

Health and Transportation Partnerships: Agency Structures for Collaboration

PBIC Health + Transportation Webinar Series, Part 2

Sagar Shah American Planning Association

Karma E. Harris National Association of Chronic Disease Directors / Walkability Action Institute

Sarah Shaughnessy Richmond City Health Department

Ryan Dusil North Front Range MPO

Katie Guthrie City of Loveland

Housekeeping

- **⇒** Submit your questions
- ⇒ Webinar archive: www.pedbikeinfo.org/webinars
- ⇒ Live transcript: www.streamtext.net/player?event=HSRC
- Certificates and professional development hours
- ⇒ Follow-up email later today
- Review previous episodes and sign up for upcoming sessions



Pedestrian and Bicycle Information Center

Webinar Series

Health and Transportation

Oct. 13: Confronting Power and Privilege for Equity

Oct. 15: Agency Structures for Collaboration

Oct. 22: Integrating Health Data

Oct. 27: Planning and Prioritizing Projects

Oct. 28: Bringing Health to Transportation Policy

#PBICWebinar



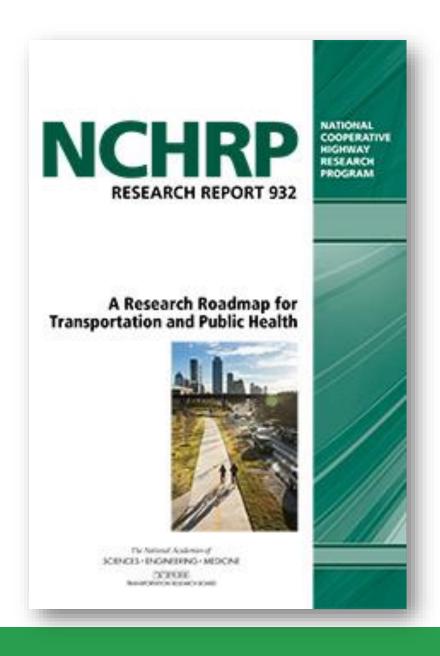
Transportation and health intersect in many ways











Series Motivation

- ⇒ How are health and equity defined within the transportation community?
- ⇒ How can transportation practices impact health?
- ⇒ In what ways are transportation agencies considering health in current practices?
- ⇒ What partnerships, research, and other resources are needed to improve practice?

Pathways to Health



Improving access to opportunities and services



Providing opportunities for physical activity



Mitigating
human
exposure to
environmental
risks (air and
noise
pollution)



Preventing injuries and improving safety



Supporting resiliency to disaster and extreme weather events



Promoting community connectedness and vitality

Meet the Panel



Sagar Shah
American Planning
Association



Karma E. Harris

National Association of
Chronic Disease Directors,
Walkability Action
Institute



Sarah Shaughnessy Richmond City Health Department



Ryan Dusil
North Front Range MPO



Katie Guthrie
City of Loveland

HEALTH AND TRANSPORTATION



Sagar Shah, PhD, AICP

Planning and Community Health Manager American Planning Association (APA) sshah@planning.org



PLANNING AND COMMUNITY HEALTH

APA's Planning and Community Health (PCH) program provides tools, educational materials, technical support to members so they can integrate health and equity into planning practice at all levels.

