.
- Action A.6.** Ensure the Alameda County Department of Public Health continues to disseminate updated data for Ashland and Cherryland to other County agencies and local community groups through reports and presentations.
- 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.
- Action A.8.** Coordinate the County’s Healthcare for the Homeless program with other services for homeless persons in Ashland and Cherryland.
- Action A.9.** Promote the co-location of healthcare and mental health services for easy access to complete care.

2.0 PUBLIC SAFETY AND SOCIAL ENVIRONMENT

Goal B. Improve the safety of neighborhoods and public spaces.
Neighborhoods and public spaces in Ashland and Cherryland facilitate social interaction while fostering a sense of identity and community pride through improved real and perceived safety.

***Rationale:** Social connections and real and perceived safety are correlated with lower stress, reduced risk of cardiovascular disease, and faster recovery for illness or injury. Violence is a significant threat in some neighborhoods, while fear of violence causes great stress and reduces outdoor physical activity in the neighborhood. People experience less stress when they feel in control of their environment and have a sense of connection and community pride.*

Policies

- 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.
- Policy B.2.** Improve neighborhood involvement in crime prevention, neighborhood beautification, and blight reduction.
- Policy B.3.** Promote Ashland and Cherryland resident participation in the County’s Community Emergency Response Team (CERT) programs.
- Policy B.4.** Make places such as abandoned buildings, vacant lots, vacant homes, and underpasses safer through Crime Prevention Through Environmental Design (CPTED) principles.
- 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.”
- 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.
- 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.
- 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.
- 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.
- Policy B.10.** Provide an appropriate mix of uses, high-quality design, and appropriate programming to facilitate natural surveillance in public spaces.
- Policy B.11.** Encourage and support private landowners to maintain and upgrade their property in neighborhoods, commercial corridors, and industrial areas.

- Policy B.12.** Protect Ashland and Cherryland’s neighborhoods and commercial areas from adverse impacts of vacant and underutilized sites, graffiti, and blighted buildings and structures.
- Policy B.13.** Enhance local self-governance by increasing resident involvement in neighborhood improvement efforts, including issues concerning safety, neighborhood character, planning, and revitalization.
- Policy B.14.** Continue to work with community partners to create programs that provide opportunities for cross-cultural understanding, volunteerism, and multi-generational interaction.
- Policy B.15.** Expand and strengthen collaborations with faith-based and non-profit organizations to better serve youth, re-entry population, seniors, and veterans.
- Policy B.16.** Encourage participation of community partners for the landscaping of public spaces, community garden projects, and community art projects.
- Policy B.17.** Promote volunteer programs with local non-profit organizations and public schools to foster a sense of ownership and pride among residents.
- 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.

Actions

- Action B.1.** Continue to convene and serve on violence prevention committees.
- 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.
- 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.
- 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.
- Action B.5.** Support and sponsor community gatherings such as cultural events, movie nights, food truck gatherings, etc.
- Action B.6.** Educate the public about how to report blight, graffiti and unsafe conditions to Public Works and Code Enforcement.
- Action B.7.** Encourage Public Works and Code Enforcement to work quickly to resolve problems, and abate graffiti.
- 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.
- 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.
- 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).

- Action B.11.** Support store owners in identifying low-cost solutions to maintenance issues and, if possible, provide financial assistance to businesses.
- Action B.12.** Continue to enforce and monitor the effectiveness of the Neighborhood Preservation and Junk Vehicle Ordinances.
- Action B.13.** Maintain, and if possible increase, current funding for code enforcement.
- 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.
- 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.
- Action B.16.** Partner with community organizations to work with local liquor stores to improve perceived and actual neighborhood safety.
- Action B.17.** Enforce existing sign ordinance in order to keep businesses' window area uncovered to improve eyes-on-the-street visibility.
- Action B.18.** Encourage, when appropriate, the installation of internal and exterior security cameras, and improved outdoor lighting.
- 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.
- 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).
- 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.
- 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").
- 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.
- 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.
- 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.

3.0 LAND USE AND HOUSING

Goal C. Develop complete and livable neighborhoods for all residents.
Ashland and Cherryland neighborhoods provide access to a range of daily goods and services, schools, and recreational resources within comfortable walking distance of homes.

***Rationale:** Complete neighborhoods that contain a mix of commercial, educational, and recreational uses near homes encourage residents to walk and bike to meet their needs. When more residents are out walking and bicycling, it supports the local economy, provides opportunities for physical activity, reduces air pollution and collisions due to fewer automobile trips, and increases safety and liveliness through more “eyes on the street.” Complete, mixed-use neighborhoods also support residents who cannot afford or choose not to own a private automobile.*

Policies:

- 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.
- 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.
- 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.
- 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.
- 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.
- Policy C.6.** Support increased resources for code enforcement to address issues of blight and zoning code violations.
- Policy C.7.** Collect data with the goal of improving the habitability of existing housing units, both in owner and tenant occupied units.
- 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.
- 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.

Actions

- Action C.1.** Conduct an assessment of available basic goods and services by neighborhood to identify service gaps in underserved areas and to create incentives for business creation to fill service gaps.
- 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.
- Action C.3.** Continue to implement the goals, policies, and actions of the County's Housing Element.
- Action C.4.** Continue to implement and refine the EveryOne Home Plan to end homelessness, including provision of permanent supportive housing.
- Action C.5.** Continue to enforce the Americans with Disabilities Act, and encourage the practice of universal design.
- Action C.6.** Continue to provide Adult and Aging Services for Ashland and Cherryland residents.
- 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.

Goal D. Reduce the use of and exposure to toxins.

Ashland and Cherryland residents live in a healthy environment where they are protected from the harmful effects of toxins, particulates, hazardous materials, and other contaminants and environmental hazards.

***Rationale:** Motor vehicles and stationary pollution sources are the principle contributors of particulate matter, nitrogen oxides, and ozone, which contribute to asthma, bronchitis, and cancers. Although people spend about 90 percent of their time indoors, indoor air quality is not as well regulated and can often be worse than outdoor air quality. Creating healthy environments for residents and workers will both support a thriving community and reduce disparate health and environmental impacts.*

Policies

- 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.
- 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.
- 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.

- Policy D.4.** Utilize integrated pest management in County landscaped areas to reduce or eliminate the use of herbicides and pesticides.
- 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”.
- Policy D.6.** Encourage the use of plants, grasses and trees that do not release excessive amounts of pollens, spores, or other air particulates.

Actions

- 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).
- Action D.2.** Encourage clean and green businesses to retain jobs while transforming to less-polluting uses.
- 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.
- 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.
- Action D.5.** Maintain adequate setbacks and enforce building design guidelines in order to help create healthy indoor and outdoor living environments.
- Action D.6.** Continue to administer the Healthy Homes Program.
- Action D.7.** Create a Healthy Development Checklist in order to facilitate the consideration and integration of health impacts of development.
- 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.
- 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.
- Action D.10.** Create healthy building materials fact sheets that can be provided to property owners and contractors when applying for building permits.
- 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.
- Action D.12.** Use existing planning tools to prevent and reduce residential exposure to air pollution.
- Action D.13.** Provide local businesses and residents information on ways to reduce or eliminate herbicide and pesticide usage.
- Action D.14.** Publicize the Household Hazardous Waste Program.
- Action D.15.** Request that the BAAQMD monitor the area for air quality.
- 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.

Goal E. Reduce youth and adult substance abuse.

Policies and programs minimize resident use and exposure to alcohol, tobacco, and other drugs to create a community free of substance abuse problems.

***Rationale:** The abuse of alcohol, tobacco and other drugs impacts not only the user, but the community as a whole. Cigarette smoking remains the single most preventable cause of disease and death in the United States, and alcohol and illicit drug use are associated with many serious problems in the community. Drug abuse and addiction often start with targeted advertisements, repeated exposure and first use at a young age. Smoking bans, and limitations on where persons may smoke, protect nonsmokers from secondhand smoke. Studies have shown that smoke free laws can also motivate and help tobacco users quit and even prevent initiation of tobacco use.*

Policies

- Policy E.1.** Limit residents' exposure to secondhand smoke and vapors.
- Policy E.2.** Reduce Ashland and Cherryland youths' exposure to, and interest in, alcohol, tobacco and other drugs..
- Policy E.3.** Discourage advertising that promotes tobacco use, alcohol use, and non-nutritious foods.
- Policy E.4.** Require and clarify that all smoking/tobacco policies and regulations equally apply to the sale and usage of e-cigarettes.

Actions

- 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.
- 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.
- Action E.3.** Expand the use of signage to enforce County "no-smoking" regulations.
- Action E.4.** Consider the adoption of an ordinance that bans smoking in multi-family housing including common areas and 100% of individual units.
- 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.
- 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.
- Action E.7.** Provide opportunities to share multi-lingual information and services to residents to assist them in quitting smoking.
- Action E.8.** Develop educational program events to reduce youth exposure to an interest in alcohol and tobacco and other drugs.
- Action E.9.** Draft a Tobacco Retailers License ordinance for consideration by the Board of Supervisors.
- 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.

- Action E.11.** Consider revising the minimum age to purchase tobacco and other smoking and vaping products to 21 years of age.

4.0 ECONOMIC OPPORTUNITY

Goal F. Expand economic and educational opportunities for residents.
Residents have equitable access to educational and economic opportunities that provide the material and social means for human development and upward mobility in Ashland and Cherryland.

***Rationale:** Education and income are two of the most powerful determinants of a person's health and well being. People with higher levels of education are also more likely to have better health care, be more engaged in their community, and have healthier habits (related to food, exercise, and substance abuse). Education is also strongly correlated to income and wealth. People with higher incomes have lower stress levels because they can more easily meet their material needs (food, shelter, transportation, etc.) and they are more likely to feel in control of their lives. Stress is associated with an increased risk of almost every chronic disease as well as many mental/behavioral health conditions.*

Policies

- Policy F.1.** Improve infrastructure and communication technology to enhance and attract investment within the community.
- Policy F.2.** Support locally owned and cooperative enterprises and businesses to maximize economic and community benefits for Ashland and Cherryland residents.
- 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.
- Policy F.4.** Encourage businesses and industries to provide living wages and benefits, and opportunities for skill development and advancement.
- 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.
- 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.
- 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.
- Policy F.8.** Pursue the development of vacant, underutilized and/or blighted sites.
- Policy F.9.** 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.

- Policy F.10.** Advocate and provide avenues for increasing resources and opportunities for all schools and students in Ashland and Cherryland.
- 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.
- 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.
- Policy F.13.** Increase financial literacy for adult and youth residents so they can make smart monetary choices and build wealth.
- 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.

Actions

- 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.
- Action F.2.** Fund and implement a façade improvement program for private commercial property that enhances the safety, aesthetics, and walkability of an area.
- 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.
- 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.
- Action F.5.** Perform ongoing economic analysis, review, and revise existing economic development plans based on the updated data and make data publicly available.
- 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.
- Action F.7.** Support programs that increase employment opportunities and reduce barriers for formerly incarcerated residents.
- Action F.8.** Support volunteer/internship opportunities for local youth.
- Action F.9.** Work with local institutions of higher education to coordinate and expand professional development pathways for residents to become licensed childcare providers.
- Action F.10.** Review, and if necessary, revise zoning regulations that limit home based early childhood education facilities.
- 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.

5.0 AGRICULTURE AND HEALTHY FOOD ACCESS

Goal G. Expand convenient access to healthy food and beverage choices for all.
Residents have access to affordable, nutritious, and culturally appropriate foods at grocery stores, community gardens, urban agriculture sites, local markets, and restaurants that provide a range of fresh fruits and vegetables and other whole foods.

***Rationale:** Ashland and Cherryland have disproportionately less access to food retail outlets that sell fresh, nutritious, affordable and culturally appropriate fruits, vegetables and other whole foods than other communities in Alameda County. They also have disproportionately higher concentrations of convenience stores, liquor stores, and other sources of unhealthy foods. When residents live closer to healthy food options, they are more likely to eat healthier. Conversely, when residents live near unhealthy food options, they are more likely to consume unhealthy options (high calorie, high fat and low nutritional value). Eating a healthy balanced diet decreases the risk of being overweight or obese and decreases the risk of almost every chronic disease.*

Policies

- Policy G.1.** Promote the availability of fresh fruits and vegetables and quality foods.
- 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.
- Policy G.3.** Support urban agriculture and encourage local farmers to provide fresh food locally.
- Policy G.4.** Permit urban and local agriculture on publicly owned vacant land that is suitable for growing food.
- 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.
- Policy G.6.** Promote the use of urban farms and community kitchens at schools; integrate experiential learning using school garden education and cooking.
- Policy G.7.** Seek ways for residents, businesses, and institutions to reduce food waste.

Actions

- 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.

- Action G.2.** Provide educational opportunities for growing, preparing, and selling local food products including cottage food products.
- 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.
- 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.
- 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.
- Action G.6.** Collaborate with local food advocacy organizations to develop an urban agriculture program with youth training opportunities.
- Action G.7.** Support and participate in the development of the Urban Greening Master Plan.
- 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.
- 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.
- Action G.10.** Explore the possibility of planting fruit trees on County land to create edible landscaping for the public.
- 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.

6.0 ACTIVE AND SAFE TRANSPORTATION

Goal H. Encourage access to safe and convenient public transit and active mobility options for all.

Residents have access to safe, convenient, and reliable public transportation and bicycle and pedestrian facilities that increase physical activity, reduce air and noise pollution, and make streets safe for people of all ages.

Rationale: Car traffic and parking can discourage other more healthful uses of streets and land. Poor design contributes to pedestrian/bicyclist and vehicle collisions. All residents of walkable/bikeable neighborhoods with convenient and reliable public transportation are more likely to achieve the recommended amount of daily exercise, have improved air quality and experience less noise pollution.

Policies

- 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.

- Policy H.2.** Promote walking and bicycling as a safe and convenient mode of transportation.
- Policy H.3.** Enhance safety and accessibility for pedestrians, bicyclists and public transit riders.
- 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).
- Policy H.5.** Evaluate and consider existing traffic conditions and infrastructure to ensure safety for students going to and from all schools.
- Policy H.6.** Support improvements in transportation access and mobility for persons with disabilities.
- Policy H.7.** Evaluate the impacts of transportation decisions on existing businesses.

Actions

- 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.
- Action H.2.** Support the synchronization of signals around schools to ensure traffic flow and safety.
- 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.
- Action H.4.** Continue to support and enhance the Safe Routes to School Program.
- 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.
- Action H.6.** Educate the public about how to report speeding drivers via phone, in person, and online.
- Action H.7.** Support creative ways to increase enforcement such as a senior volunteer program, pedestrian stings, and speed surveys.
- Action H.8.** Encourage bicyclists to be aware of bicycling issues and lawful/responsible riding.
- 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.
- Action H.10.** Investigate the feasibility of a bike share/rental program.
- Action H.11.** Collaborate with local businesses to provide safety equipment such as helmets, lights, and horns for youth.
- Action H.12.** Ensure that transportation improvements meet the applicable requirements of the Americans with Disabilities Act.

7.0 PARKS AND COMMUNITY FACILITIES

Goal I. Improve access to parks, recreation, and community facilities.
Community members can enjoy a variety of high quality, well-activated, accessible, and safe parks and recreational facilities that create a sense of place and community.

***Rationale:** Readily accessible and safe recreational facilities, nature areas, and community facilities encourages people to exercise which is critical to living a long, healthy life and preventing disease. Exposure to nature and greenery improves psychological and social health and can help reduce crime and domestic violence. Parks can also increase the real estate value of property in the area. Finally community facilities can help provide spaces to strengthen civic engagement and cultural identity.*

Policies

- Policy I.1.** Support the development of a comprehensive and integrated system of parks, plazas, playgrounds, trails and open space.
- 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.
- Policy I.3.** Promote park and facility design that discourages vandalism, deters crime, and creates a safe and comfortable environment.
- Policy I.4.** Expand park and recreation opportunities in Ashland and Cherryland.
- 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.
- 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.
- 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.

Actions

- 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.
- 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.
- Action I.3.** Develop spaces as focal points for community interaction.
- Action I.4.** Advocate for infill and pocket parks.

- Action I.5.** Organize neighborhood clean ups of roads, parks, and creek.
- Action I.6.** Collaborate with HARD and local recreation organizations to expand recreational programming at the parks, particularly for low-income youth, seniors, persons with disabilities and families (i.e. walking groups, tai chi, etc.)
- 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.
- 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.

8.0 SUSTAINABILITY AND ENVIRONMENTAL HEALTH

Goal J. Grow sustainably and prepare for the impacts of climate change.
The community protects the air, water, and soil quality and the overall ecosystem in Ashland and Cherryland. Residents and workers are prepared for and have built up resiliency to the potential public health consequences of climate change.

***Rationale:** In the Bay Area, the predicted negative health impacts of climate change include increased numbers days with extreme hot or cold temperatures, variable rainfall patterns (which can impact flooding), unstable food supply, increased risk of vector-borne diseases, and increased air pollution. These impacts will disproportionately affect vulnerable populations such as young children, the elderly, linguistically isolated residents, people living in poverty, and persons with existing health conditions. The diverse public health and environmental impacts of climate change require strategic planning and action today. Additionally, protecting environmental health today will increase the area's sustainability, the population's environmental health, and help prepare for and adapt to climate change impacts.*

Policies

- Policy J.1.** Prioritize actions that affect environmental issues such as climate change, water conservation, and energy efficiency.
- 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.
- 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.
- 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.

- 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.
- 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.

Actions

- 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.
- Action J.2.** Provide funding and support to community and school groups that offer opportunities to learn about environmental stewardship.
- 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.
- 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.
- Action J.5.** Provide access to cooling during extreme heat events to minimize heat-related mortality and morbidity.
- Action J.6.** Expand enforcement of existing regulations to protect workers from the potential health impacts of extreme heat.
- 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.
- Action J.8.** Review the existing Alameda County Green Building Ordinance and consider 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.

CHAPTER 2: COMMUNITY HEALTH PROFILE

INTRODUCTION

In order to best address a community's needs, an assessment of its existing current populations demographics, and the potential future needs of the community must be reviewed. This chapter examines current population figures, income levels, ethnic composition, and age composition to obtain a profile of the residents who make up Ashland and Cherryland. County and state-wide statistics are occasionally provided to allow the reader a broader understanding of the conditions facing our communities. The Community Health Profile chapter includes:

- Population and employment trends;
- Data on educational attainment and school sites;
- Income, unemployment, and poverty statistics;
- Health and mortality data;
- Land use and housing characteristics;
- Public safety data;
- Food access and alcohol outlet access;
- Transportation access; and
- Park facilities and their density and location.

Sources of Information

The primary source of demographic, housing, and socioeconomic information used to support the technical analysis in the CHWE includes data collected by the U.S. Census Bureau. This baseline population, housing, and socioeconomic data for cities and counties is collected every 10 years as part of the national Census. The most recent Census was collected in 2010. The Census Bureau compiles interim data between censuses in the American Community Survey (ACS). The ACS, however, represents averaged data over one, three, and five years and is collected from a sample. Averaged data does not offer as good of a snapshot of the community or recognize the changes in that community over time as well. Furthermore, a small sample size may result in larger margins of errors. As a result, data taken from the ACS may not accurately reflect community characteristics; however, some data is only available as part of the ACS. Using information obtained from the ACS, HUD creates a special Census tabulation for use in Consolidated Plans. The most recent HUD Comprehensive Housing Affordability Strategy (CHAS) data available was tabulated using the 2006-2010 ACS.

Additional data is provided by the Alameda County Public Health Department, the Alameda County Community Development Agency, the California State Department of Education, Alameda County Sherriff's Office as reported to the Federal Bureau of Investigation, and other sources as noted throughout. Information from these sources makes it possible to develop plans and programs to address the needs of our community.

DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE

Current Population and Population Growth

Table 1 shows the population changes from 1990 to 2010. The relative increase in population for both Ashland and Cherryland outpaced the increases experienced in the County as a whole.

Table 1: Population Growth, 1990-2010

Place	1990	2000	2010	2000-2010		1990-2010	
				Absolute Change	Percent Change	Absolute Change	Percent Change
Ashland	16,590	20,793	21,925	1,132	5%	5,335	32%
Cherryland	11,088	13,837	14,728	891	6%	3,640	33%
Alameda County	1,279,182	1,443,741	1,510,271	66,530	5%	231,089	18%

Source: U.S. Census Bureau, 1990, 2000 and 2010 Decennial Census Counts, Table DP-1

Age Distribution

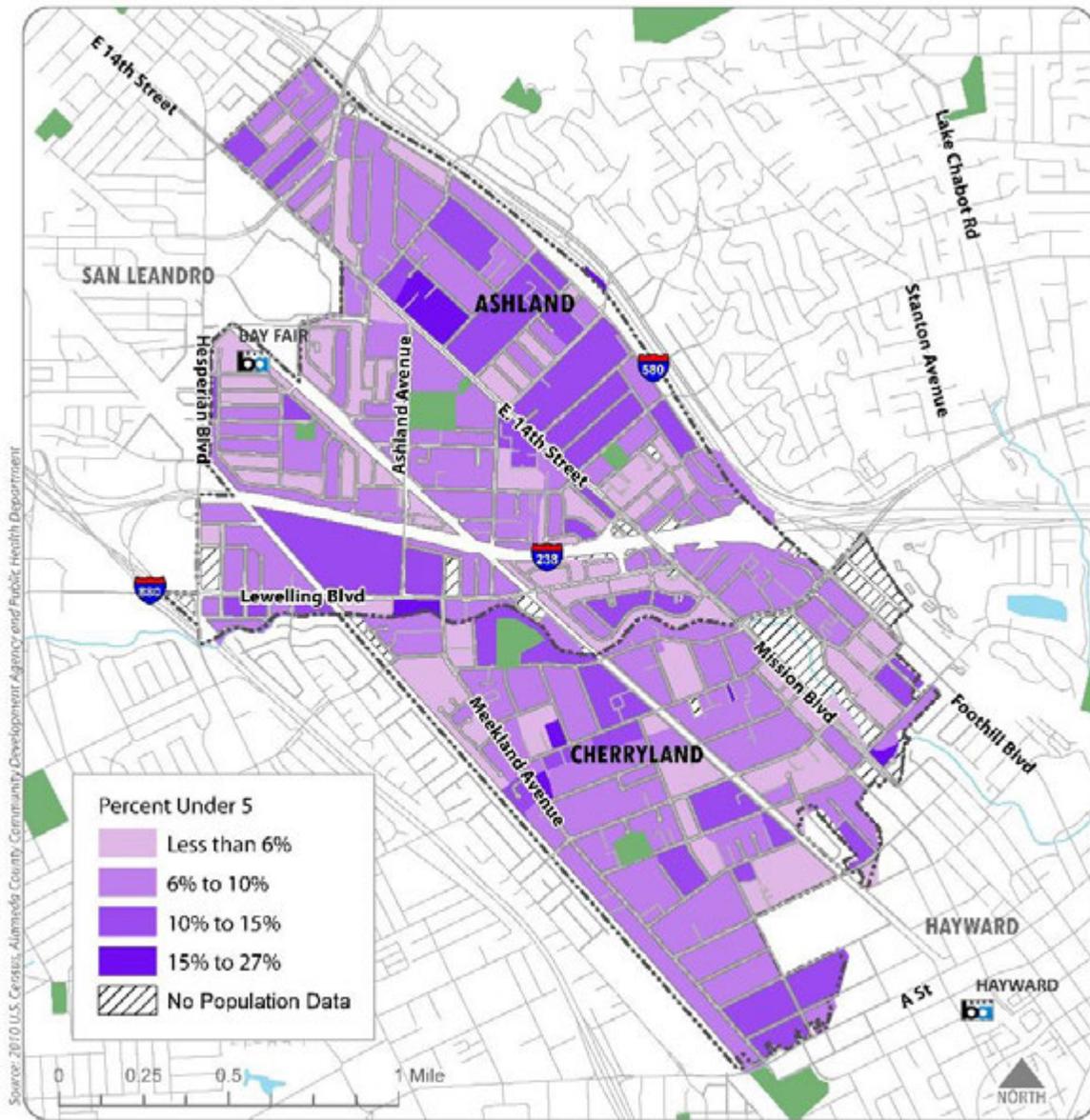
Ashland has a median age of 31.4 years, the lowest median age of any unincorporated Census Designated Place (CDP) and more than five years less the County median age. More than half of all persons in Ashland and Cherryland are under the age of 55, with persons aged 0-19 representing the largest share of that population.