Home > Knowledge Center > Applied Research >









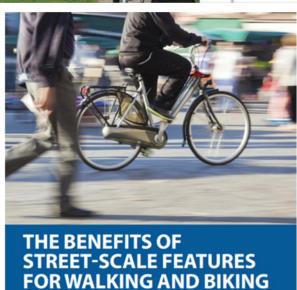


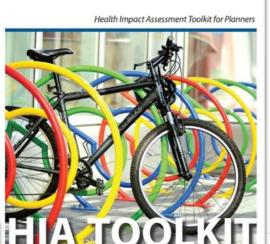




EXAMPLES OF PAST PROJECTS

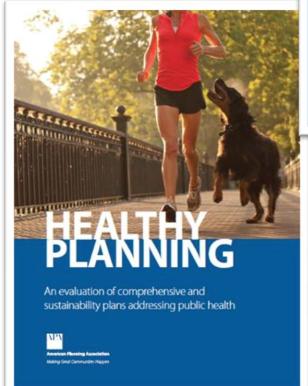


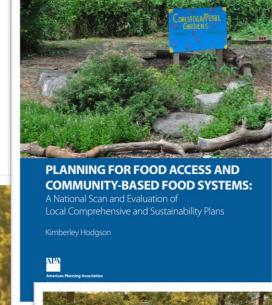


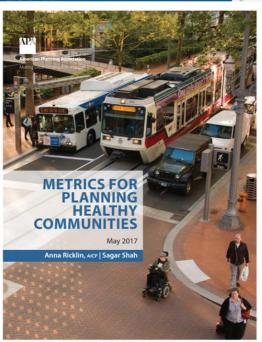


September 2016

PLAN4Health An American Planning Association Project







Planning & **Zoning for Health** in the Built **Environment**

he Planning Advisory Service (PAS) researchers are pleased to vide you with information from our world-class planning library. This packet represents a typical collection of documents PAS provides in response to research inquiries from our subscribers. For more formation about PAS visit www.planning.org/pas



Making Great Communities Happer

planning.org



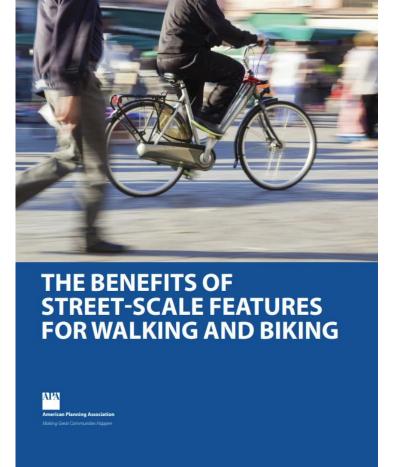
PLACE BASED WORK

Home > Knowledge Center > Multimedia > Blog >

Planning and the Opioid Epidemic





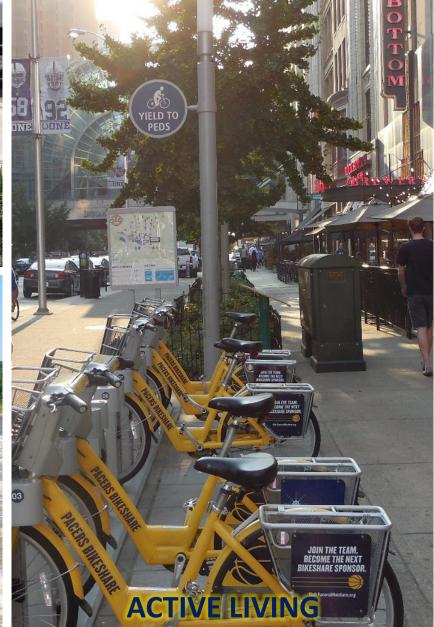


APPLIED RESEARCH

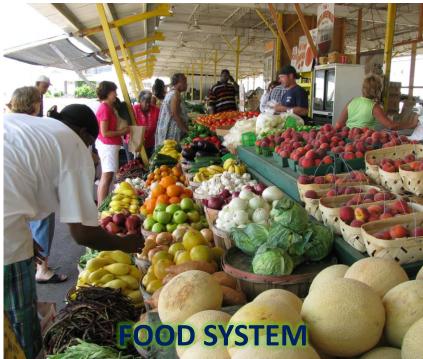
TYPE OF WORK

TRAINING & EDUCATION







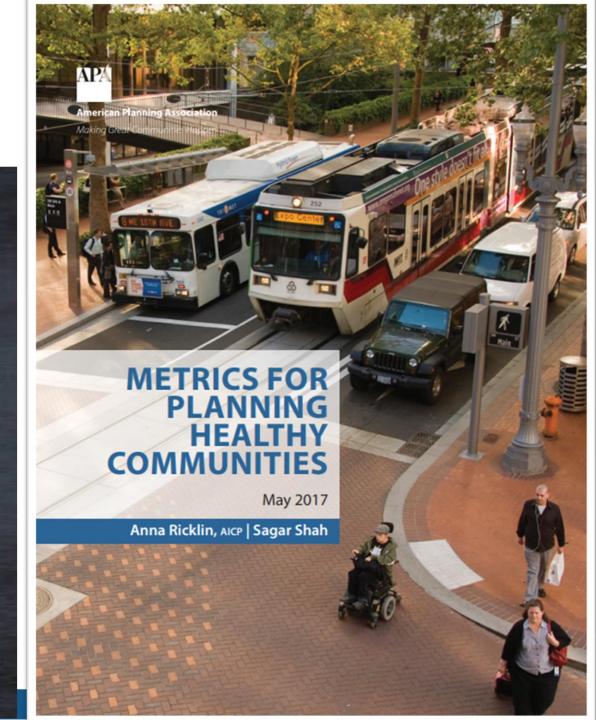




DOMAINS FOR PLANNING HEALTHY COMMUNITIES

1. Active Living

- Active transportation, Recreation, Traffic safety
- 2. Healthy Food System
 - Access, Production
- 3. Environmental Exposures
 - Air quality, Water quality, Soil contamination
- 4. Emergency Preparedness
 - Natural hazards, Climate change, Infectious disease
- 5. Social Cohesion
 - Green infrastructure, Housing and community development, Public safety



TRANSPORTATION AND HEALTH NEXUS

Air pollution

Traffic crashes

Physical activity

THE ROLE OF Transportation IN PROMOTING PHYSICAL ACTIVITY TRAFFIC CALMING Medians, speed bumps and other traffic-calming efforts can reduce the number of PUBLIC automobile crashes with TRANSPORTATION Public transit pedestrian injuries by up to users take more steps Equity per day SIDEWALKS than people who People who live rely on cars. in neighborhoods with sidewalks on BUS most streets are more likely to be BIKE FACILITIES active at least In Portland, Ore., bicycle commuters ride 30 minutes a day. 90 (A) of their miles on roads with bike facilities, even though **Active Living Research** these are only 8% of road miles. www.activelivingresearch.org

Sources: SIDEWALKS: Soilis J, Bowles H, Bauman A, et al. "Neighborhood Environments and Physical Activity among Adults in 11 Countries." American Journal of Preventive Medicine, 36(6): 484-490, June 2009. Bitk LANES: Dill J et al. Bicycling for Transportation and Health: The Role of Infrastructure. Journal of Public Health Policy (2009) 30, 595-5110. doi:10.1057/jphp.2008.56). TRA-FFIC CALMING: Bunn F, Coiller T, Frost C, et al. "Area-Wide Transportation for Preventing Traffic Related Injuries." Cochrone Database of Systematic Reviews (1), January 2003; Elvik R. "Area-Wide Urban Traffic Calming Schemes: A Meto-Analysis of Society Effects." Accident Analysis and Prevention, 33(3): 327–336, May 2001. PUBLIC TRANSPORTATION: Edwards R. "Public Transit, Obesity, and Medical Costs: Assessing the Magnitudes." Preventive Medicine, 46(1): 14–21, January 2008.

EXAMPLE OF PROJECTS...

- A Research Roadmap for Transportation and Public Health
 - Develop 10-year strategic research roadmap
- Guide to Creating Everyday Destinations
 - Help planners, public health, and allied professions create destinations in small communities



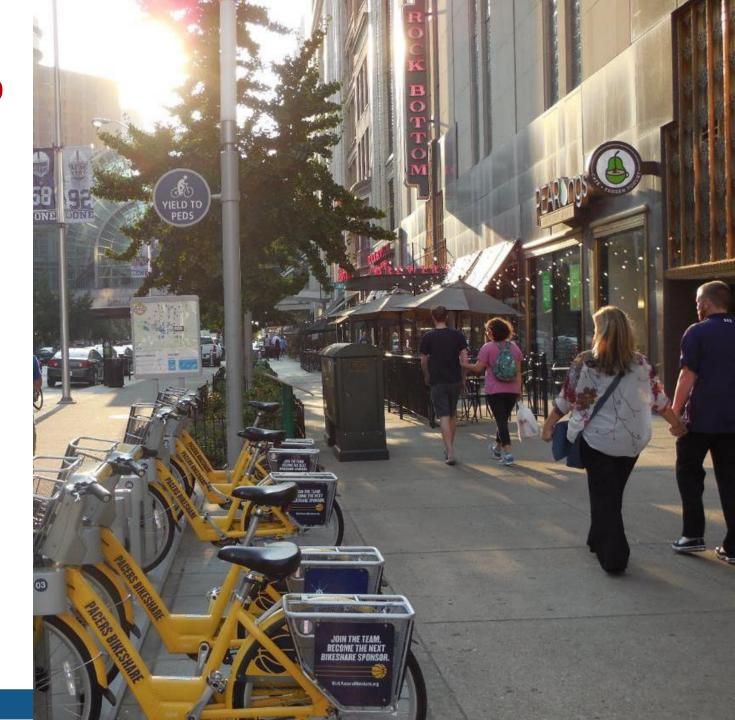






INVOLVED IN ONGOING DISCUSSION ON PRACTICE AND RESEARCH

- Physical Activity Policy Research and Evaluation Network
- Physical Activity Alliance's Standing committee for the Transportation, Land Use, and Community Design Sector
- National Academy of Science's Community Support for Physical Activity Working Group
- TRB Committee on Transportation and Health



Promote Healthy CommunitiesJoint Call to Action





PARTNERING TO IMPLEMENT THE JOINT CALL TO ACTION

The organizations involved in this Joint Call to Action represent many, but not all, of the individual practitioners who contribute to creating healthy communities. We encourage our members to partner with members of other organizations to facilitate the creation of healthier environments and to make health a primary consideration in land use, design, and development practice.