Table 2: Age Distribution

Place	Age Distribution						Median Age 2010	Median Age 2000
	0-19	20-34	35-54	55-64	65-74	75+		
Ashland	31%	25%	28%	9%	4%	4%	31.4	30.9
Cherryland	29%	25%	28%	9%	5%	4%	32.3	31.6
Alameda County	27%	24%	17%	18%	9%	5%	36.6	34.5

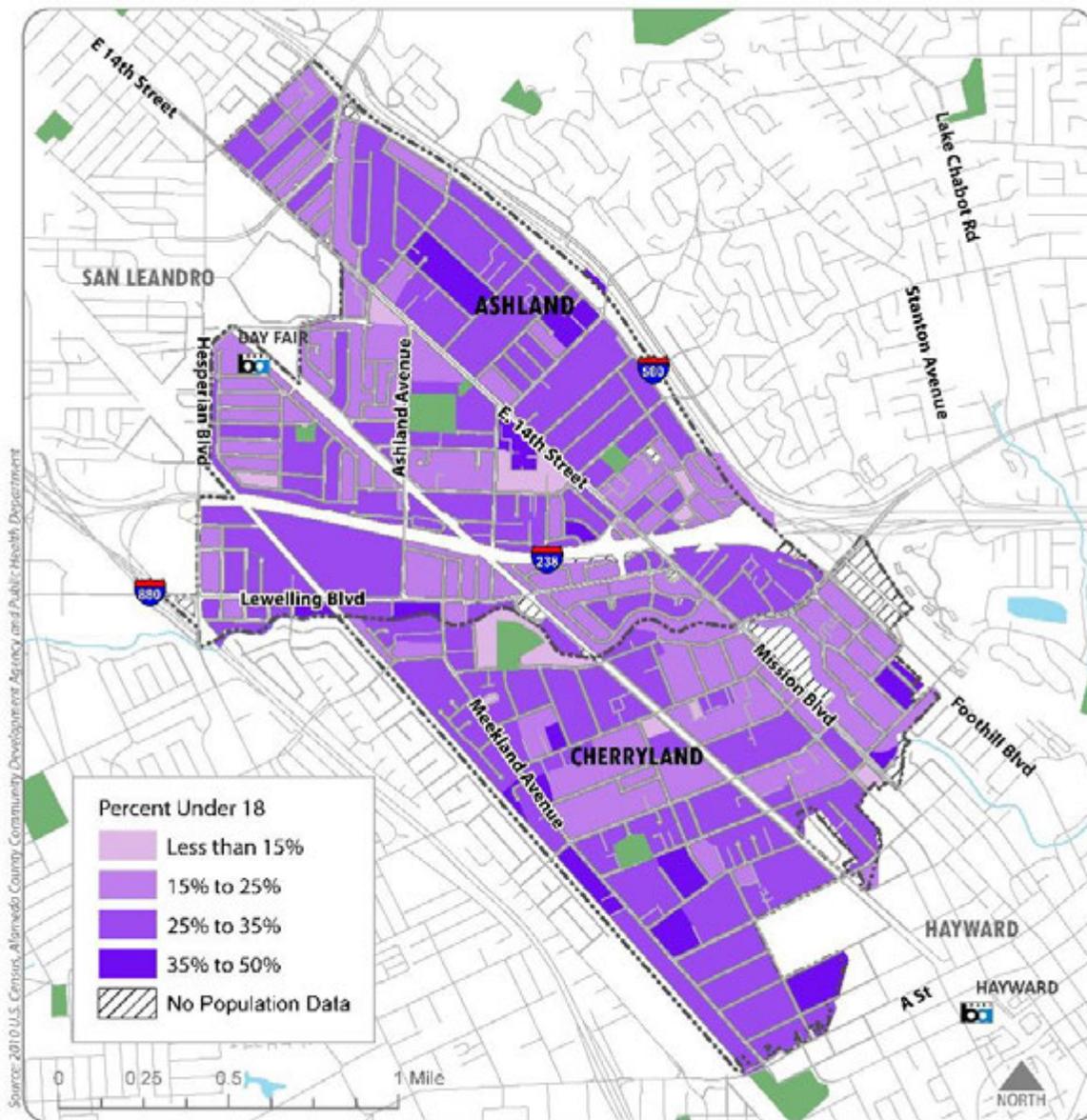
Source: U.S. Census Bureau, 2000 and 2010 Decennial Census Counts, Table DP-1

Figure 2: 2010 Population Under 5



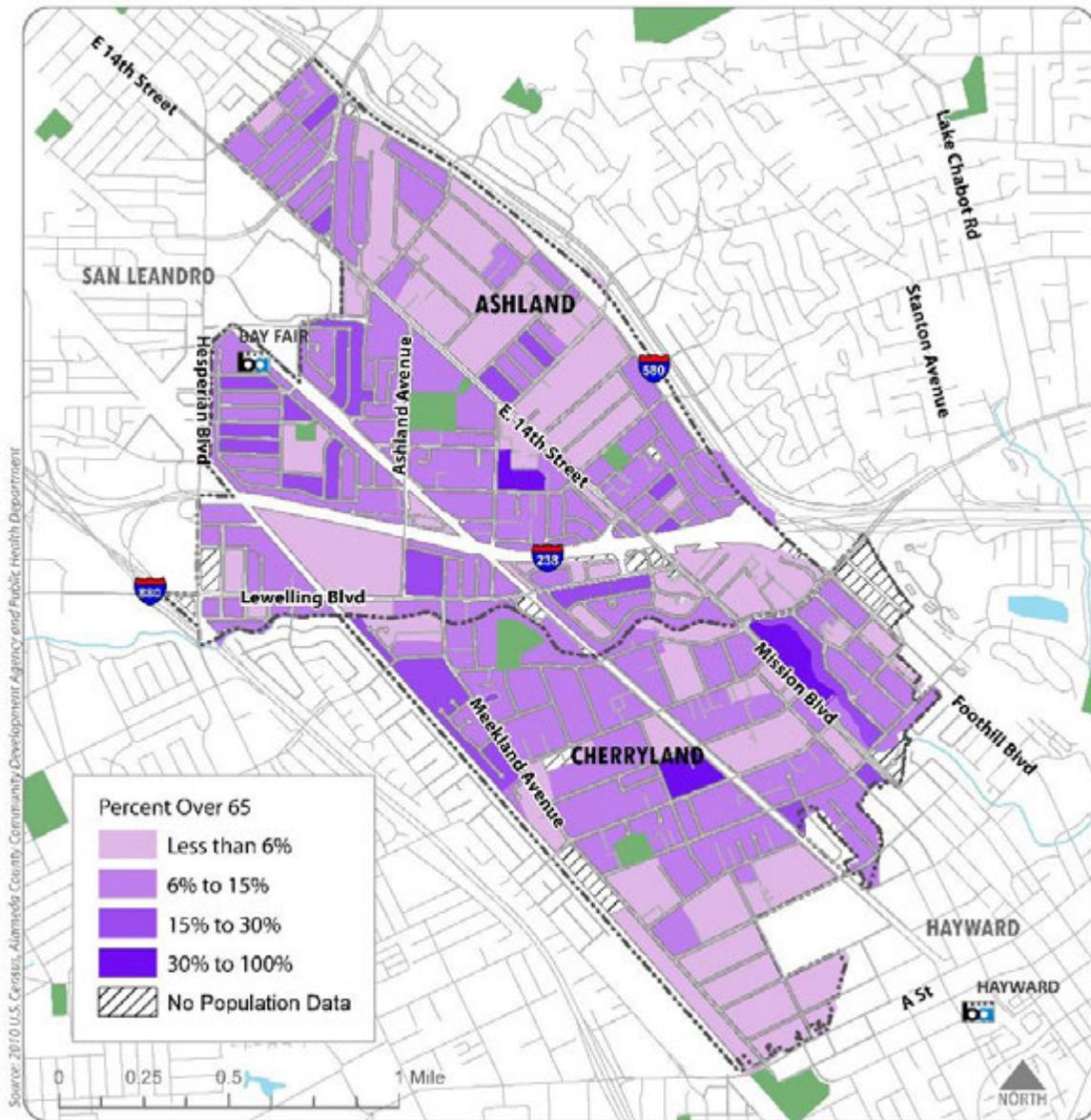
2010 Population Under 5

Figure 3: 2010 Population Under 18



2010 Population Under 18

Figure 4: 2010 Population Over 65

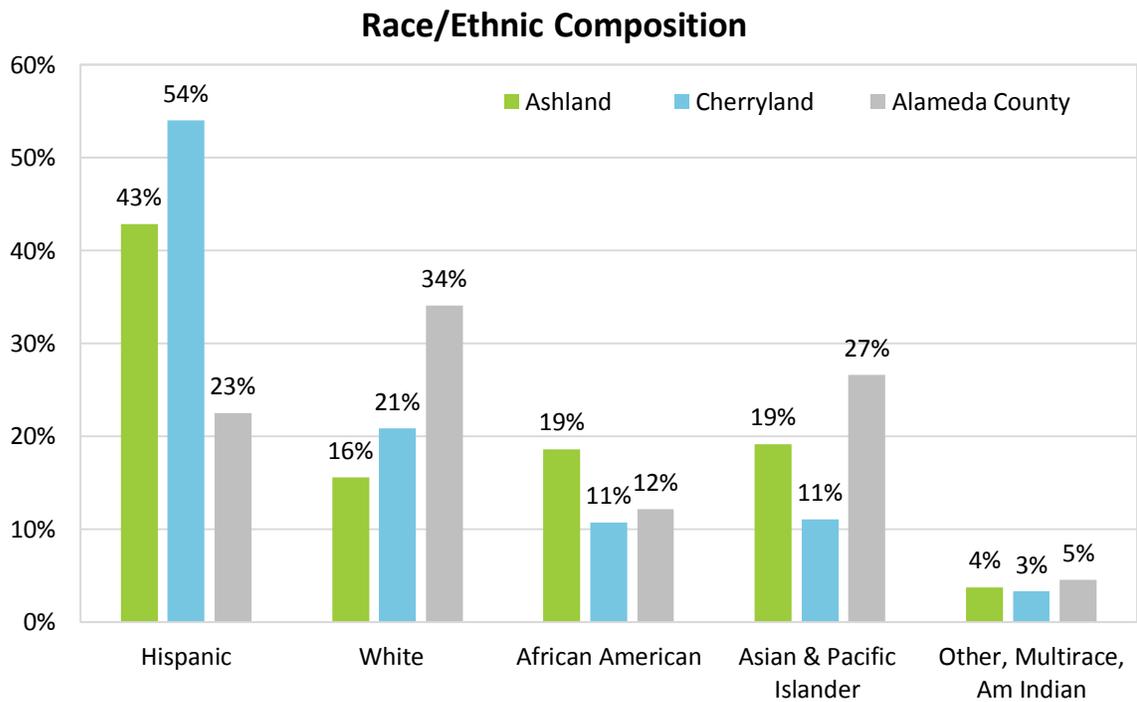


2010 Population Over 65

Race and Ethnic Composition

Hispanics and Latinos represent the largest ethnic/racial category in Ashland and Cherryland (43% in Ashland and 54% in Cherryland). In addition, the percentages of Hispanics and Latinos in Ashland and Cherryland exceed the County average. There is a significant Non-White population (85% Ashland and 80% in Cherryland).

Figure 5: Race Ethnic Composition



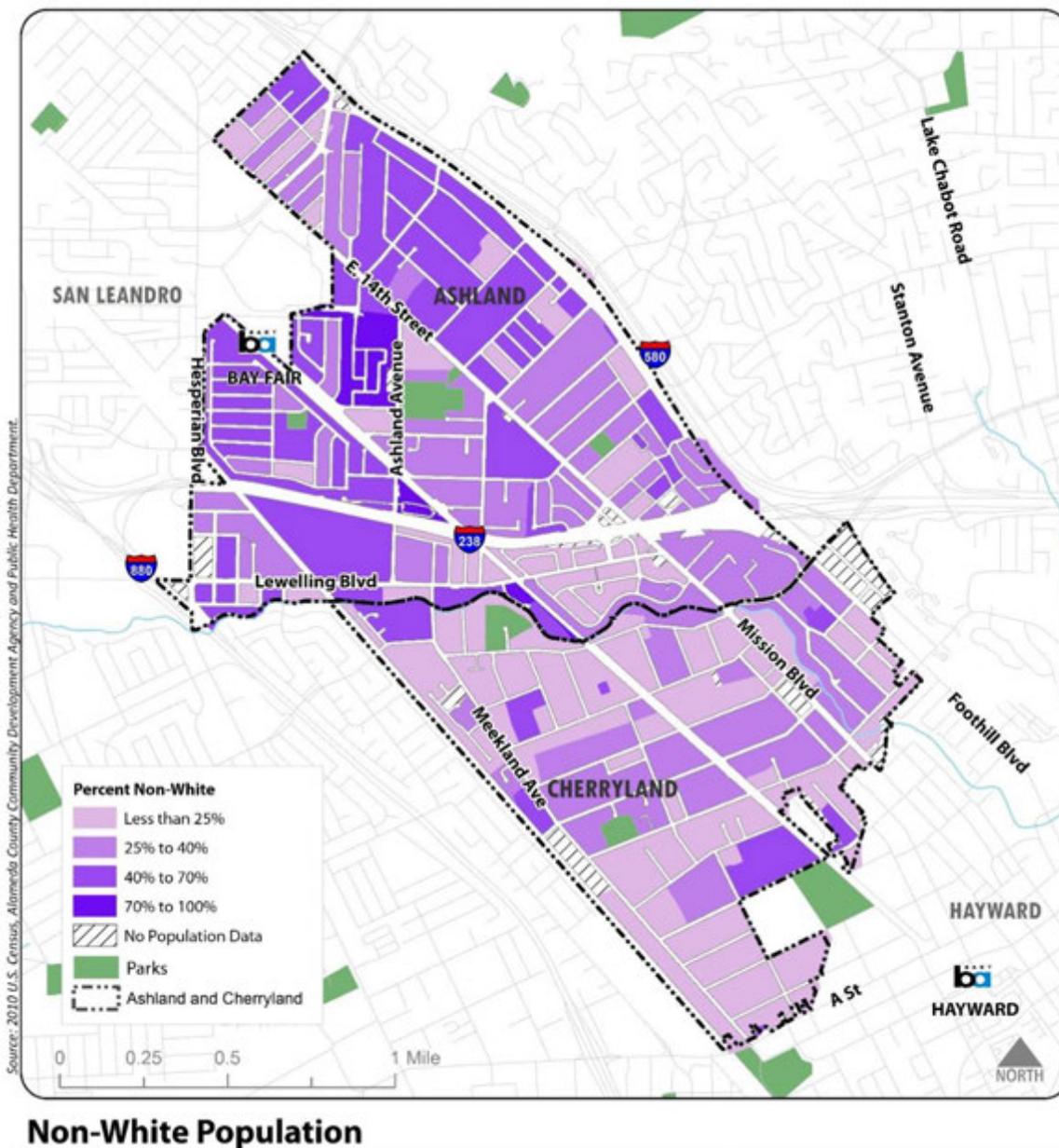
Source: 2010 US Census, Table DP-1

Table 3: Race/Ethnic Composition

2010 Race and Ethnicity	Ashland CDP		Cherryland CDP		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%	184,216	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 US Census, Table DP-1

Figure 6: Non-White Population



Population Shifts, 2000 to 2010

The following shifts have occurred between the 2000 and 2010 US Decennial Census Counts:

- The populations of both Ashland and Cherryland have grown by 6 and 7 percent respectively.
- The most significant racial/ethnic shifts are seen in the Hispanic and White population
- Nearly 40% increase in Hispanic Population
- Nearly 40% decline in White Population
- The Non-White population continues to grow in Ashland and Cherryland
- 30% and 20% increase in Asian population in Ashland and Cherryland respectively

- 20% increase in African American population in Cherryland while Ashland African American population is steady.
- 70% increase in Pacific Islander in Cherryland
- There was a nearly 25% decline in Ashland and 13% in Cherryland of the “Other Race” and “Multirace” population.

EDUCATION

Educational Attainment

Data collected from the American Community Survey states that 27% of Ashland and 31% of Cherryland adult residents have less than a high school education. Only about 15% of Ashland and Cherryland residents graduated from college as compared to 40% countywide.

Table 4: Educational Attainment of Persons 25 years and older, 2007-2011 Estimates

Place	Less than High School Diploma	Graduate or Professional Degree
Ashland	27%	3%
Cherryland	31%	5%
Alameda County	14%	17%

Source: American Community Survey 5 year Estimates (2007-2011), Table B16010

Primary and Secondary Schools

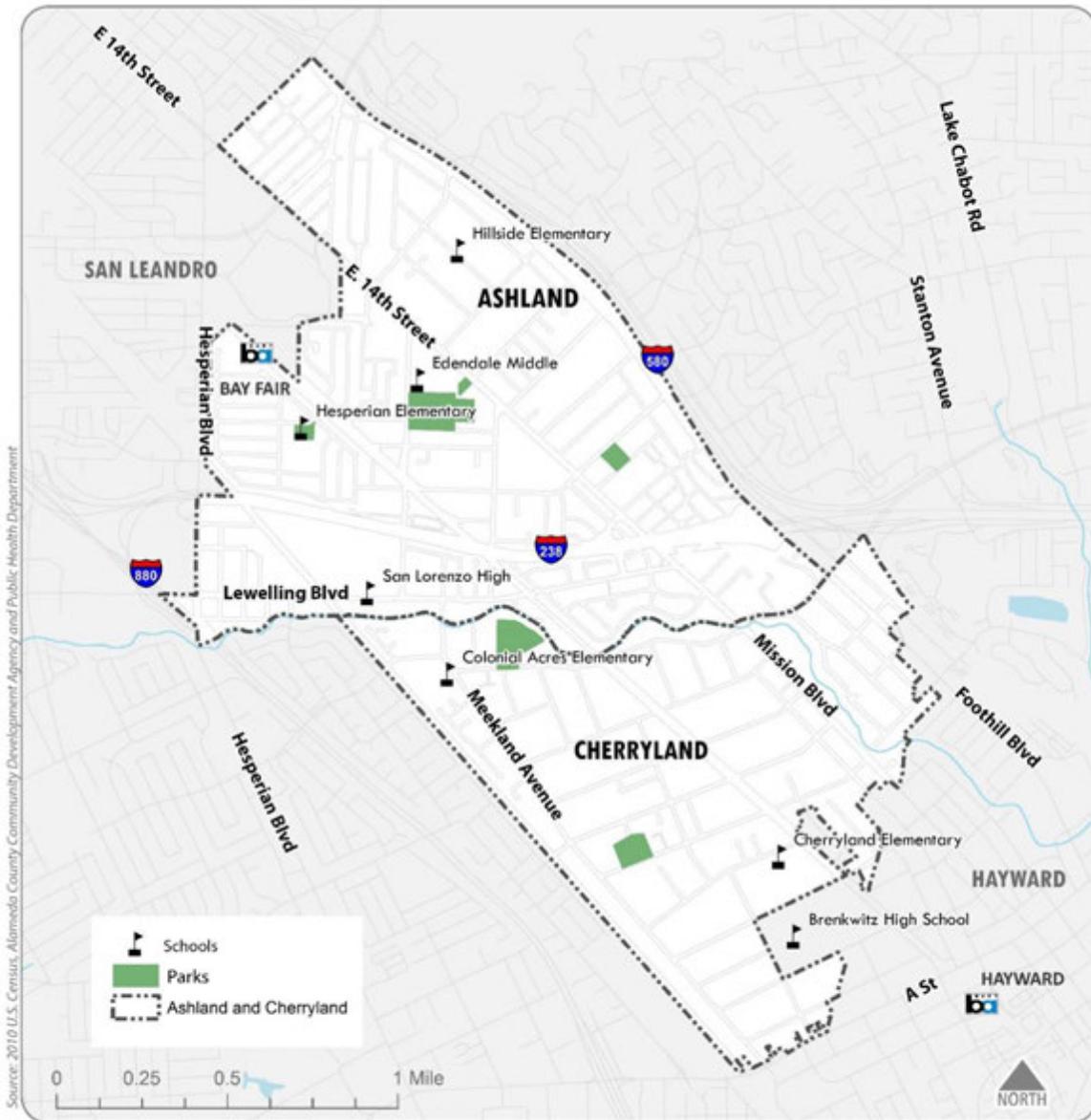
As shown in Figure I-6, there are six schools with the boundaries of Ashland and Cherryland. However, the boundaries of nine schools (5 elementary, 3 middle, and two high) extend into Ashland and Cherryland. Depending on their address, children may attend school within the communities, or attend school in neighboring jurisdictions such as Hayward or San Lorenzo. For example, there are two high schools, San Lorenzo and Brenkwitz Alternative. Depending on their address, students may also attend high school at Hayward High. Hayward High, however is over two miles away, located across major transit arterials (Mission boulevard and Foothill boulevard) and is not walkable. The schools are operated either by the Hayward Unified School District (HUSD) or the San Lorenzo Unified School District (SLZUSD).

Table 5: Schools

San Lorenzo Unified School District	Hayward Unified School District
Colonia Acres Elementary	Burbank Elementary
Hesperian Elementary	Strobridge Elementary
Hillside Elementary	Bret Harte Middle
Edendale Middle	Winton Middle
San Lorenzo High	Hayward High

Data obtained from the California Department of Education shows that approximately 25% of Ashland and Cherryland 3rd graders scored “Proficient” or above on English-Language Arts CA Standards Test.