For members of the American Institute of Architects, American Planning Association, American Public Health Association, American Society of Civil Engineers, American Society of Landscape Architects, National Recreation and Park Association, U.S. Green Building Council, and Urban Land Institute.

THE IMPERATIVE FOR HEALTHIER PLACES

Where we live, work, and play has a major role in shaping our health. Rates of chronic diseases attributable to the design of the built environment-including obesity, diabetes, heart disease, and asthma- are on the rise. The built environment also has direct and indirect impacts on mental health, including depression and anxiety. This is true for everyone, but is felt even more among vulnerable populations, who are less likely to have access to nutritious, affordable food and opportunities for physical activity and are more likely to be exposed to environmental pollutants and circumstances that increase stress.

Addressing growing health challenges and inequities requires new partnerships and collaboration between built environment and public health practitioners, and a health-focused approach to landscapes, buildings, and infrastructure. As signatory organizations to this Joint Call to Action, we encourage our combined 450,000 individual members to embrace collaboration across professions to promote healthier, more equitable communities. When professionals in the fields of the built environment and public health work together, we multiply our potential to improve health.

We, the signatory organizations, challenge our members—comprising architects, urban planners, landscape architects, developers, engineers, and professionals from public health, parks, and green building—to do the following:

















BUILD RELATIONSHIPS:

CREATE AND FOSTER PARTNERSHIPS THAT ADVANCE HEALTH

- Establish integrated project development teams that include partners from the Joint Call to Action signatory organizations to focus on health.
- Engage with community members, form coalitions, and collaborate with organizations to understand health challenges and devise strategies to address them.
- Engage with government officials at the local, regional, state, and federal levels to encourage policy makers to prioritize community
 health and reduction of chronic disease through investments in the built environment.
- Seek opportunities to build relationships through events and continuing education sessions hosted by the signatory organizations and other professional organizations.

ESTABLISH HEALTH GOALS:

BUILD AN UNDERSTANDING OF HEALTH DATA AND ESTABLISH MEASURABLE HEALTH OBJECTIVES FOR PLANS AND PROJECTS

- Use health evidence and community input to understand public health challenges and opportunities.
- Anticipate the short- and long-term impacts of decisions regarding the built environment on the health of residents, visitors, and the
 community at large by establishing improved health as a primary project or plan goal.
- Establish metrics for health and well-being concurrently with other project goals and measure health impacts and outcomes after projects are completed.
- Devise strategies to improve health during the entire life cycle of project planning, design, construction, operations and maintenance, and programming through cross-disciplinary project teams.

IMPLEMENT STRATEGIES TO IMPROVE HEALTH:

ADVANCE POLICIES, PROGRAMS, AND SYSTEMS THAT PROMOTE COMMUNITY HEALTH, WELL-BEING, AND EQUITY

- Advocate for and adopt voluntary codes, policies, and guidelines that promote physical and mental health for people of all ages, abilities, and incomes.
- Implement planning and development solutions that improve opportunities for physical activity, access to healthy food, healthy indoor and outdoor environments, and social connectedness.
- Establish internal organizational policies that promote health within workforces, including worksite safety and workplace wellness programs.
- Work with your national organization to integrate health into certification programs and industry standards for the design and
 operation of buildings and communities.

SHARE EXPERTISE:

COMMUNICATE THE IMPORTANCE OF HEALTH

- · Share stories about successful health-promotion efforts and emphasize health as part of project marketing campaigns.
- Articulate opportunities to improve health and social equity as it relates to your profession when engaging with colleagues, clients, and the public.
- Participate in and collaborate on public awareness and education campaigns to promote healthy communities, including campaigns related to sustainability and community resilience.
- Join local advisory boards and nonprofit organizations to support efforts to build or establish health-promoting civic investments, including those in parks, schools, and libraries.



American Planning Association

Making Great Communities Happen

Sagar Shah, PhD, AICP sshah@planning.org

NACDD's Walkability Action Institute

Karma E. Harris, MSPH October 15, 2020

UNC Highway Safety Research Center Health and Transportation Partnerships: Agency Collaboration/HiAP Approaches





Greetings from NACDD!



Karma E. Harris, MSPH

- → Public Health Consultant
- → Walkability Lead
- → Inclusive Healthy Communities Lead
- → Triathlete
- → If communities are made for all of us, then none of us are left out



Regions and Local Communities (120 since 2008)

State Health Departments

(7,000+ members)

Walkability and **Healthy Communities**

Disease Specific and **Addressing Risk Factors**

All Things Chronic Disease Prevention

42!!!

Staff Headquarters in Decatur, GA

> **SME Consultants Remotely Located**

Walkability Action Institute







STEP IT UP!

Surgeon General's Call to Action to Promote Walking and Walkable Communities





www.SurgeonGeneral.gov

Step it up! Help make your community more walkable. Learn how by visiting



What are Built Environment Intervention Approaches?

Built environment intervention approaches to increase physical activity create or modify environmental characteristics in a community to make physical activity easier or more accessible. Intervention approaches must be designed to enhance opportunities for active transportation, leisure-time physical activity, or both. The CPSTF recommends intervention approaches that include one or more components from each of the boxes below.

Built Environment Approaches in Combination by Intervention Type

Pedestrian and Bicycle Transportation System Intervention Component

- o Street pattern design and connectivity
- o Pedestrian infrastructure
- Bicycle infrastructure
- Public transit infrastructure and access

Land Use and Environment Design Intervention Component

- o Mixed land use
- o Increasing residential density
- Proximity to community or neighborhood destinations
- o Parks and recreational facility access











ALL communities and states should be designed to support physical activity and active transportation for ALL people.





- Easy and affordable for most
- Walkability = Moveability
- Active =
 Accessible and inclusive for all
- Healthier, happier, vibrant
- We get the why, but what about the HOW?

What We Already Know



Premise of the WAI

Transition from the "WHY" of why improving walkability is important...

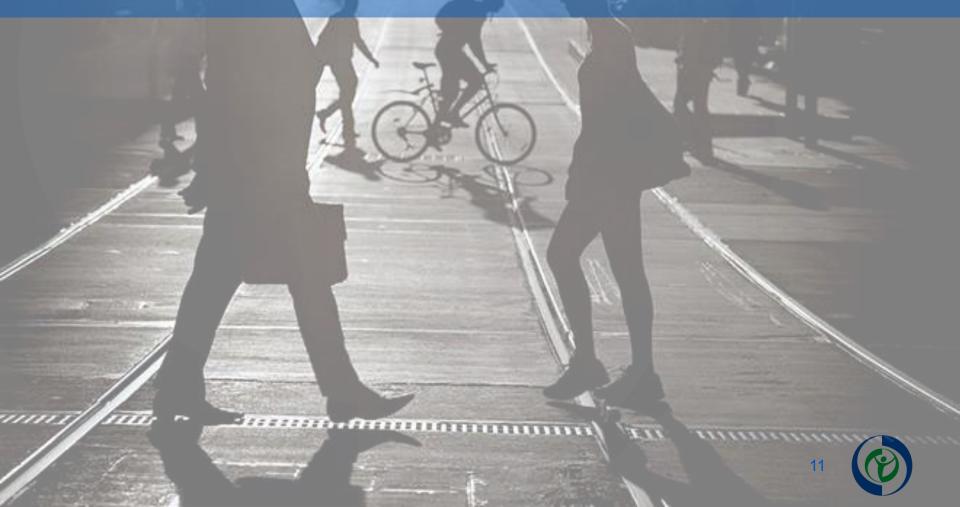
"WHY"