Figure 7: Schools in Ashland and Cherryland

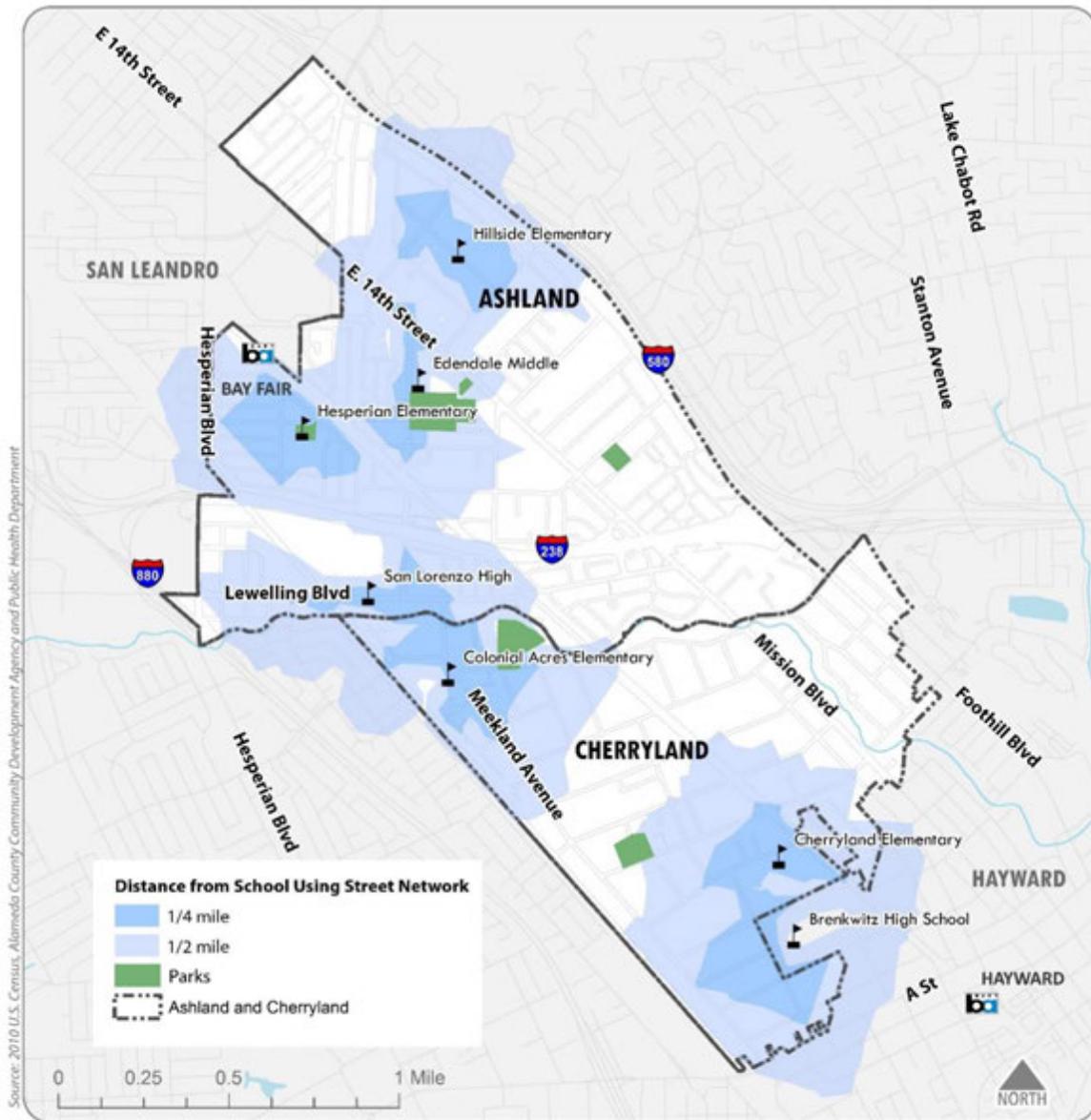


Schools in Ashland and Cherryland

Walking is one of the easiest and least costly means of maintaining and/or increasing one’s level of physical activity and improving one’s health. Walkable area encourage physical activity, however, community members have commented on the lack of proper pedestrian facilities make walking in Ashland and Cherryland unsafe at times.

This walkshed maps shows that large areas of Ashland and Cherryland, particularly along Mission Boulevard, are without walkable access to schools.

Figure 8: Distance from Schools



Half-mile and Quarter-mile Walksheds

Cherryland has greater walkable access to schools than Ashland. “Walking distance” is defined as half a mile for school access.

Table 6: Distance from Schools, Ashland

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%

Table 7: Distance from Schools, Cherryland

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%

Early Childhood Education

Families with children ages 0-5 may seek to place their children in an early childhood education facility. Many choose to enroll their children in such facilities because they need someone to care for their child while they are at work and/or because they believe their child may receive educational and social benefits by being in an early care setting. When evaluating the impacts of early childhood education on young children through adulthood an issue brief published by the Robert Wood Johnson Foundation titled “Early Childhood Experiences and Health” contained the following findings:

- “Social and economic factors such as income, education and neighborhood resources, affect health at every stage of life, but the effects on young children are particularly dramatic. The earliest years are crucial in many ways. By age three, 80% of brain development has occurred. Brain, cognitive and behavioral development early in life are strongly linked to an array of important health outcomes later in life, including cardiovascular disease and stroke, hypertension, diabetes, obesity, smoking, drug use and depression.”
- “Social and economic conditions shape children's health and there is strong evidence that social disadvantages experienced in childhood can limit children's opportunities for health throughout life. Several of the nation's most well-known and well-evaluated early childhood development programs show positive effects on adult health. A recent evaluation of the Abecedarian preschool program finds that children who were in the treatment group have significantly better health in their mid-30's. Treated males had lower blood pressure and hypertension, significantly higher levels of good HDL cholesterol and none of them manifested metabolic syndrome—

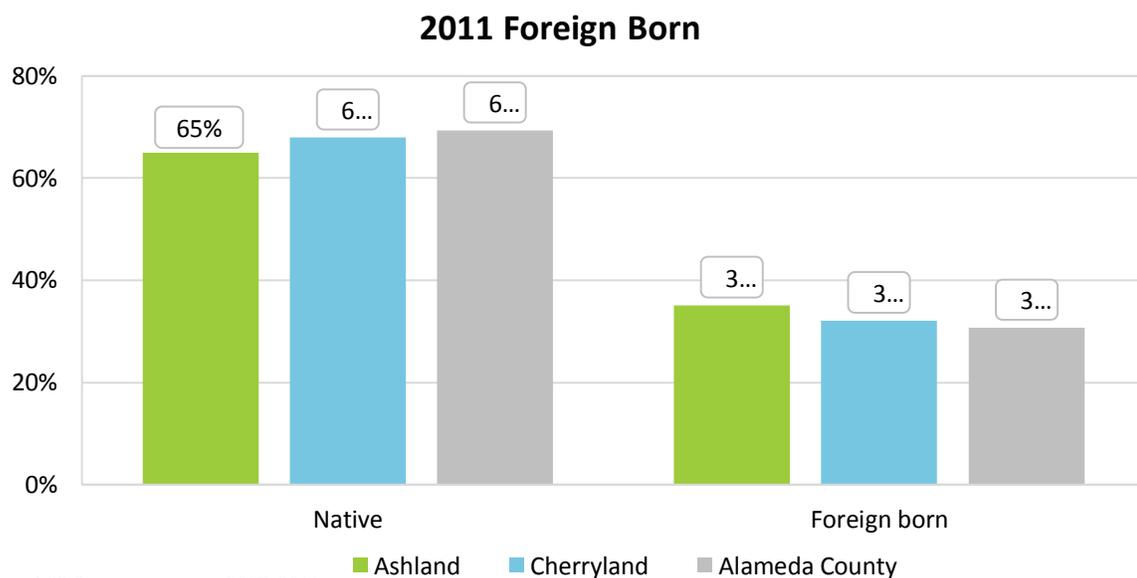
hypertension, central obesity and dyslipidemia, for example. Women were significantly less likely to have teen pregnancies, and start drinking before age 17, and more likely to engage in physical activity and eat nutritious foods. Males delayed onset of smoking and marijuana.”

While there are early childhood education facilities within Ashland and Cherryland, 74% of Ashland and Cherryland residents (n=274) who responded to the Quality of Life Survey prepared for this project stated that there are not enough child care providers in Ashland and Cherryland. Several respondents noted the lack of affordable care. Finally, when asked if they had gone without a basic need over the past 12 months, 31% of all respondents (n=122) stated that they lacked child care.

Foreign Born

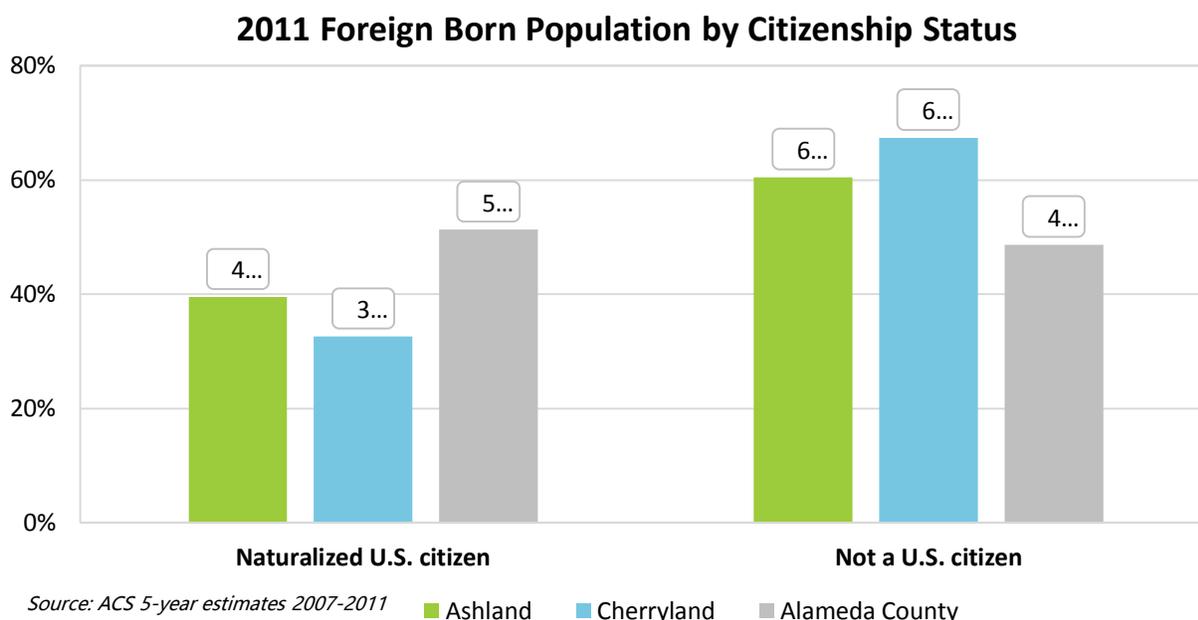
According to data from the ACS, approximately 1/3 of Ashland and Cherryland residents were born outside of the U.S. Of the immigrant population, more than 60 percent are not U.S. Citizens. Furthermore, Ashland and Cherryland have a larger share of foreign born residents than Alameda County and California; however, the differences are not significant. The distribution of foreign born populations in Ashland and Cherryland is relatively consistent when compared with the regional geographies. However, when we look within the foreign born population, we start to notice a trend.

Figure 9: Foreign Born Residents



Of the foreign born population, the majority are not U.S. Citizens. In fact, Cherryland has a higher level of non-citizenship status across the board.

Figure 10: Foreign Born Residents by Citizenship Status



Linguistic Isolation

Linguistically isolated means that all members of the household, aged 14 years and over, have some difficulty with English. Higher levels of linguistic isolation were noted for households that speak Spanish, Asian and Pacific Island Languages, and “Other Languages”. The ACS estimates that 16 percent of Ashland and Cherryland households have no one who speaks fluent English. Levels of linguistic isolation are higher in Ashland and Cherryland than in both Alameda County and California. Of the households that are linguistically isolated, Spanish is the most common language spoken (33% in Ashland and 52% in Cherryland). The proportion of Spanish speakers is higher than the percentages reported for both Alameda County and California. In Ashland, households that speak Asian and Pacific Island languages or some other language have high levels of linguistic isolation (35% and 40% respectively).

Figure 11: Linguistically Isolated Households

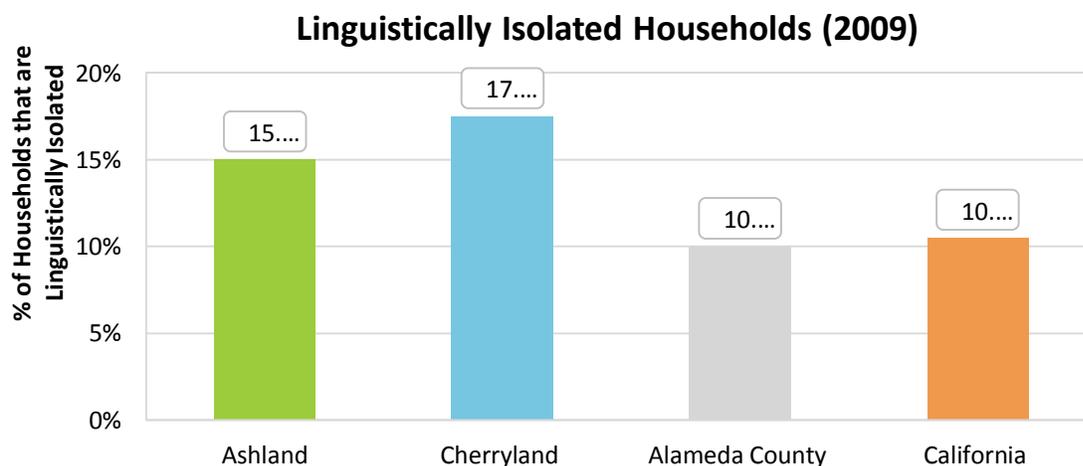
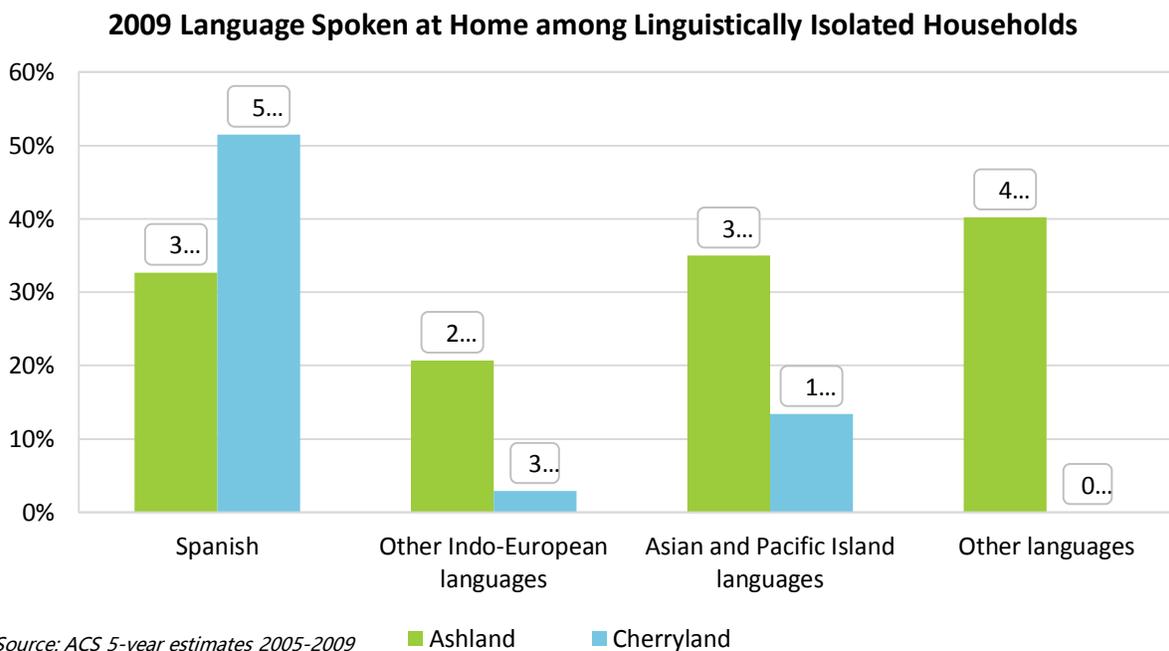


Figure 12: Languages Spoken at Home among Linguistically Isolated Households



Income Characteristics

Table 8: Median Household Income of Ashland, Cherryland, and Alameda County 2011

Place	Median Income	% of County Median Income
Ashland	\$48,026	68%
Cherryland	\$50,987	72%
Alameda County	\$70,821	100%

Source: American Community Survey 5 year Estimates (2007-2011), Table S1903

Table I-9 provides information on the income levels of families in. Ashland and Cherryland have the greatest percentages of extremely low, very low and low income households of any unincorporated community.

Table 9: Income Level, 2010

Income Level	Ashland	Cherryland
Extremely Low <30% of AMI	20%	18%
Very Low 30 to 50% of AMI	16%	19%
Low 50 to 80% of AMI	23%	20%
Moderate 80 to 120% of AMI	11%	8%
Above Moderate 120%+ of AMI	30%	35%

Source: CHAS Data (2006-2010)

Inflation may be defined as a sustained increase in the general price level of goods and services in an economy over time. When prices rise, each dollar buys fewer goods and services. In the United States inflation is calculated by the Bureau of Labor Statistics (BLS), and is known as the Consumer Price Index (CPI). In calculating the CPI, the BLS collects data on the prices of goods and services from various locations throughout the U.S. By using the CPI data one can, for example, determine the value of a dollar in 2014 as compared to 1975. When adjusted for inflation, the 1999 median income of \$55,946 is equal to \$75,537 in 2011 dollars. Therefore, median household income actually decreased from 2000 to 2011 in Ashland, Cherryland and Alameda County when adjusted for inflation. This indicates that while incomes have increased, they have not kept pace with the increases in the actual costs of goods and services. The data is provided in the table below.

Table 10: Median Household Income and Inflation, 2000-2011

Place	2000 Median Income (1999 \$)	2000 Median Income (2011 \$)	2007-2011 Median Income (2011 \$)	Percent Change (2000 to 2011)
Ashland	\$40,811	\$55,102	\$48,026	-13%
Cherryland	\$42,880	\$57,895	\$50,987	-12%
Alameda County	\$55,946	\$75,537	\$70,821	-6%

Sources: US Census Bureau, 2000 Decennial Census Counts (Table P053) and American Community Survey 5 year Estimates (2007-2011), Table S1903, Inflation Calculator, Bureau of Labor Statistics http://www.bls.gov/data/inflation_calculator.htm.

Unemployment and Poverty

In December 2013 the Employment Development Department reported that unemployment rates in both Ashland and Cherryland exceeded the County average. When broken down by age 16-24 year olds were far more likely to be unemployed than older adults. The 2011 ACS also estimated that 17 percent of Ashland and 21 percent of Cherryland residents reported an income below the federal poverty level. Approximately one-fourth of all Ashland and Cherryland residents under the age of 18 were in poverty—the highest of any age group. Poverty rates analyzed by race show mixed results. In some cases the percentages exceed or were less than those percentages tallied for Alameda County and California. However, Whites were more likely to live in poverty in Ashland and Cherryland when compared to both the County and statewide averages. Conversely, Asian and Pacific Islanders were less likely to live in poverty.

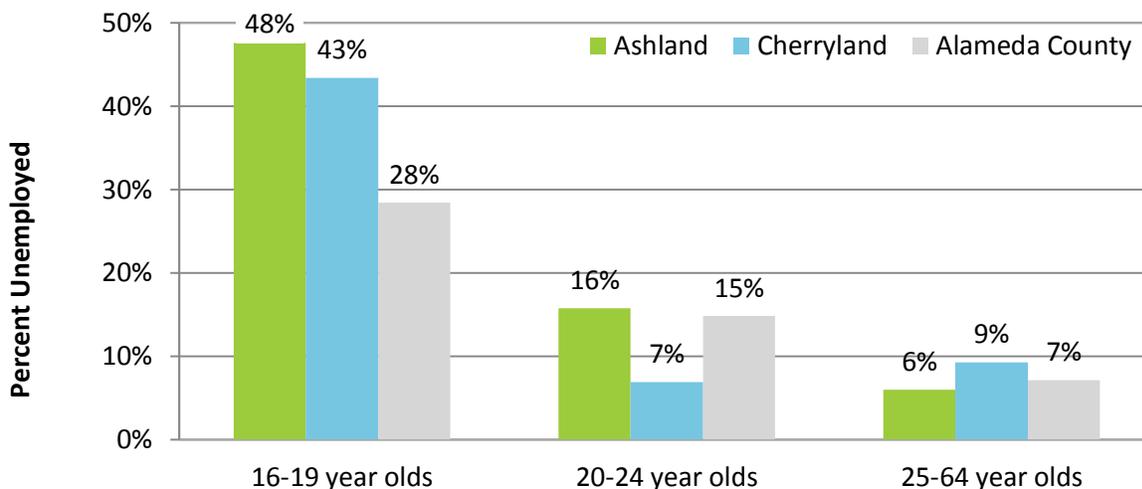
Table 11: Unemployment Rates, 2013

Place	Labor Force	Employed	Unemployed	
			Number	Rate
Ashland	10,400	9,600	800	8%
Cherryland	6,700	6,000	700	10%
Alameda County	771,900	719,700	52,200	7%

Source: California Employment Development Department, Labor Market Information Division, December 2013

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

Figure 13: Unemployment Rates by Age



Source: ACS 5-year estimates 2005-2009

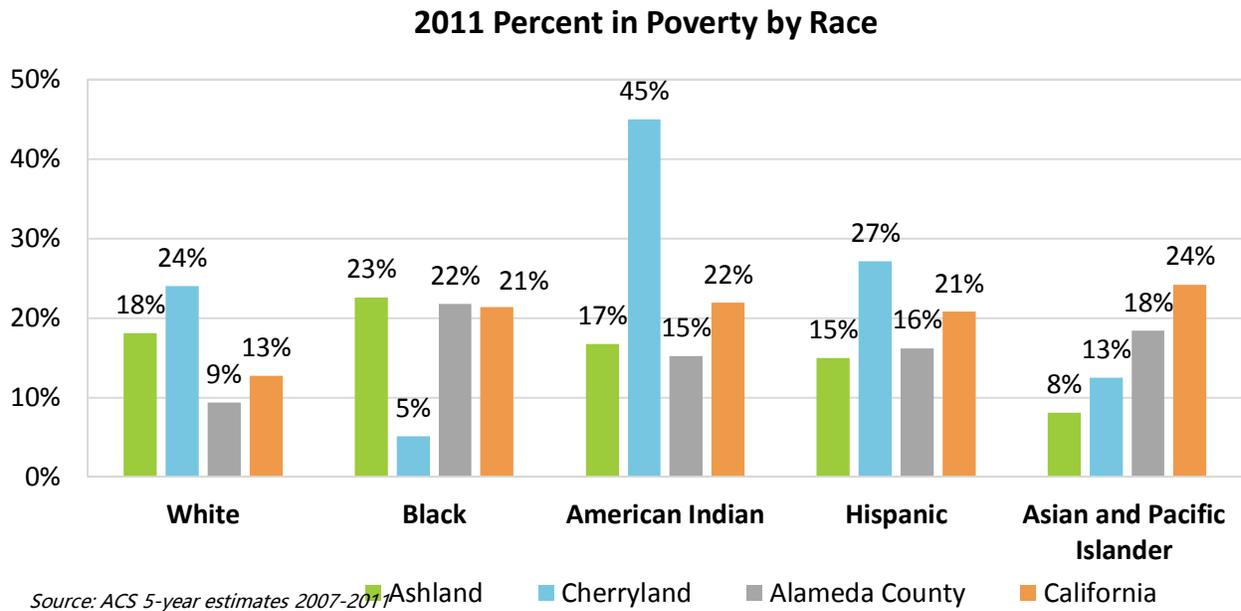
Table 12: Poverty Status in the Past 12 Months by Age, 2011

Place	Description	Persons	Age		
			Under 18 years	18 to 64 years	65 years and over
Ashland	Population with data	21,732	6,236	13,758	1,738
	Below poverty level	3,613	1,493	1,843	277
	% below poverty level	17%	24%	13%	16%
Cherryland	Population with data	14,009	4,181	8,947	881
	Below poverty level	2,973	1,070	1,789	114
	% below poverty level	21%	26%	20%	13%

Source: American Community Survey 5 year Estimates (2007-2011), Table S1701

There is a significantly higher proportion of residents in Cherryland that are living in poverty; particularly American Indians, Hispanic and White residents. While the proportion of residents in Ashland living in poverty is lower (with the exception of Black residents) than their Cherryland counterparts, they are higher than the proportion of White and Black residents in the county and state.

Figure 14: Poverty by Race

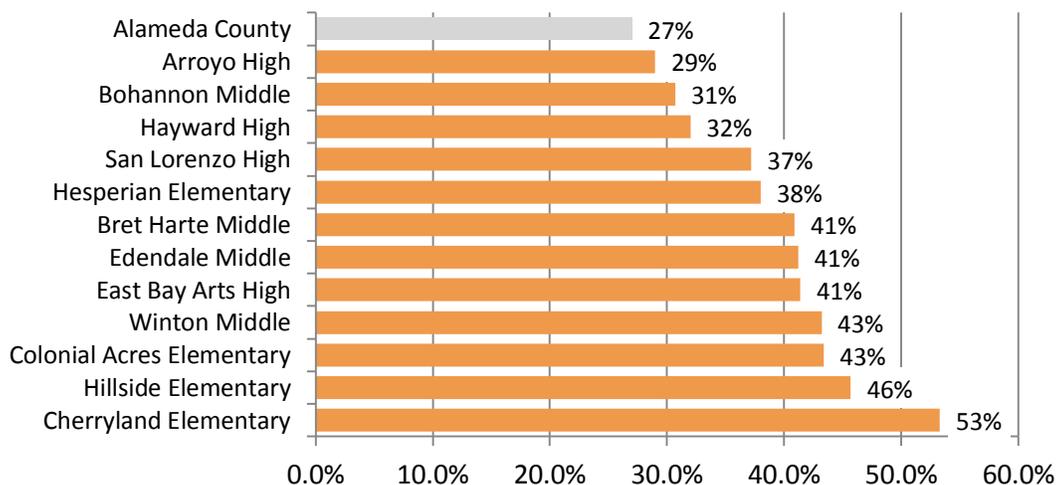


HEALTH AND MORTALITY

Healthy Body Weight

Obesity is a risk factor for a number of chronic diseases such as diabetes and heart disease. The following is data from the California Department of Education Physical Fitness test and estimates the percentage of students who may be at risk of obesity based on their test performance.

Figure 15: Percent of Students at Risk of Being Obese (2010-2011)

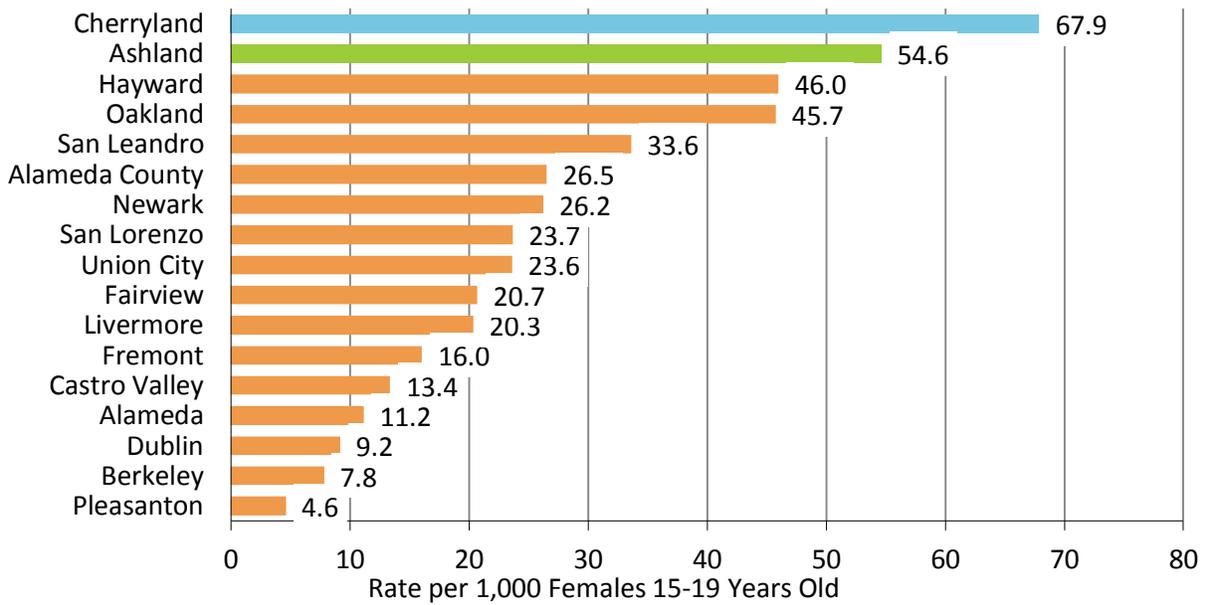


Source: CA Department of Education, Physical Fitness Test, 2010-2011

Teen Births

Ashland and Cherryland also have the highest teen birth rates in the County.

Figure 16: Rate of Teen Births by Place

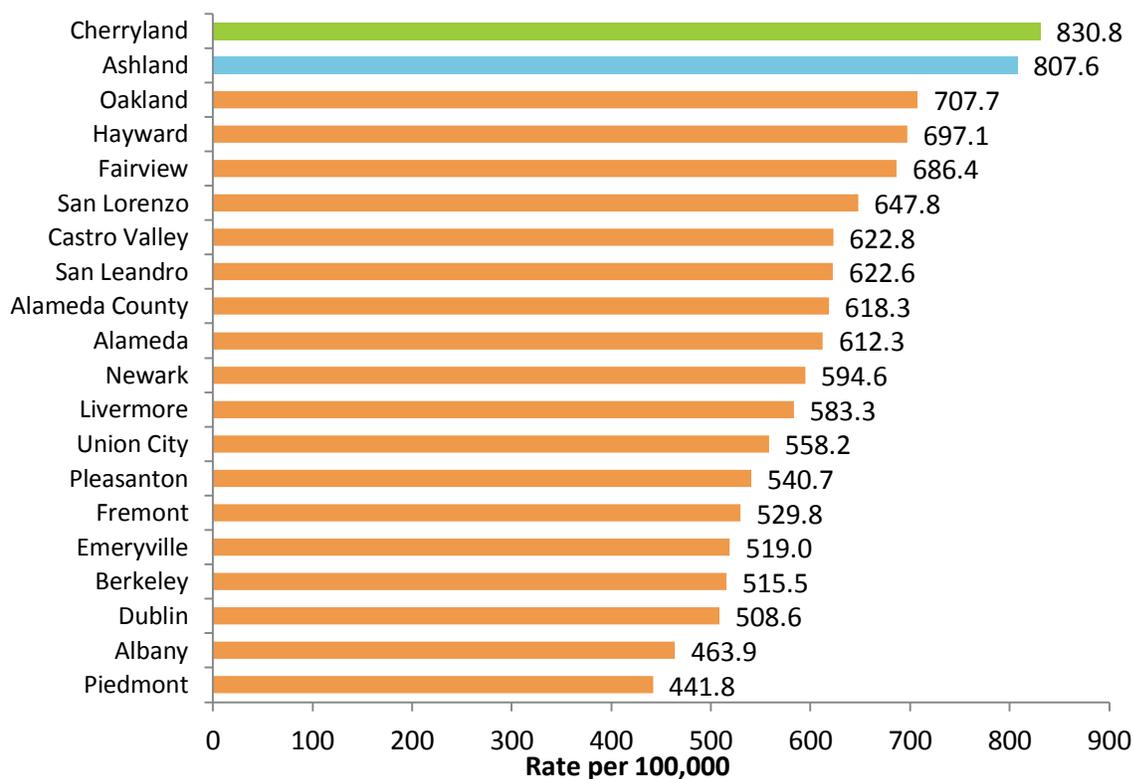


Source: CAPE, with data from Alameda County vital statistics files, Census 2000, and DOF

Mortality

Mortality rate is a measure of the number of deaths (mortality rates irrespective of cause are referred to as “all cause” mortality rates) in a population, scaled a certain number, per unit of time. When mortality is analyzed across the County, Cherryland and Ashland have the highest all cause mortality rates.

Figure 17: All Cause Mortality Rate

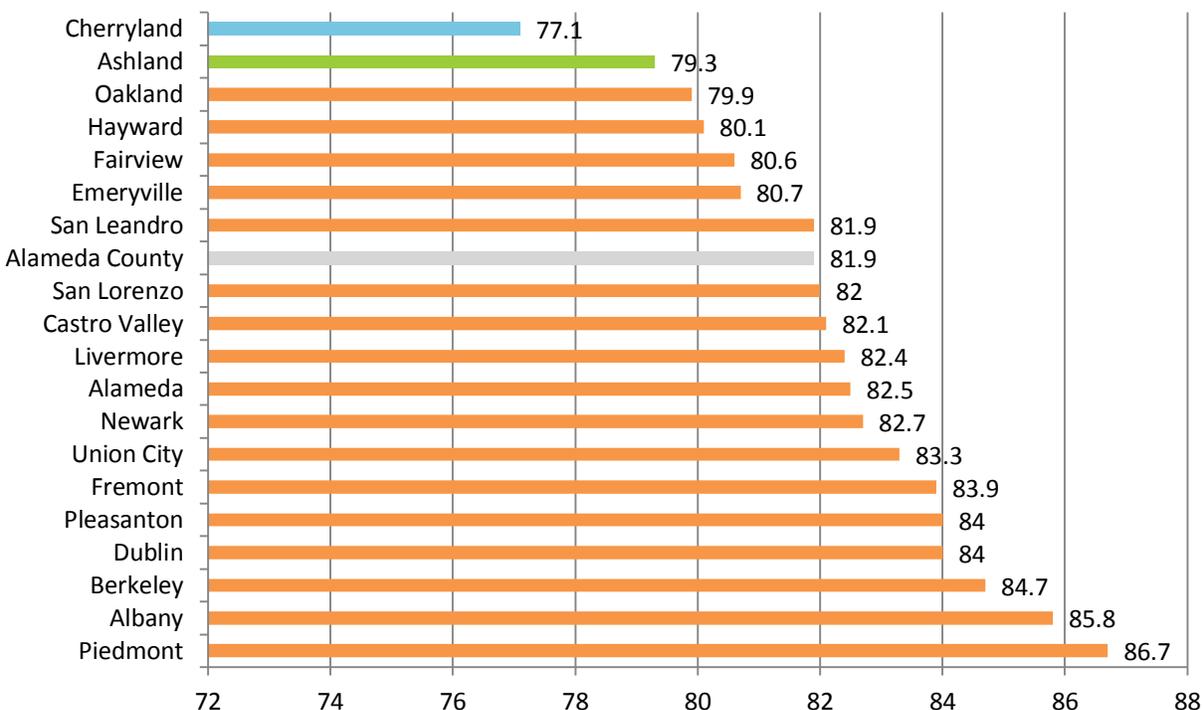


Source: Alameda County Vital Statistics Files, 2008-10

Life Expectancy

Life expectancy is an indicator of the health of a community. Cherryland and Ashland have the lowest life expectancy of any city/place in Alameda County.

Figure 18: Life Expectancy (Years)



Source: Alameda County Vital Statistics Files, 2010-12

Causes of Death

The leading causes of death nationally are Cancer, Stroke, Heart Disease, Alzheimer’s, Unintentional Injuries, and Chronic Lower Respiratory Diseases (such as chronic bronchitis and emphysema). The table below summarizes the mortality rates for each of the aforementioned causes of death in Ashland, Cherryland and Alameda County for three years beginning in 2010 and ending in 2012.

Table 13: Causes of Death, 2010-12

	All Causes	All Cancers	Heart Disease	Stroke	Chronic Lower Respiratory Diseases	Alzheimer's	Unintentional Injury
	Rate Per 100,00						
Ashland	727.2	145.5	154.8	67.1	53.8	16.3	35.2
Cherryland	846.2	143.2	189.4	47.7	44.8	33.1	30.7
Alameda County	604.9	149.4	130.5	37.9	28.9	26.7	20.6

Source: Alameda County Vital Statistics Files, 2010-12

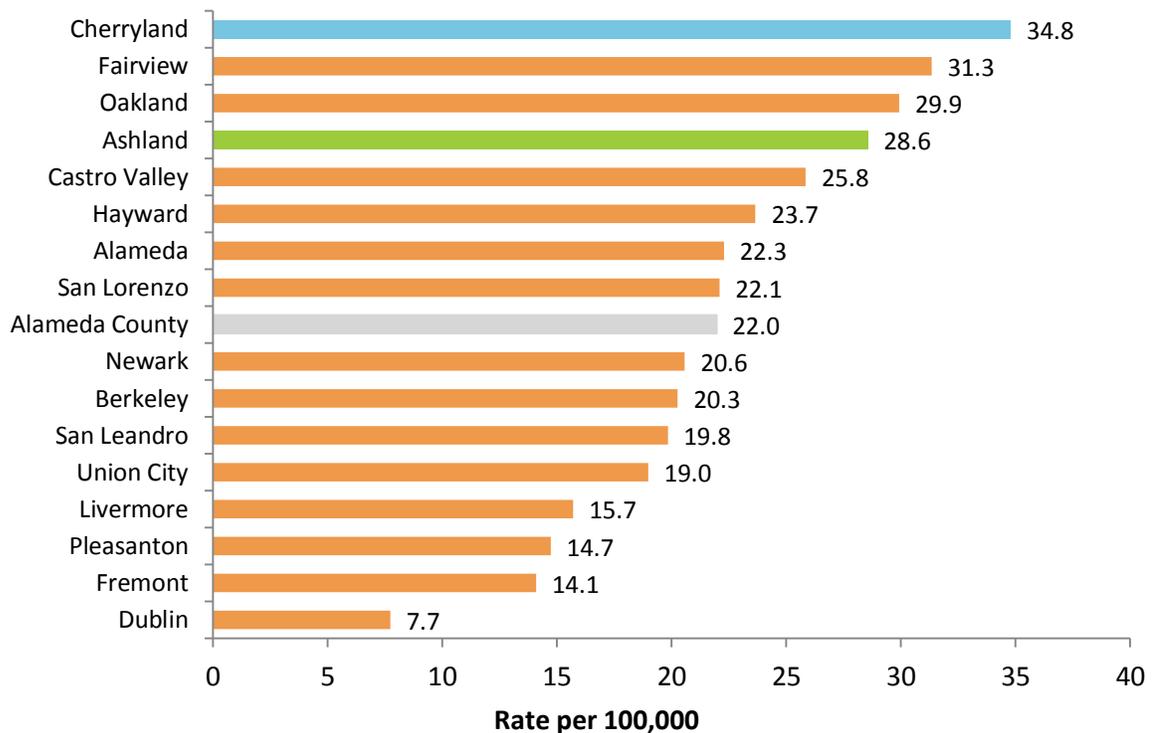
Ashland and Cherryland experience fewer deaths from Cancer than the County average. Ashland residents have fewer deaths per 100,000 residents from Alzheimer's; however, deaths in Cherryland related to the disease is greater than the County average. The rate of deaths in Ashland and Cherryland due to Heart Disease, Stroke, and Chronic Lower Respiratory Diseases exceeds the County average.

Unintentional Injuries

According to the Centers for Disease Control National Vital Statistics Report (NVSR) "Deaths: Final Data for 2011." unintentional injuries (which may be referred to as accidents) are one of the leading causes of death in the United States. Most unintentional injuries are either predictable or preventable. Motor vehicle accidents are the principal cause of unintentional death. Other major causes of unintentional death includes: poisoning, falls, firearms, drowning, and fire.

The number of Ashland and Cherryland residents who experience and accidental death exceeds the County average. Cherryland has the highest rate of unintentional injury in Alameda County with 34.8 deaths per 100,000 persons. Ashland has the fourth highest with 28.6 deaths per 100,000 persons.

Figure 19: Unintentional Injuries and Mortality

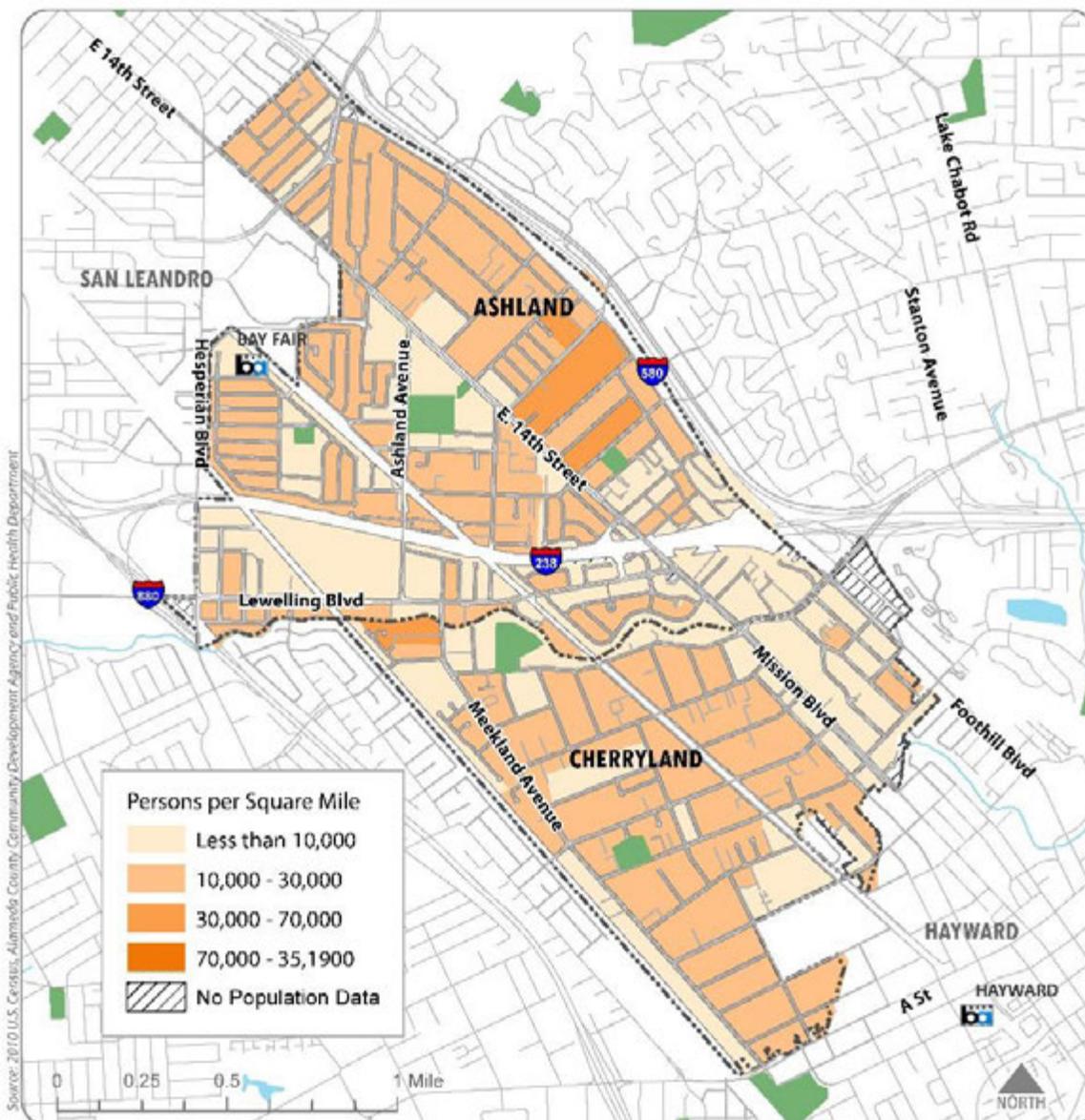


Source: Alameda County Vital Statistics Files, 2008-10

LAND USE AND HOUSING

Population Density

Figure 20: Population Density, 2010



2010 Population Density

Households and Household Size

Census data from 2010 indicates that there are 7,270 households in Ashland and 4,643 in Cherryland. Those numbers are relatively unchanged from the 2000 Census. Household size influences the demand for the mix of multifamily and single-family homes, as well as the size of the units. Average household size is an important indicator because it helps identify whether more or fewer people are living together

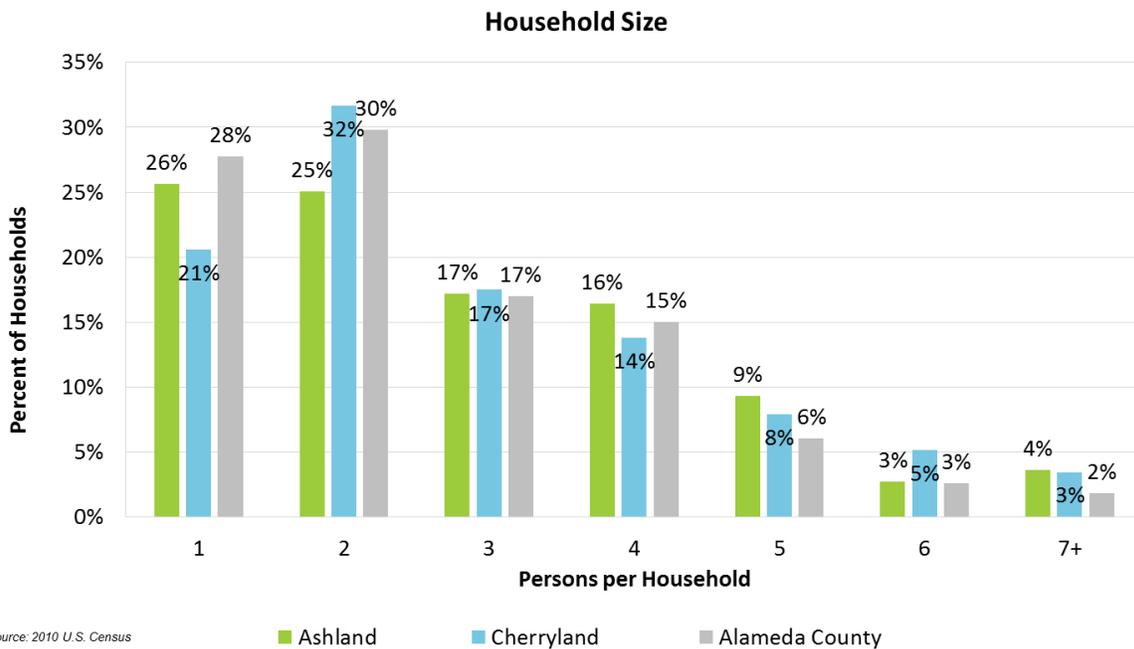
in housing. When the number of persons per household rises, it can be an indicator of increased fertility rates, people “doubling up” in order to cut housing costs, or the influx of immigrant families, many of whom have large or extended families. Ashland and Cherryland experienced a 6 and 7 percent increase in average households size from 2000 to 2010. Alameda County experienced a negligible change over that time period. Also, the average households sizes for both Ashland and Cherryland exceeds the County average.

Table 14: Average Household Sizes by Place, 2000-2010

Place	2000	2010	2000-2010	
			Absolute Change	Percent Change
Ashland	2.83	2.99	0.16	6%
Cherryland	2.87	3.07	0.20	7%
Alameda County	2.71	2.70	-0.01	0%

Source: US Census Bureau, 2000 and 2010 Decennial Census Counts, Table DP-1

Figure 21: Household Size



Housing Tenure

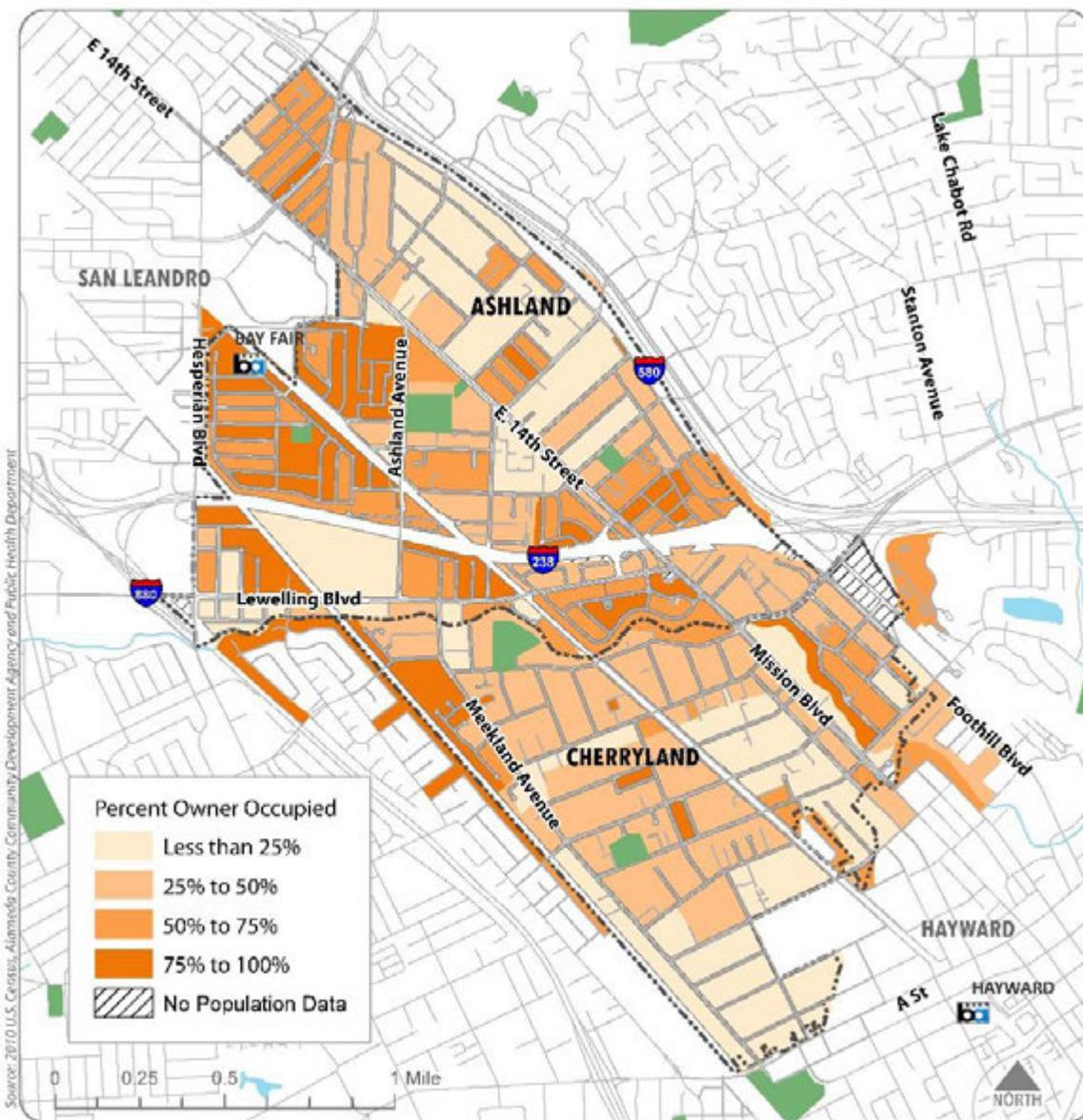
The US Census Bureau routinely collects information on housing tenure, the number of people who own or rent their current residence. In 2010, more Ashland residents rented their homes (66%), while in Cherryland more persons own (69%). In 2010, the unincorporated communities overall saw a higher percentage of owner-occupied housing than the County as a whole (60.8% vs. 53.4%). Unincorporated communities as a whole also had higher levels of owner-occupied housing in 2000. However, Ashland had the highest percentage of renter-occupied housing of the County CDPs.

Table 15: Tenure by Place, 2000 and 2010

Place	2000		2010		Difference in Ownership Rate (2000 to 2010)
	Renters	Owners	Renters	Owners	
Ashland	64%	36%	65%	35%	-1%
Cherryland	63%	37%	69%	31%	6%
Alameda County	45%	55%	47%	53%	-2%

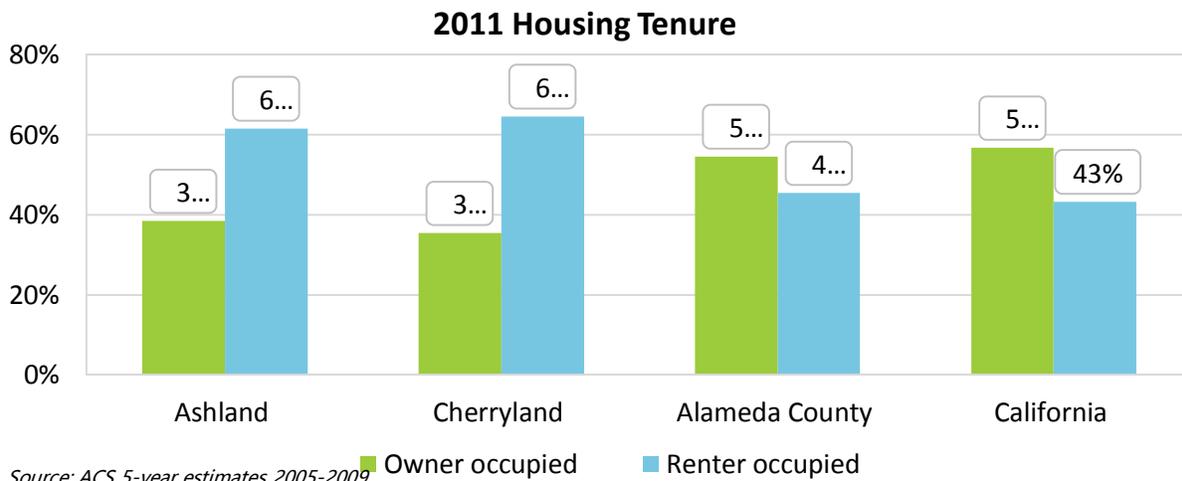
Source: US Census Bureau, 2000 and 2010 Decennial Census Counts, Table DP-1

Figure 22: Housing Tenure, 2010



2010 Housing Tenure

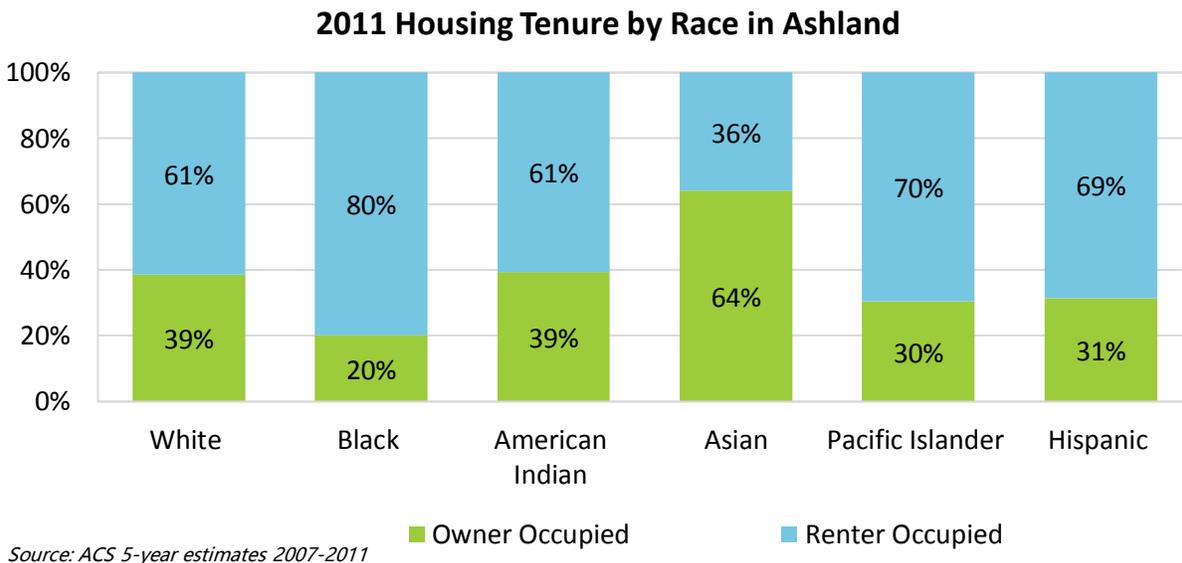
Figure 23: 2011 Housing Tenure



Excluding the Asian population, all races/ethnicities in Ashland have lower levels of home ownership. This is expected because over 60% of Ashland and Cherryland are renter occupied.

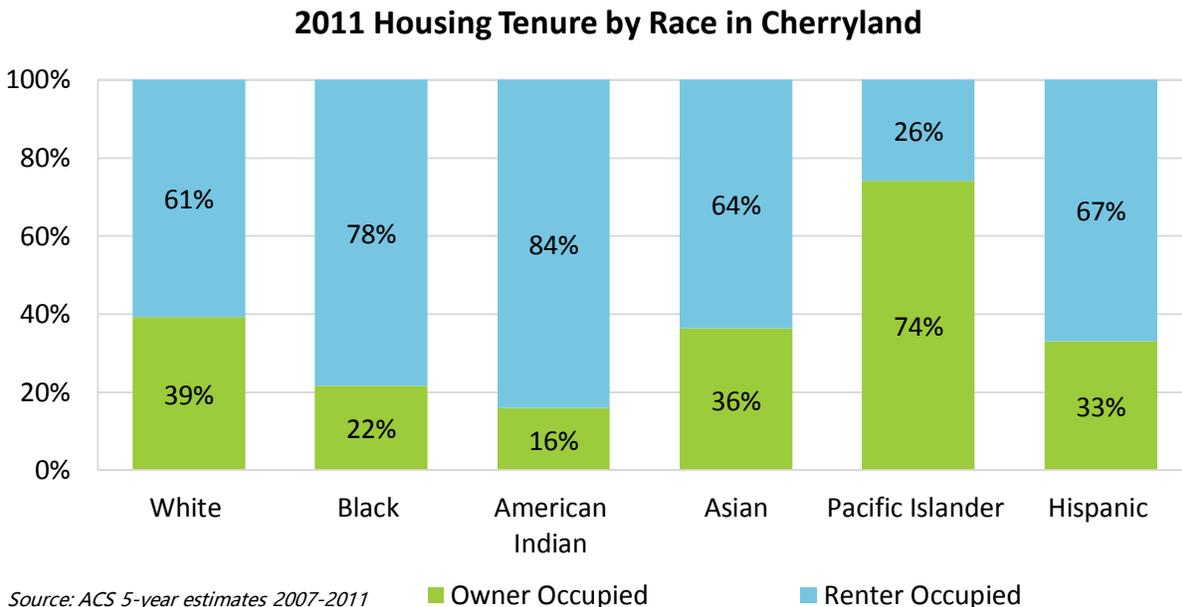
Home ownership in Ashland is especially low among Blacks, Pacific Islanders and Hispanic populations.

Figure 24: 2011 Housing Tenure by Race, Ashland



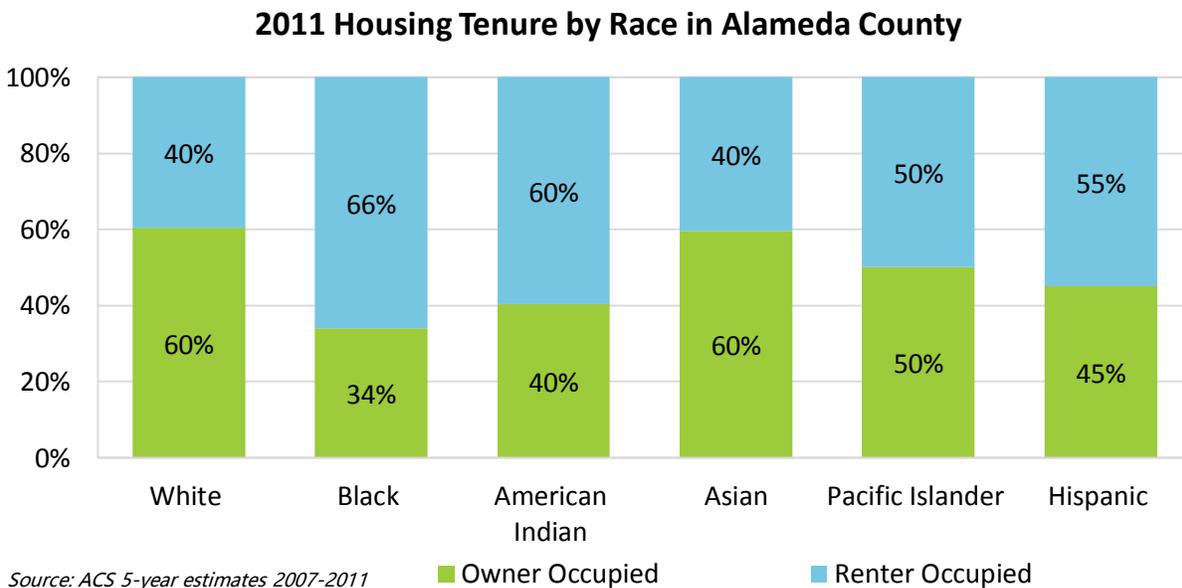
There are a higher proportion of Asian/Pacific Islanders that are home owners in Cherryland. With the exception of Asian/Pacific Islanders, all races/ethnicities in Cherryland have lower levels of home ownership. Home ownership in Cherryland is especially low among American Indians, Blacks and Hispanics.

Figure 25: 2011 Housing Tenure by Race, Cherryland



When compared with Alameda County as a whole, Ashland and Cherryland have higher levels of renter occupied housing.

Figure 26: Housing Tenure by Race, Alameda County



Housing Units

The most recent data on the number of housing units broken down by the unincorporated neighborhoods of the County are from the 2010 Census. According to the Census, Castro Valley saw the greatest numerical increase in housing units between 2000 and 2010 (1,389 units), while Fairview experienced the largest percentage increase, at 9 percent. The Unincorporated remainder areas saw a

drop of about 691 units. Some of these units may have been lost due to annexation by cities. The following table illustrates these changes to the housing stock in the Unincorporated County.

Table 16: Change in Total Housing Units, 2000-2010

Place	2000	2010	Difference 2000-2010	Percent Change 2000-2010
Ashland	7,372	7,758	386	5%
Cherryland	4,823	4,975	152	3%
Alameda County	540,183	582,549	42,366	8%

Source: US Census Bureau, 2000 and 2010 Decennial Census Counts, Table DP-1

The types of housing units that have been developed vary between local jurisdictions. The same is true for neighborhoods in the Unincorporated County. The most recent data available for specific neighborhoods in the Unincorporated County come from the 2012 American Community Survey. These data show that some areas, such as Fairview, are largely composed of single-family dwellings, while other areas, such as Ashland, have a significant percentage of multi-family units. The following table presents information on housing type by area of the Unincorporated County as of 2012.

Table 17: Housing Unit Type

Place	Total Housing Units	1 Unit	2-4 Units	5-19 Units	20 Or More Units	Mobile Home	Boat, RV, Van, etc.
Ashland	7,757	3,933	761	1,164	1,751	131	17
	100%	51%	10%	15%	23%	2%	0%
Cherryland	4,823	3,160	528	795	298	42	0
	100%	66%	11%	17%	6%	1%	0%

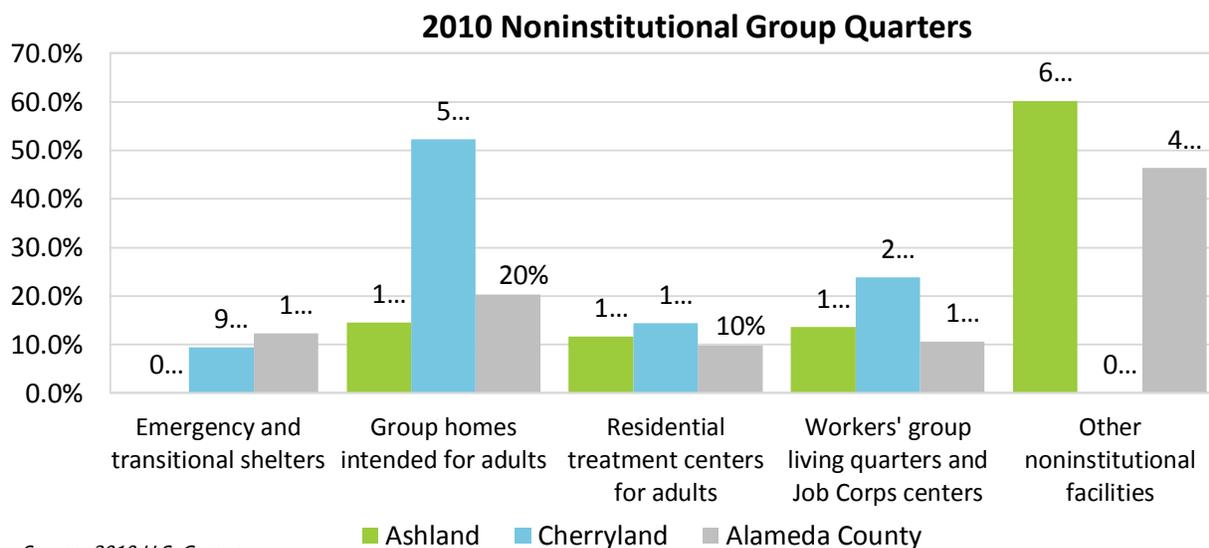
Source: Planning Department, American Community Survey 5 year Estimates (2008-2012), Table DP04

Non-institutional Group Quarters

Ashland and Cherryland have greater share of non-institutional group quarters. There are over twice as many adult group homes in Cherryland than in Alameda County. Residential treatment centers for adults are fairly consistent to the County and California, however, the rates are slightly higher in Cherryland. Ashland has the highest (60.2%) percent of other group quarters (includes soup kitchens, domestic violence shelters, etc.)

The 2010 Census numbers reflect units that are operating legally with permits. Community members have said that there are a number of non-permitted and illegal group quarters housing in the Ashland and Cherryland neighborhood. These data are not reflective of illegal units, but it can be assumed that these numbers would be greater if illegal units were taken into account.

Figure 27: 2010 Non-institutional Group Quarters

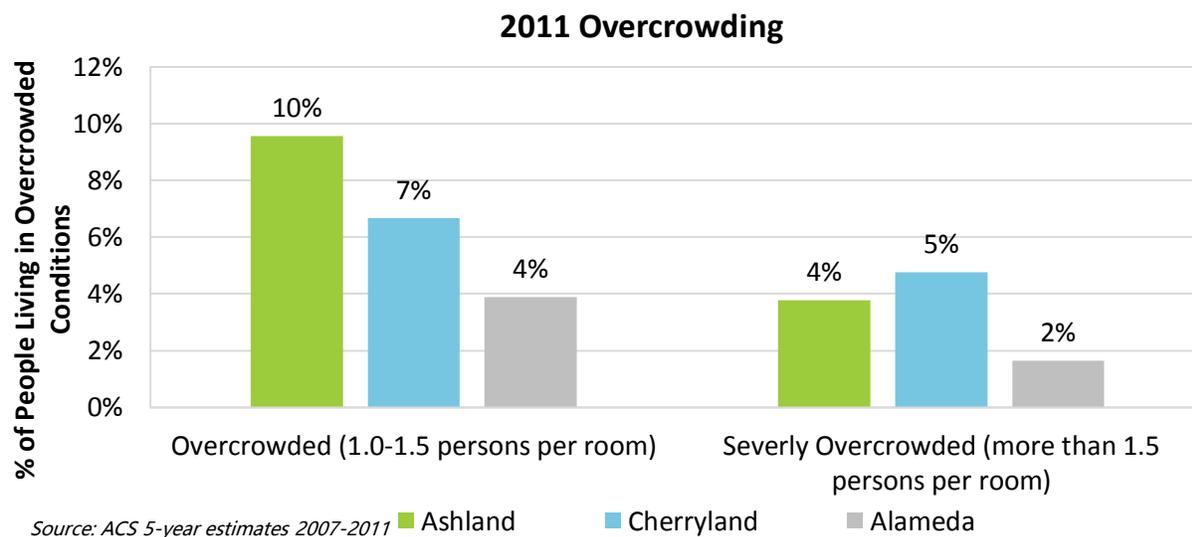


Overcrowding

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.

Figure 28: 2011 Overcrowding



Physical Defects

Physical defects may include poor sanitary conditions caused by either a lack of complete plumbing or kitchen facilities, or the lack of telephone service. Table 18 provides information on physical defects of housing in Unincorporated Alameda County. In 2011, nearly 2 percent of all occupied housing units had one or more housing problems in Unincorporated Alameda County. Overall, lack of telephone service was the most widely reported problem. Overall persons residing in the unincorporated remainder have the highest percentages of persons reporting housing problems. It should be noted that some of the persons reporting that their unit lacks either adequate plumbing, kitchen facilities or telephone service may be housed in group quarters (such as nursing homes or other group living situations) that do not provide private kitchen or restrooms in the individual unit. As there is no data collected indicating whether or not the lack of services is evidence of a code violation or by design, staff cannot be sure to what extent the numbers reflect an actual violations of law.

Deficiencies also found to cause health issues include open cracks or holes in walls, broken plaster/peeling paint, water leaks from inside and outside, roofing, siding and window problems. Such issues are chronicled in the 2011 American Housing Survey, but unfortunately that data is not collected separately for unincorporated Alameda County, but instead is collected for the Oakland-Fremont-Hayward PMSA.

The presence of asbestos or lead-based paint can also be an indicator of housing condition. The Alameda County Planning Department estimates nearly two thirds of the housing units in unincorporated Alameda County may contain lead-based paint. The large percentage of homes constructed before the 1960s increases the probability of lead-based paint and lead hazards in these homes since this type of paint was commonly used up to that time. Lead paint was not banned from residential use until 1978. Despite the ban, lead-based paint becomes more hazardous as the older layers break down and become deteriorated over time, including normal wear and tear on friction surfaces. Unsafe painting and renovations on these homes can also create lead dust hazards; and specialized training and lead safe work practices are now required under Federal and State law for most work disturbing lead-based paint. According to the Centers for Disease Control (CDC) and California's Childhood Lead Poisoning Prevention Branch, lead paint is the primary cause of lead exposure for children who live in older homes.

Asthma is also a concern in unincorporated Alameda County. Asthma causes school and work absences, raises health care costs for treatment and emergency room visits, limits an individual's activities, and impacts their quality of life. According to the Federal Healthy Homes Work Group publication *Advancing Healthy Housing: a Strategy for Action*, an estimated 39% of children under six with asthma nationwide are impacted by exposure to indoor air hazards in their homes. Indoor air hazards include mold and moisture, pest infestations, and poor ventilation.

Alameda County can help ensure that the local housing stock is maintained and improved in a safe and healthy manner by providing financial and technical assistance to properties occupied by low income families and by carrying out appropriate code enforcement programs. The Alameda County Community Development Agency's Healthy Homes Department (HHD) provides technical assistance to property owners, tenant education, lead-safety skills training, In-Home Consultants for property owners throughout Alameda County. The HHD began combining the CDBG and Cal HOME funded Housing Preservation Program with its own Lead Hazard Remediation Program in the Unincorporated County beginning in FY 14/15. Since 2007, the County has completed 185 Minor Home Repair projects in unincorporated Alameda County and 75 Single Family Rehabilitations (both accessibility grants and repair loans). In addition, the County has persons working in Fire, Building and Planning who are trained to evaluate violations of their respective codes. In addition to identifying hazards for occupants and owners of the housing units, these programs can also support the community by reducing neighborhood blight and preserving property values.

Table 18: Condition of Occupied Housing Units

Place	Occupied Housing Units		Lacking Complete Plumbing Facilities	Lacking Complete Kitchen Facilities	No Telephone Service Available
	Number	Percent			
Ashland	Number	7,099	0	55	66
	Percent	----	0.0%	0.8%	0.9%
Cherryland	Number	4,369	8	0	113
	Percent	----	0.2%	0.0%	2.6%

Source: Planning Department, American Community Survey 5 year Estimates (2007-2011), Table DP04

Since 2000 the number of occupied housing units with physical defects has decreased in Ashland Cherryland and Fairview, but has increased in Castro Valley and Sunol. San Lorenzo has seen improvements in the availability of kitchen facilities, a slight increase in the percentage of units lacking plumbing and telephone service is unchanged.

Age of Housing Stock

The age of housing, when correlated with income and the proportion of rental housing, can provide a reasonable measure of housing condition. Empirical evidence suggests that communities with high proportions of housing more than 40 years old, lower-income households, and rental housing will usually have a higher proportion of housing in need of repair than similar communities with higher incomes and a higher proportion of ownership housing.

As housing stock ages, an increasing percentage of units are in need of rehabilitation. Generally, housing older than 30 years of age will require minor repairs and modernization improvements. Housing units over 50 years of age are more likely to require major rehabilitation such as roofing, plumbing, and electrical system repairs. Table 19 provides statistics on the age of the housing units. An estimated 84 percent of the housing units in the County are over 30 years of age and nearly 50 percent are over 50 years of age.

As these units continue to age, many will require significant reinvestment to maintain. Using the number of units built before 1950 as an indicator of the number of units that may be in need of rehabilitation, County staff has estimated that approximately 25% of the housing stock built before 1950 in the unincorporated areas may require major repair and rehabilitation.

Table 19: Age of Housing Stock by Unit, Unincorporated Alameda County CDPs, 2007-2011 Estimates

Place	2000 or later	1990-99	1980-89	1970-79	1960-69	1940-59	1939 or earlier	Units
Ashland	414	410	897	1,155	1,301	2,983	567	7,727
	5%	5%	12%	15%	17%	39%	7%	100%
Cherryland	375	584	762	398	440	1,882	460	4,901
	8%	12%	16%	8%	9%	38%	9%	100%
Unincorporated	2,422	5,342	5,041	6,074	6,936	21,620	2,701	50,136
	5%	11%	10%	12%	14%	43%	5%	100%

Source: Planning Department, American Community Survey 5 year Estimates (2007-2011), Table DP04

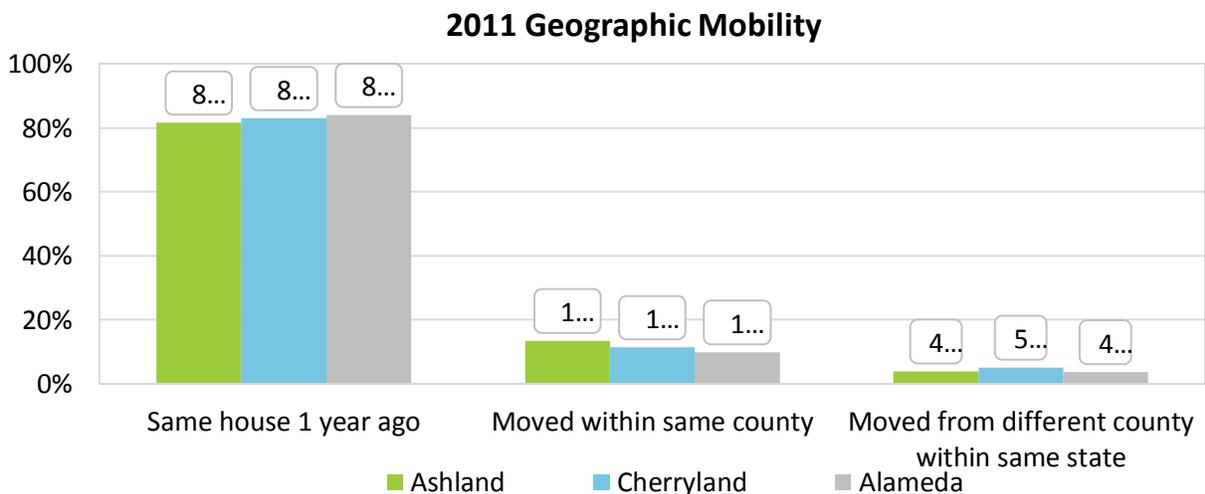
Note:

There are high Margins of Error (MOE), approximately 1 to 9 percent, associated with the 2007-2011 ACS data. Generally, the larger the population used in an estimate the lower the MOE. Small sub-populations generally have very high margins of error and are less reliable. However, as there was not a 2010 long form census conducted, this is the only recent data source available for these types of data.

PUBLIC SAFETY AND SOCIAL ENVIRONMENT

Over the last year there was limited mobility in Ashland and Cherryland. The mobility patterns are similar to the county.

Figure 29: 2011 Geographic Mobility

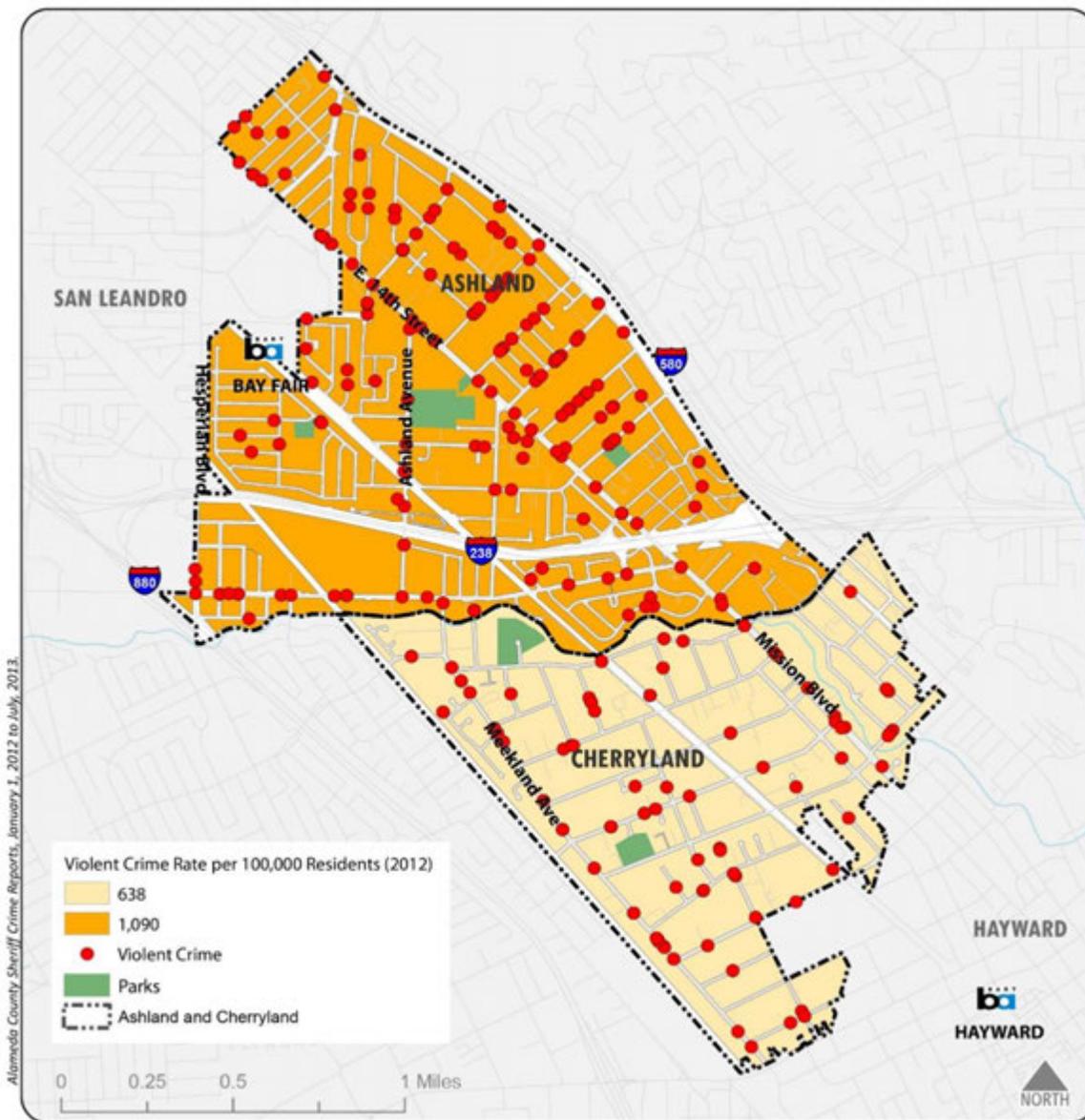


Source: ACS 5-year estimates 2007-2011

The rate of violent crime in Ashland (1,090) is significantly greater than Cherryland (638)

The Uniform Crime Reporting (UCR) tracks eight “index crimes,” known as Part I crimes. Of the eight, there are four Part I Violent Crimes include which include; Homicide, Sexual Assault, Robbery and Aggravated Assault.

Figure 30: Violent Crime Rate



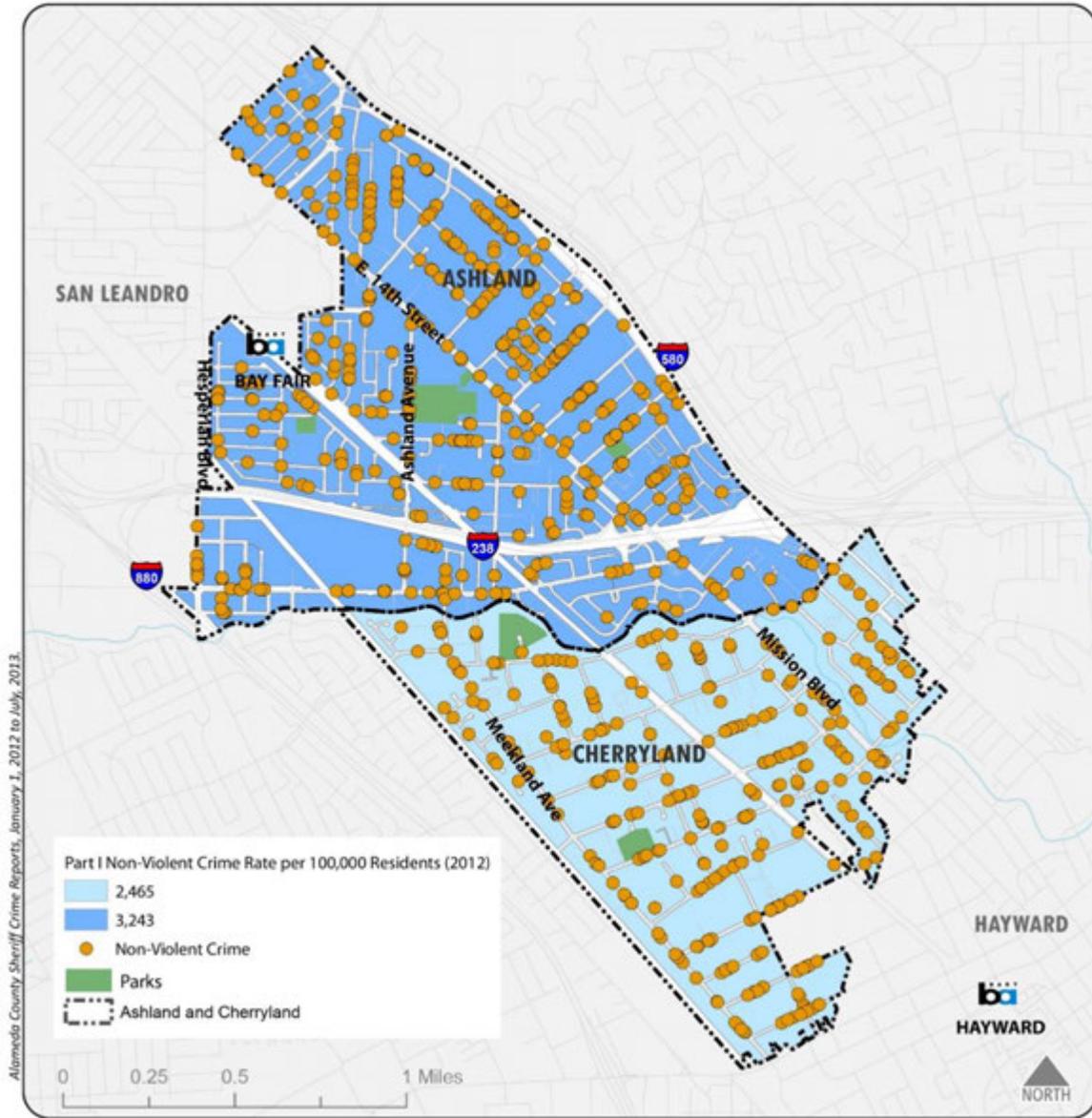
Violent Crime Rate

The rate of violent crime in Ashland (3,243) is 3/4 times higher than Cherryland (2,465)

The Uniform Crime Reporting (UCR) tracks eight “index crimes,” known as Part I crimes. Of the eight, there are four Part I Non-Violent Crimes include which include; Arson, Burglary, Larceny and Auto Theft.

Rates were calculated per 100,000 residents and shown by community. The data in this layer is a listing of all crimes collected by the Alameda County Sheriff's office from January 1, 2012 until the data was retrieved in July of 2013.

Figure 31: Non-Violent Crime Rate



Part I Non-Violent Crime Rate

Overall, Ashland has more incidents of Part I crime than Cherryland. In particular, Ashland has a significantly greater proportion of aggravated assault, and rape and robbery. For Part I, Non-Violent crimes, Ashland has a greater proportion of larceny and motor vehicle theft.

Table 20: 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.

By community, Ashland and Cherryland had nearly 3 times the rates for assaults and robberies than the other communities in the Eden area. The concentration of robberies was especially acute. Rates of robbery in Ashland were more than double the next highest community, Cherryland and was twelve times higher than Fairview.

Note: 2010 U.S. Census population was used to calculate crime rate per 1,000 residents.

Table 21: Violent Crime Rate, 2012

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.

Of the unincorporated communities in the Eden Area, Ashland and Cherryland have two of the highest rates of people on probation. Cherryland has the highest proportion of their population on probation with a rate of 102.2 per 10,000 residents. This rate is comparable to Oakland at 124.6 (per 10,000 residents) which is the highest rate in the County.

Table 22: Probationers, July 2010

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.*

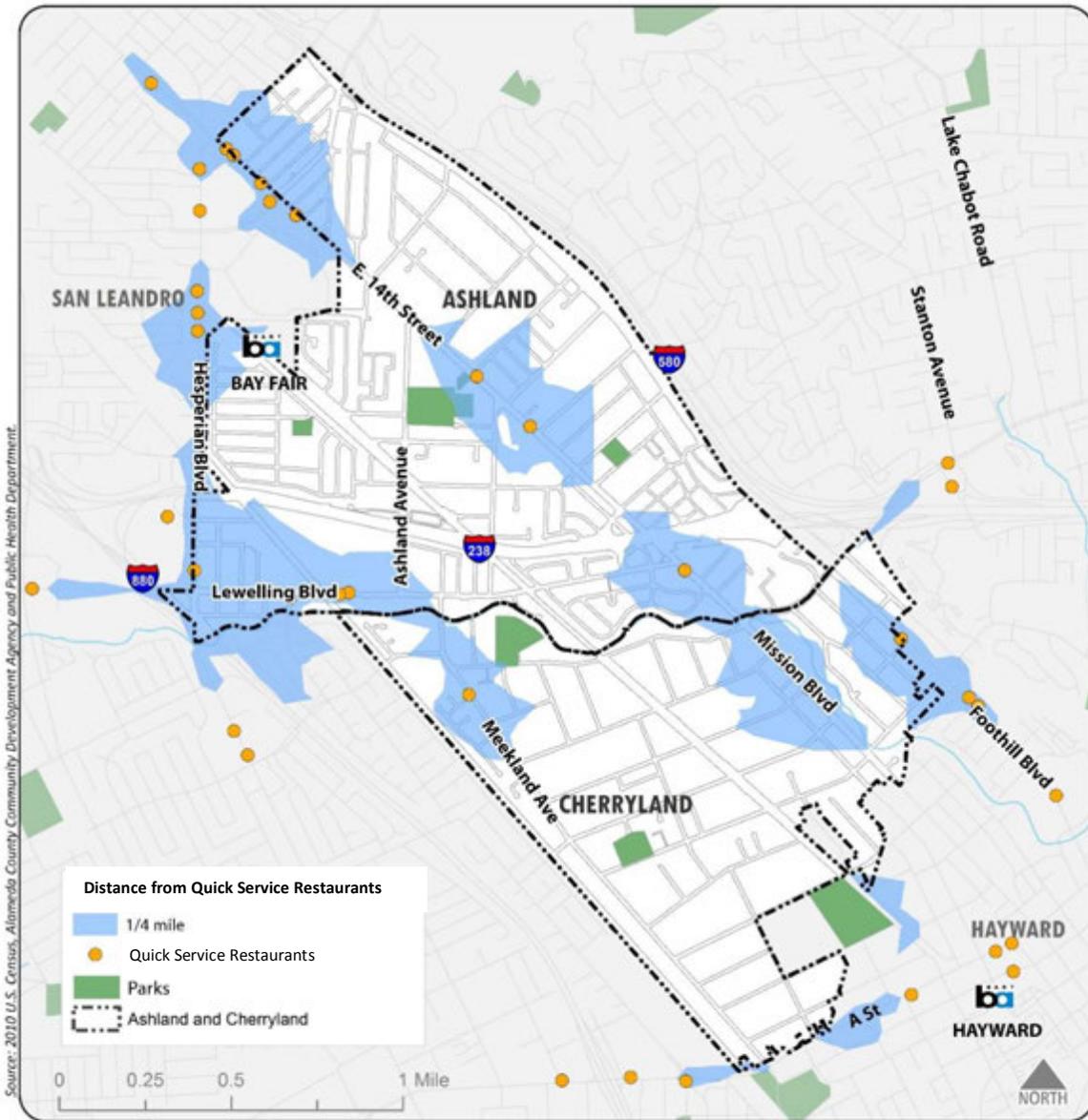
FOOD ACCESS

Diet has a great impact on one's health; therefore access to healthy foods such as fresh fruits and vegetables is important. Easy access to unhealthy foods can be detrimental to one's health if few healthy options are available. While all fast food establishments (quick-service restaurants¹ or QSRs) do not sell food that could be described as unhealthy (i.e. calorie dense, high in sodium, sugars and saturated fat), and many do also offer healthy options.; many residents surveyed expressed a desire for more varied food choices in their community. The purpose of this analysis is to provide evidence to support broadening access and availability to a wider range of food choices for Ashland and Cherryland residents.

Access, or more particularly walkable access, may be defined as being less than a quarter mile, using the street network, from a site. The figure on the following page shows the availability of QSRs in Ashland and Cherryland. Ashland has significantly greater walkable access to QSRs than Cherryland.

¹ The National Restaurant Association does not use the term "fast food", but instead uses the terms "limited service" or "quick service" restaurants. In their *2014 Restaurant Industry Forecast*, limited/quick service restaurants are defined as establishments where "patrons generally order at a cash register or select items from a food bar and pay before they eat".

Figure 32: Quick Service Restaurant Access



Quick Service Restaurant Access

Table 23: Quick Service Restaurant Access, Ashland

ASHLAND			
Population Type	Population within ¼ mile of a QSR	Total Population	% within ¼ mile of a QSR
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%

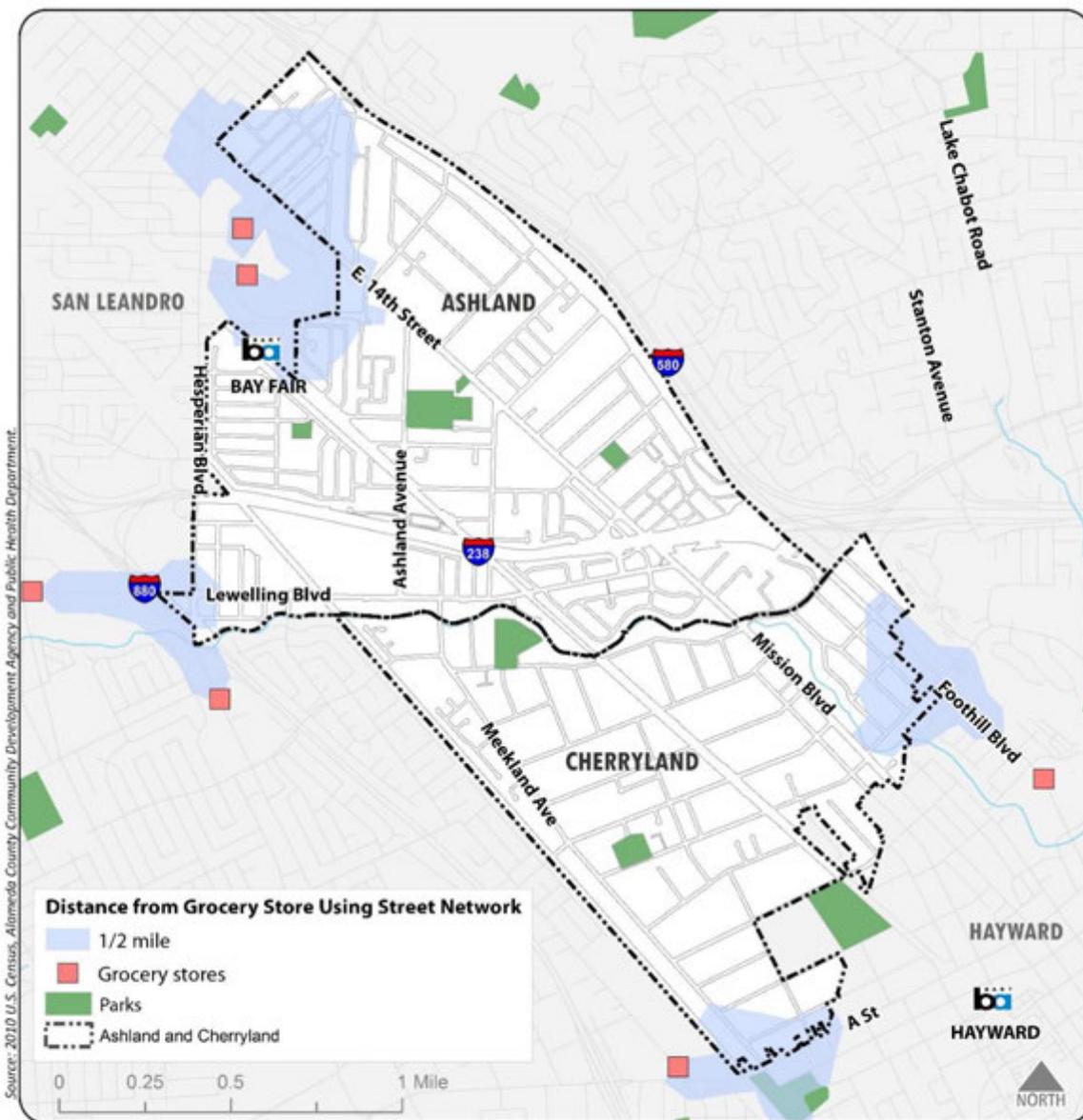
Owners Occupied Housing Units	400	2,428	16%
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Table 24: Quick Service Restaurant Access, Cherryland

CHERRYLAND			
Population Type	Population within ¼ mile of a QSR	Total Population	% within ¼ mile of of a QSR
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%

There is very limited walkable access to full service grocery stores. Furthermore, there is greater access to QSRs as seen in the previous figure. Increased access to a wider array of food options is a priority in Ashland and Cherryland.

Figure 33: Grocery Store Access



Grocery Store Access

Ashland and Cherryland residents have very low walkable access to grocery stores/super markets in their communities.

Table 25: Grocery Store Access, Ashland

ASHLAND			
Population Type	Population within ½ mile of a Grocery Store	Total Population	% within ½ mile of a Grocery Store
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%

Table 26: Grocery Store Access, Cherryland

CHERRYLAND			
Population Type	Population within ½ mile of a Grocery Store	Total Population	% within ½ mile of a Grocery Store
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%

While access to full-service grocery stores is constrained, there are resources within the community that do offer additional access to health foods. There are three weekend Farmer's Markets nearby, one in downtown Hayward, another at the Bay Fair Shopping Center parking lot, and one located near the Lucky's in San Lorenzo (Paseo Grande and Hesperian.) There are several small family owned markets such as Supermercado La Raza, (near 164th and E-14th St.) and Casa Lucas (near 167th and E-14th St.) The Dollar Tree located at Mattox and Mission has many food offerings and seems to serve as a de facto grocery.

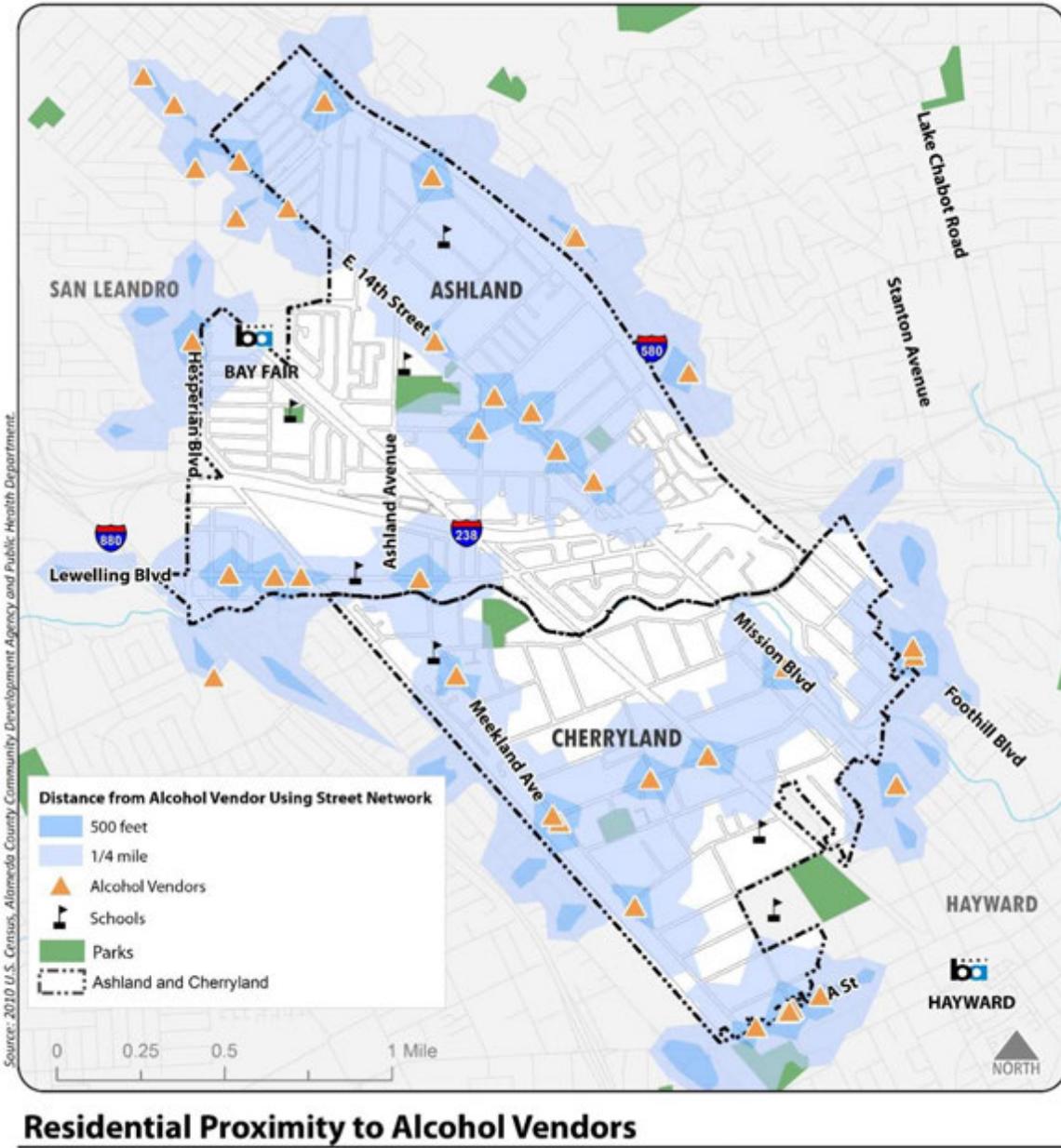
Alcohol Outlets

The types of liquor establishments included in this map have "Off Sale" alcohol licenses. These license types are "Off Sale Beer & Wine" and "Off Sale General". According to the Department of Alcohol Beverage Control these licenses are defined as:

- Off Sale Beer & Wine - (Package Store) Authorizes the sale of beer and wine for consumption off the premises where sold. Minors are allowed on the premises.

- Off Sale General - (Package Store) Authorizes the sale of beer, wine and distilled spirits for consumption off the premises where sold. Minors are allowed on the premises.

Figure 34: Residential Proximity to Alcohol Outlets



Ashland has greater walkable access to alcohol vendors than Cherryland.

Table 27: Residential Proximity to Alcohol Vendors, Ashland

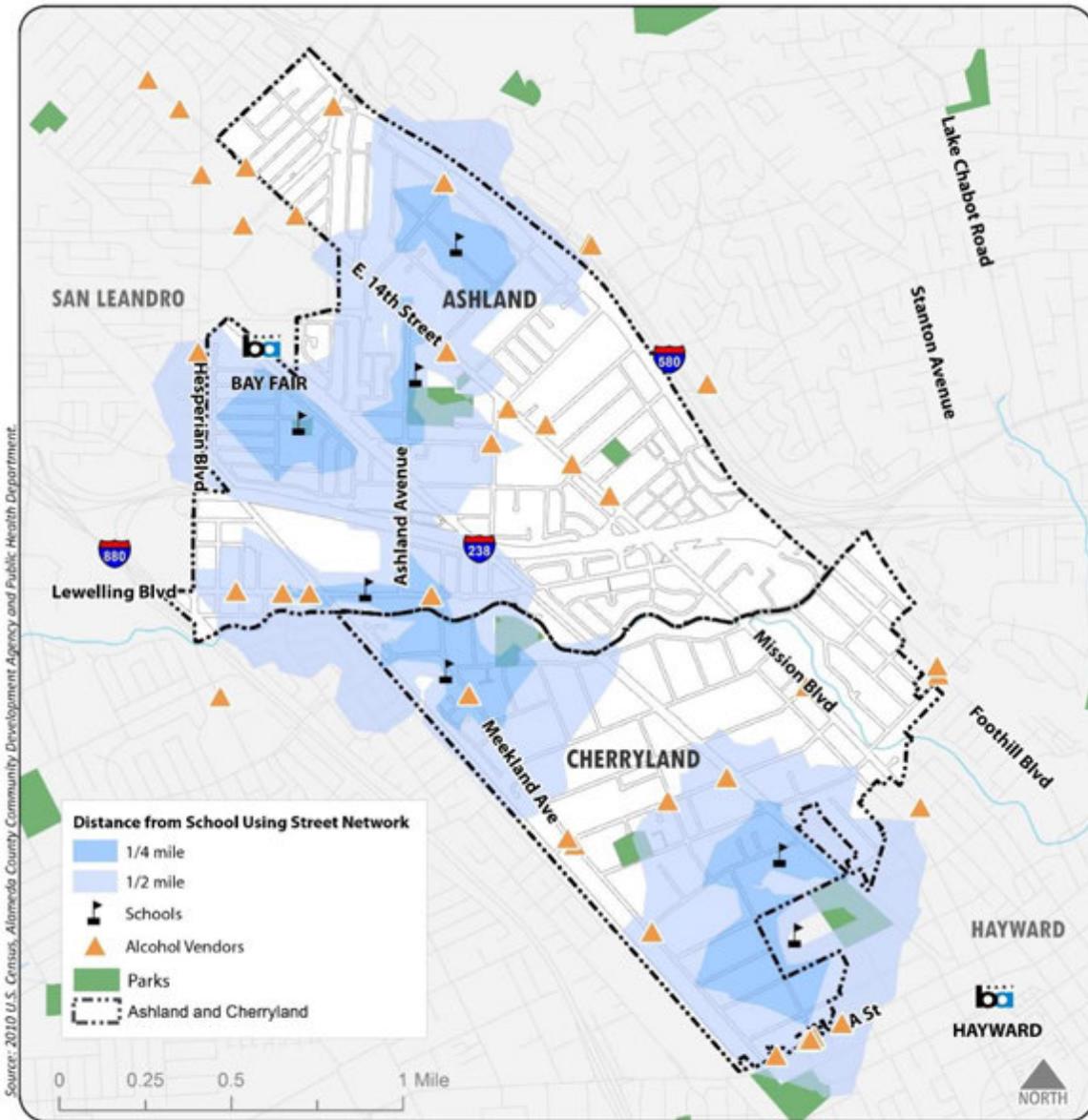
ASHLAND			
Population Type	Population within a ¼ mile of Alcohol Vendor	Total Population	% within a ¼ mile of Alcohol Vendor
All Residents	14,916	21,486	69%
Population Under 18	4,361	5,985	73%
Non-White and/or Hispanic	12,847	18,178	71%
Occupied Housing Units	5,049	7,137	71%
Renter Occupied Housing Units	3,688	4,709	78%
Owners Occupied Housing Units	1,361	2,428	56%

Table 28: Residential Proximity to Alcohol Vendors, Cherryland

CHERRYLAND			
Population Type	Population within a ¼ mile of Alcohol Vendor	Total Population	% within ¼ mile of Alcohol Vendor 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%
Occupied Housing Units	2,804	4,780	59%
Renter Occupied Housing Units	1,964	3,239	61%
Owners Occupied Housing Units	840	1,541	55%

All schools within Ashland and Cherryland are within walking distance of an alcohol vendor. Proximity to alcohol is a concern for vulnerable school-aged children. Measures to reduce exposure to alcohol marketing should be explored, particularly for alcohol vendors within walking distance of schools. San Lorenzo high (Ashland) and Brenkwitz (Cherryland) are schools of significant concern because of the close proximity to Alcohol Vendors.

Figure 35: School Proximity to Alcohol Outlets



School Proximity to Alcohol Vendors

Table 29: School Proximity to Alcohol Vendors, Ashland

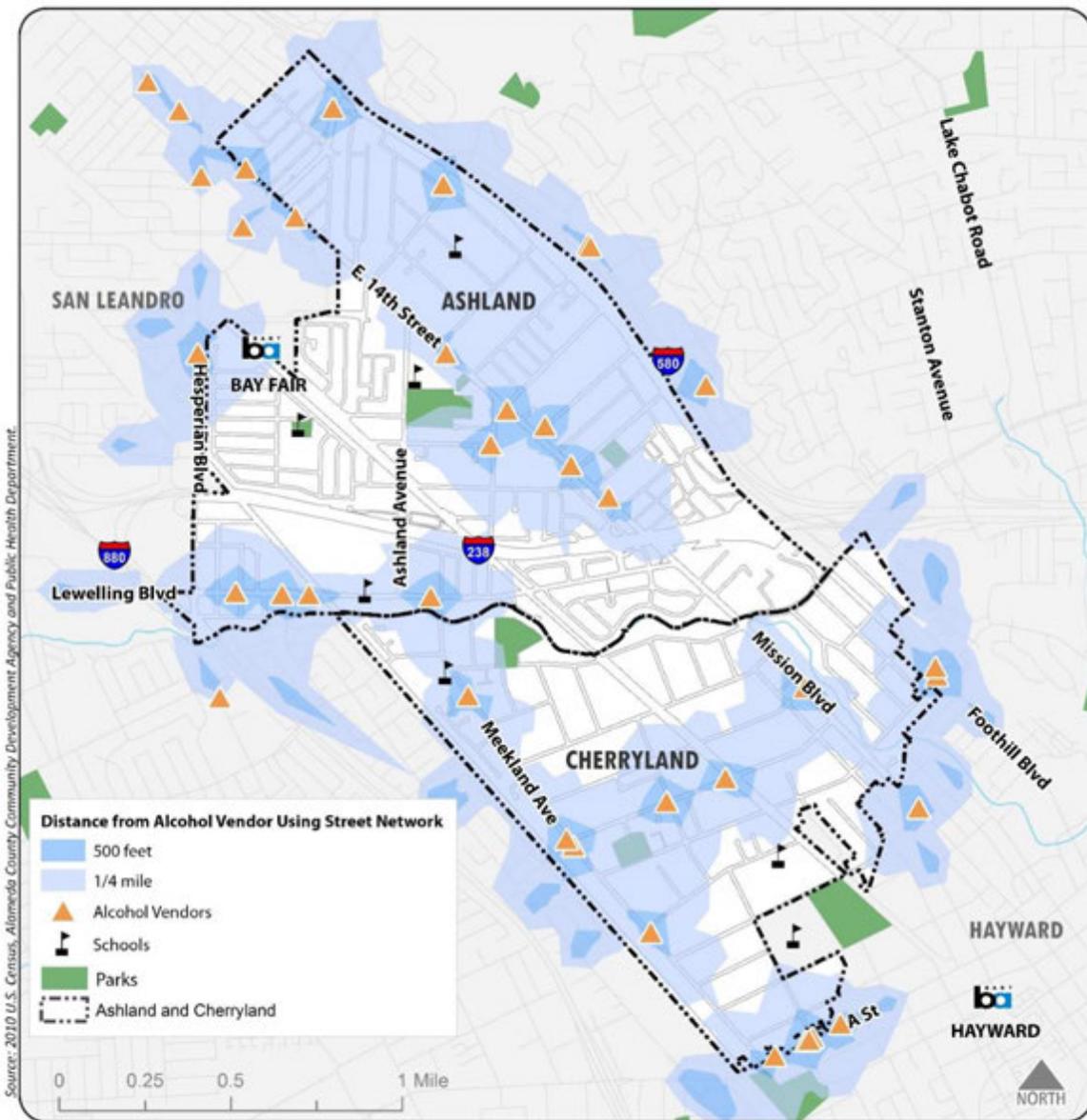
ASHLAND	
Proximity of Schools to Alcohol Vendors	
Number of Schools within 1/4 mile walk	2 Schools - San Lorenzo High School (2 alcohol vendors) and Hillside Elementary School (1 alcohol vendors)
Number of Schools within 1/2 mile walk	3 Schools - San Lorenzo High School (5 alcohol vendors), Edendale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

Note: Of the 8 Alcohol Vendors within 1/2 walkshed of San Lorenzo High School , one is located in Cherryland

Table 30: School Proximity to Alcohol Vendors, Cherryland

CHERRYLAND	
Proximity 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)

Figure 36: Residential Proximity to Alcohol Outlets



Residential Proximity to Alcohol Vendors

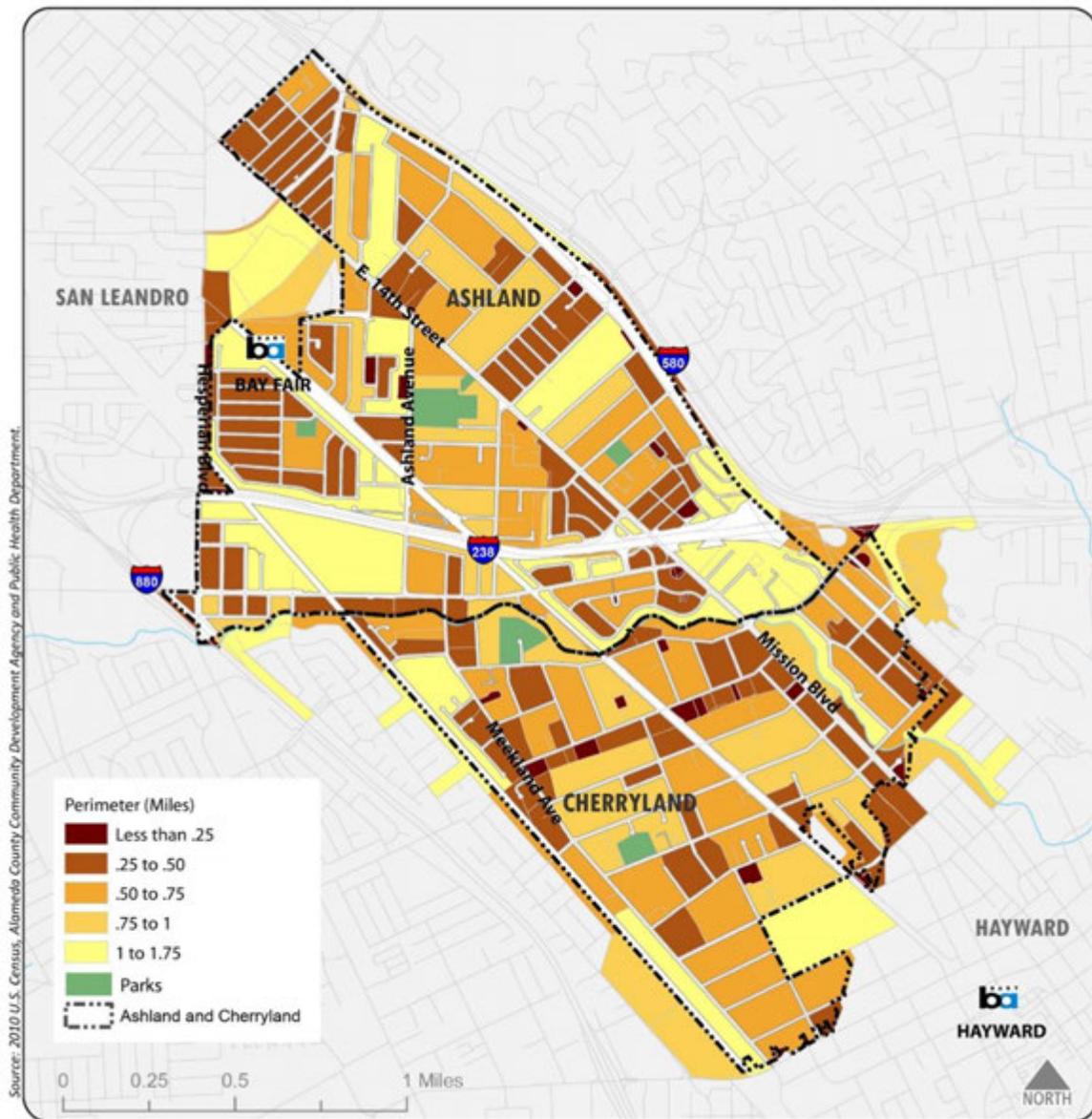


ACTIVE AND SAFE TRANSPORTATION

Walkability

There are varying block sizes in the Ashland and Cherryland. Larger blocks are not very walkable because they have fewer intersections. Of note, there are clusters of blocks in Ashland that are a $\frac{1}{4}$ to $\frac{1}{2}$ mile in perimeter in size. This land pattern is indicative of the region's agricultural past.

Figure 37: Walkability

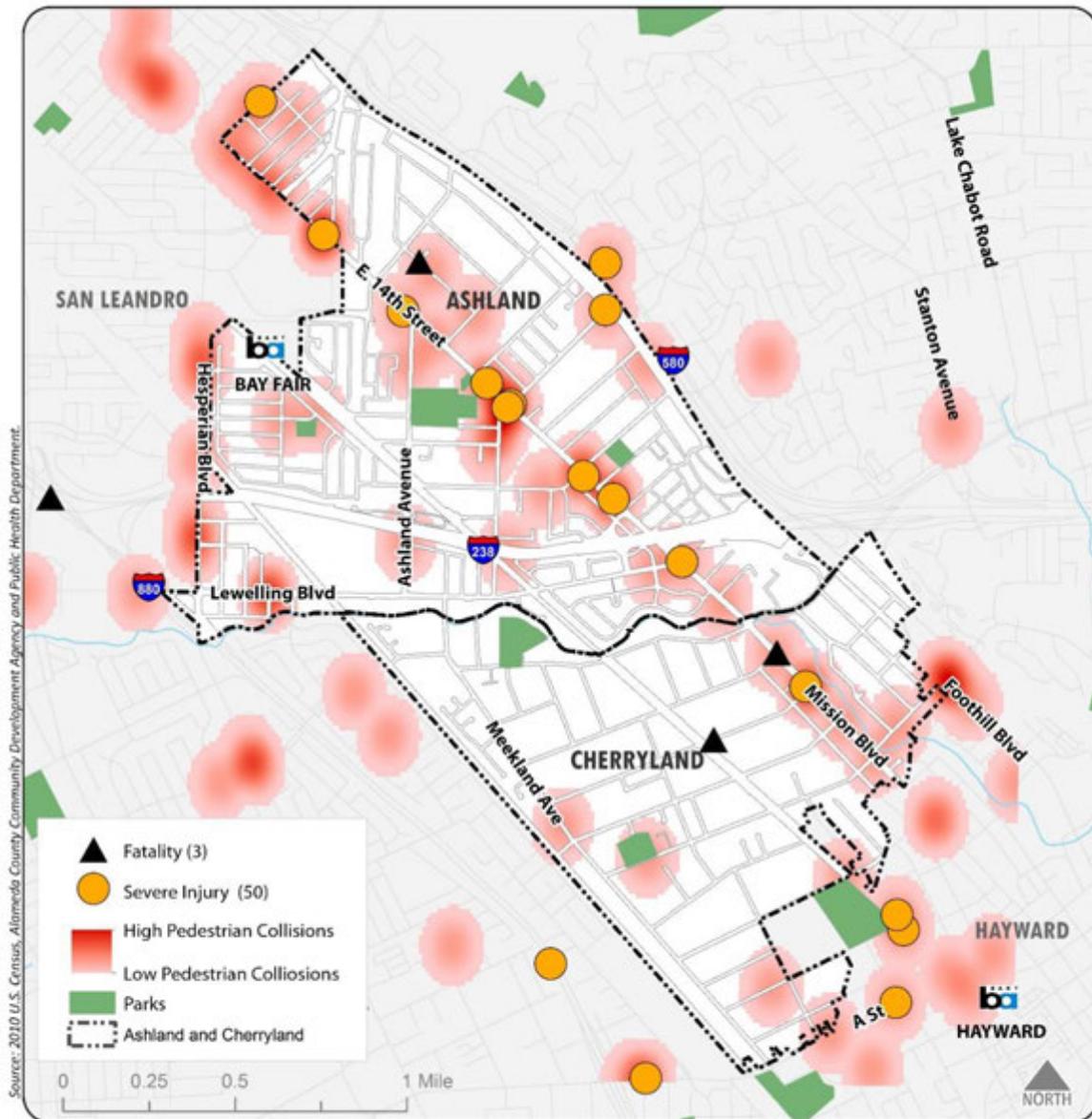


Walkability - Block Size

There were a total of 3 pedestrian collisions that resulted in a fatality in Ashland and Cherryland.

There were a total 50 pedestrian collisions that resulted in a severe injury in Ashland and Cherryland. Pedestrian collision data in the surrounding area was included to provide data about neighboring intersections just outside Ashland and Cherryland.

Figure 38: Pedestrian Collisions

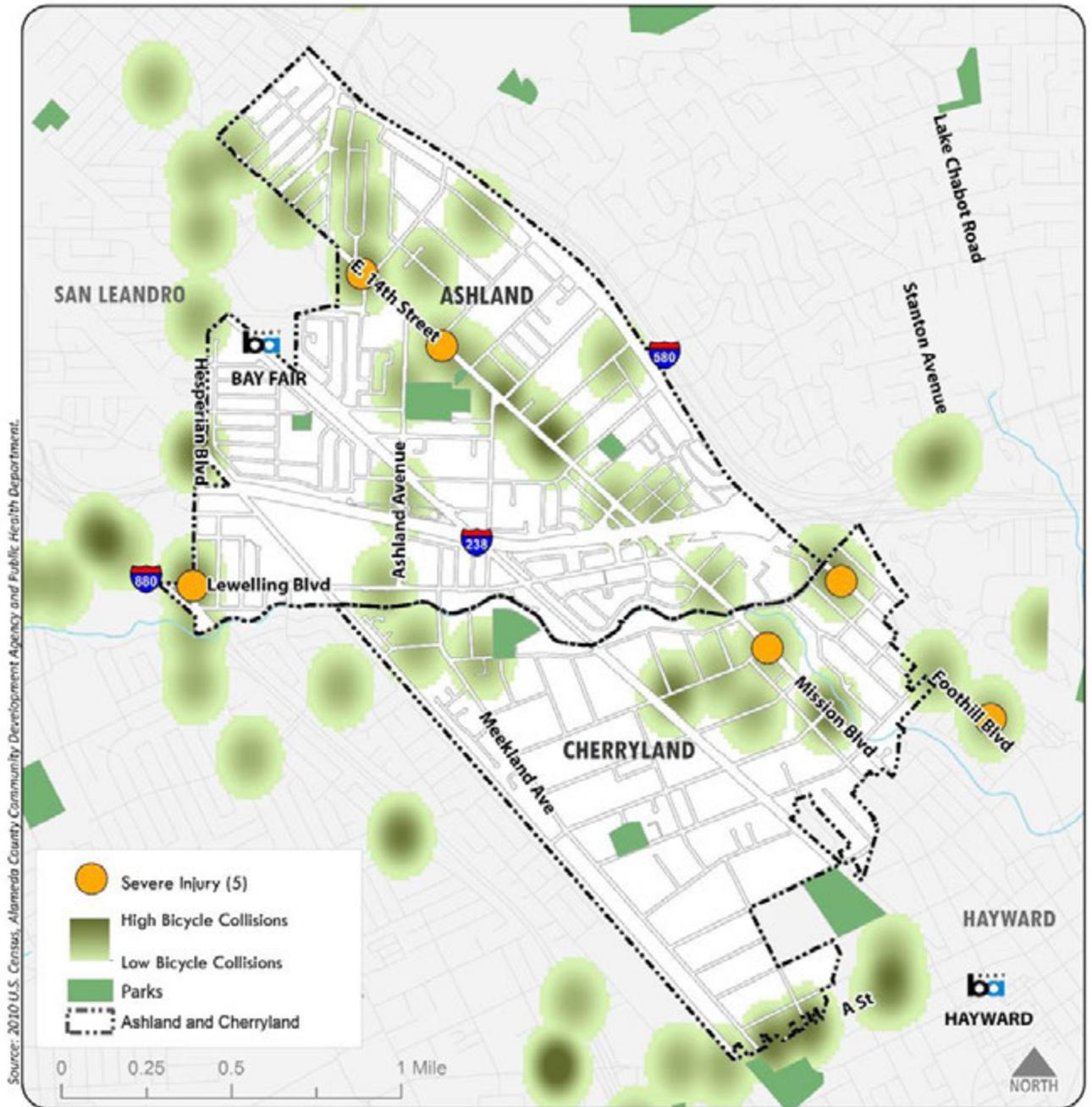


Pedestrian Collisions

- There were no bicycle collisions that resulted in a fatality in Ashland and Cherryland.
- There were a total 5 bicycle collisions that resulted in a severe injury in Ashland and Cherryland.
- Bicycle collision data in the surrounding area was included to provide data about neighboring intersections just outside Ashland and Cherryland.

Bicycling

Figure 39: Bicycle Collisions



Bicycle Collisions

Transit Access

There are few with walkable access to BART Stations. “Walking distance” is defined as ½ mile for BART access. Walkable BART access is extremely limited.

Figure 40: BART Access



BART Access

Table 31: Distance to BART, Ashland

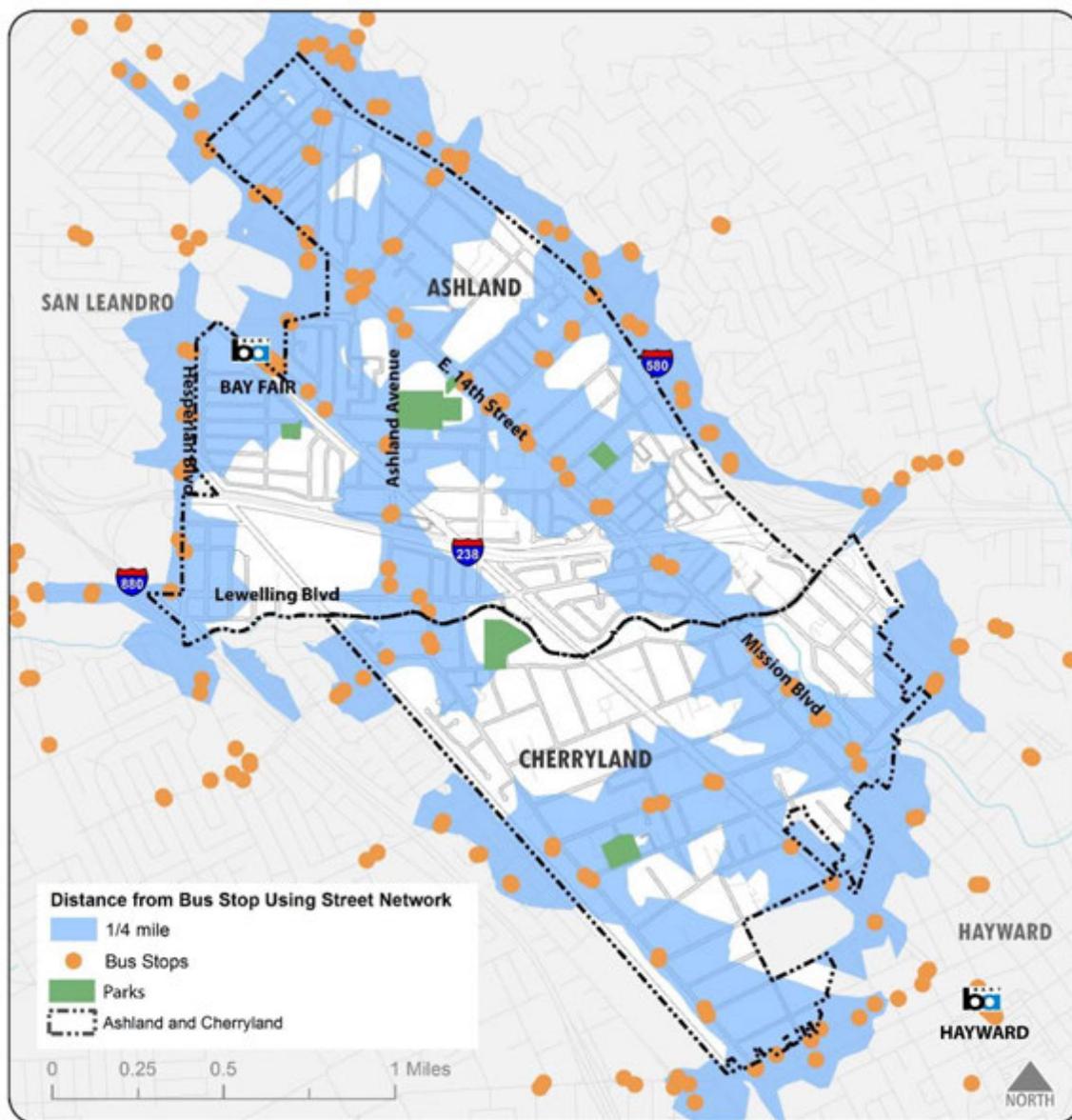
ASHLAND			
Population Type	Population within Walking Distance of BART Station	Total Population	% within Walking Distance of BART Station
All Residents	2,040	21,486	9%
Population Under 18	528	5,985	9%
Non-White and/or Hispanic	1,647	18,178	9%
All Households	571	7,137	8%
Renter Occupied Housing Units	151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

Table 32: Distance to BART, Cherryland

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%

Community members have commented that bus frequency is limited and service routes do not meet trip needs. Ashland has greater walkable access to busses than Cherryland. “Walking distance” is ¼ mile for bus access.

Figure 41: Bus Access



Bus Access

Table 33: Distance to Bus Stop, Ashland

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%

Table 34: Distance to Bus Stop, Cherryland

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%
Renter Occupied Housing Units	2,584	3,239	80%
Owners Occupied Housing Units	1,041	1,541	68%

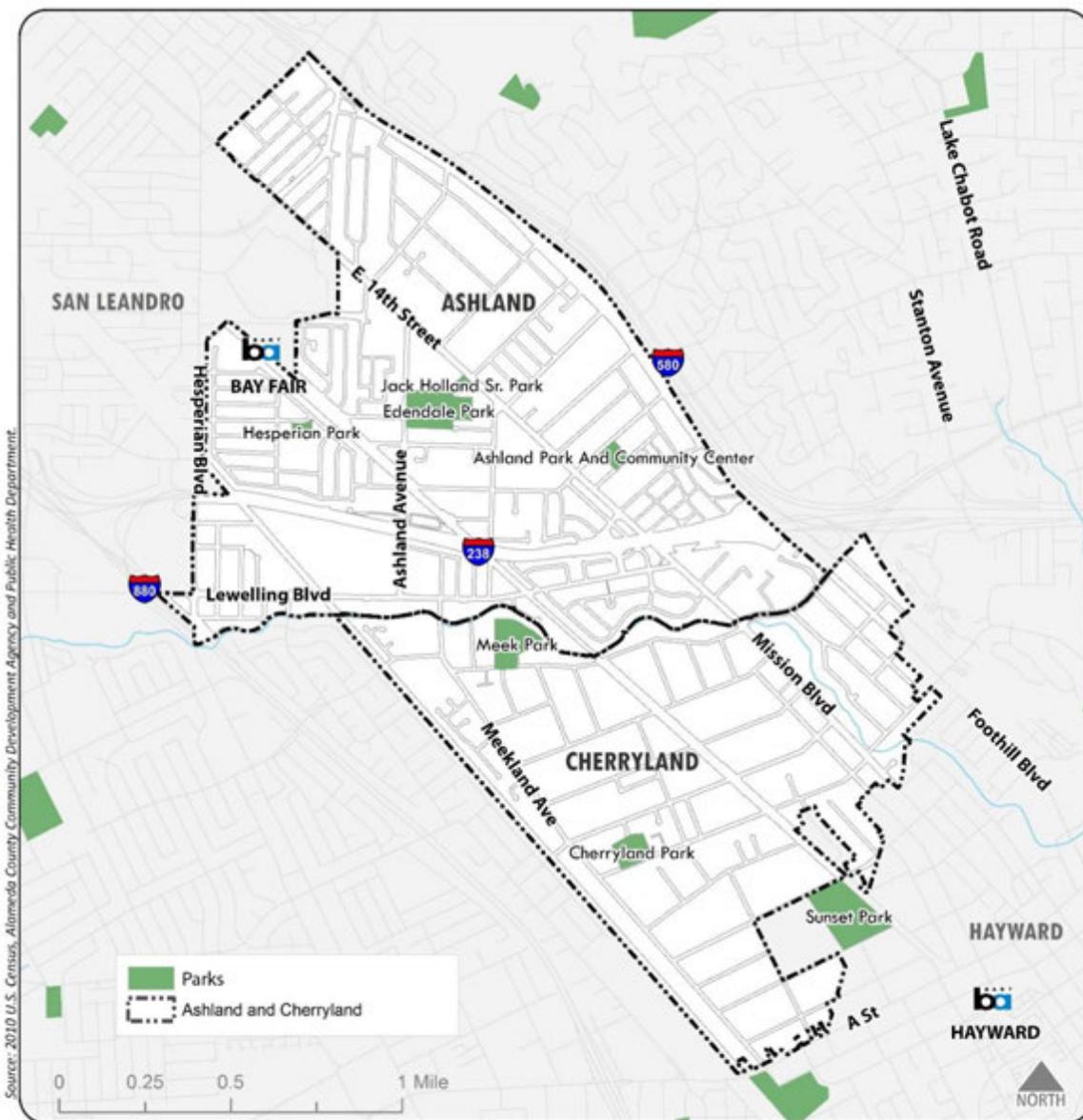
PARKS AND COMMUNITY FACILITIES

Parkland

There are 7 parks in Ashland and Cherryland. While some community members in Cherryland use Cannery Park, just south of Cherryland in Hayward, they have to cross a major arterial, A Street. Parks and recreation space within a safe, walkable distance of home is a priority. The park level of service for Ashland is slightly higher than that of Cherryland. However, both are significantly below the state standard of 3 acres of park land per 1,000 residents set by the Quimby Act (Government Code Section 66477). This is of particular concern for the high number of tenants in the community that are generally more dependent on public park space for their recreation needs.

This map shows half-mile and quarter-mile walksheds around parks. The following slide provides a summary of the number of residents with walkable access to parks. Cherryland has greater walkable access to parks than Ashland. "Walking distance" is ½ mile for park access.

Figure 42: Community and Regional Parks



Community and Regional Parks

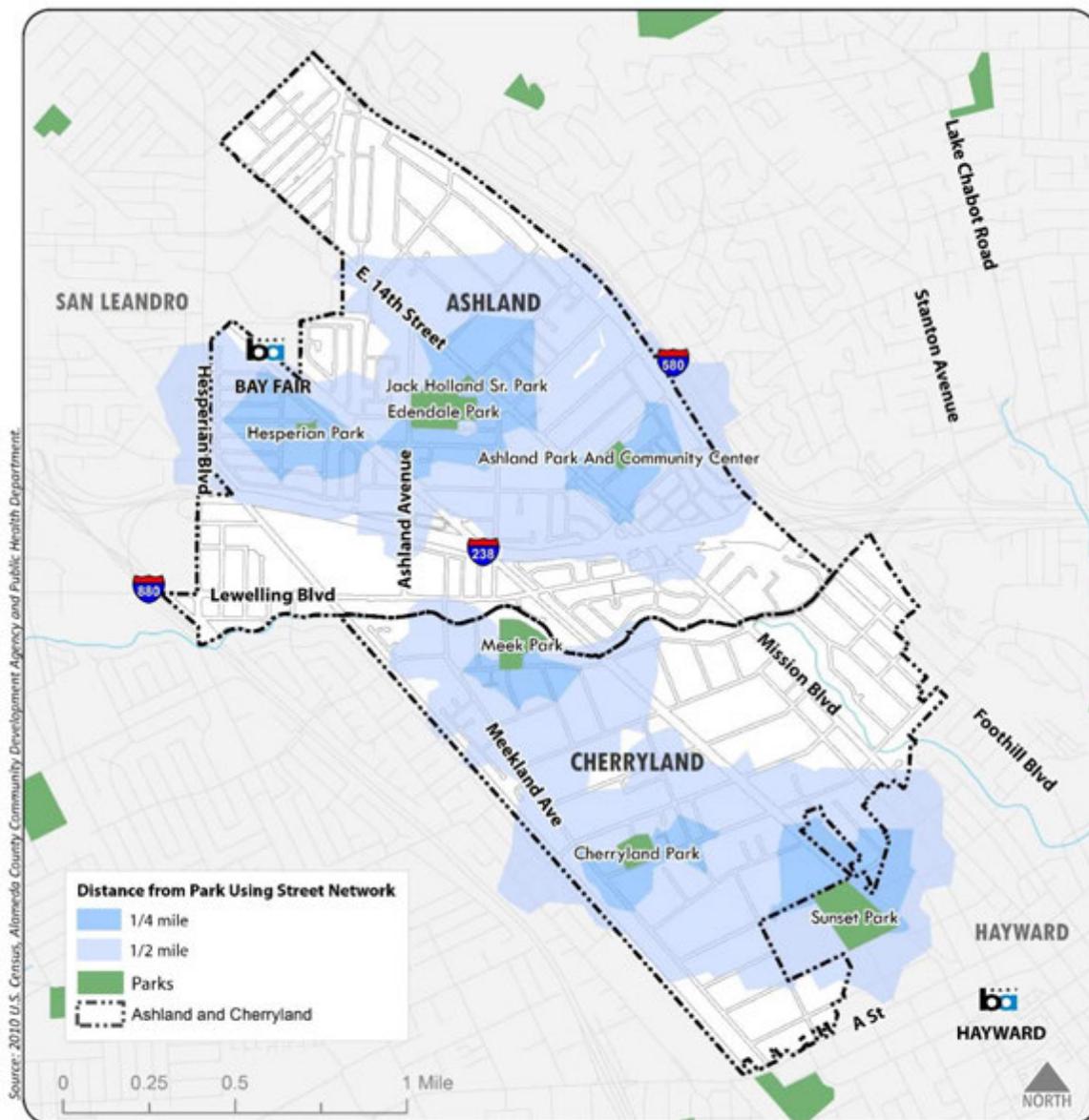
Table 35: Parks Level of Service

Park Level of Service				
Community	Park Acres	Population	Acres per 1,000 Residents	
Policy A.15. Ashland	30.3	21,925	1.4	
Policy A.16. Cherryland	17.4	14,728	1.2	
Total	48	36,653	1.3	

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

Park Access

Figure 43: Park Access



Park Access

Table 36: Distance to Parks, Ashland

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%

Table 37: Distance to Parks, Cherryland

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%