Walkability Action Institute

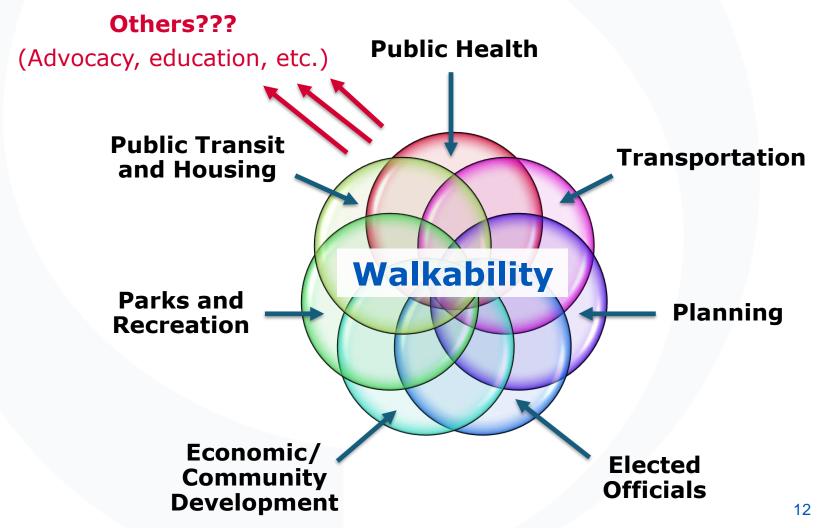


...to the "**HOW**" of how to put walkability changes into motion...

Making states and communities more healthy, walkable/moveable, and active is NOT just a public health problem. It involves our friends in transportation, planning, and other diverse groups.

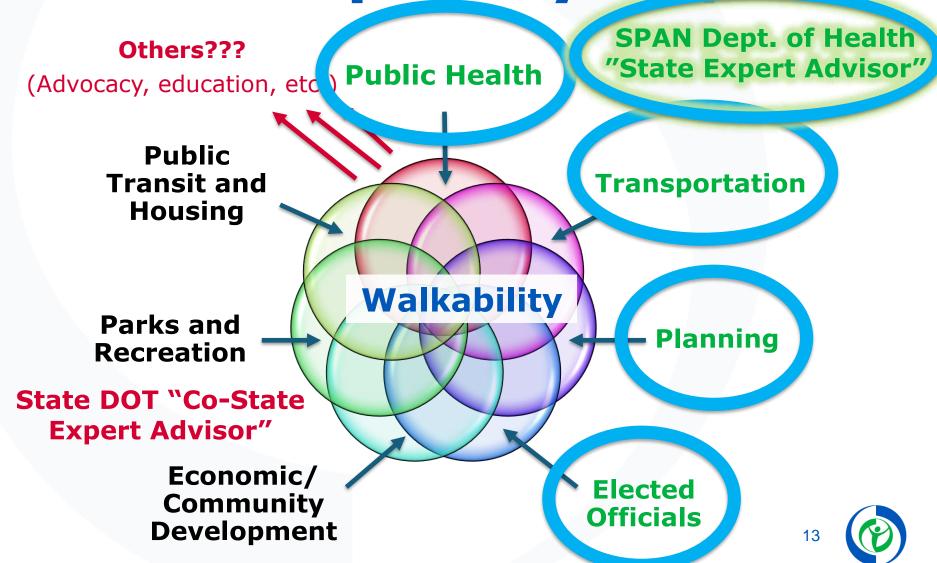


Interdisciplinary Approach





Interdisciplinary Approach



NACDD's Walkability

Teams



WAI Project Deliverables

Institute



Course Overview and Expectations

Post-Course Webinar

- Action **Plans Due**
- CoP

Team action planning

 Progress Reporting

Learning Methods

- Traditional PPT lecture
- "Speed Dating" topic-specific roundtable discussions
- Discipline roundtable discussions
- Expert panels
- Team action planning time
- Applied outdoor learning (walk audits, scavenger hunts)
- Paired team discussions
- Pre- and post-course activities (bike tours, happy hours, walks, drawing sessions, etc.)



Course Content

- Walkability/Moveability
- Built design
- Interdisciplinary approaches and roles
- Arterials
- Road diets
- Traffic calming
- Beautification
- Functionality
- Place-based approaches
- Gentrification
- Disenfranchisement
- Social and environmental justice
- Equality vs equity
- Private sector interests
- Real estate
- Development
- Mixed Use
- Land Use

- Safe streets
- Complete Streets
- Safe routes to school
- Active transportation
- Universal design
- ADA transition
- Retrofitting sprawl
- Urban design
- Public transit
- Transit oriented development
- Tactical urbanism and pop-up demonstration projects
- Crime prevention through environmental design
- Changing the transportation planning and engineering paradigm
- Age friendly communities
- Active community environments
- Case studies
- COVID-19
- Racism







Equity Overlap

- Walkability/Moveability
- Built design
- Interdisciplinary approaches and roles
- Arterials
- Road diets
- Traffic calming
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- Racism







Meet the Team ... (DREAM TEAM Course Faculty)



Phil Bors, MPH



(N) S 1

Charles Brown,



Cathy Costakis, MS



Karin Korb, MS, CCF



Melissa Kraemer-**Badtke**



lan Lockwood, PE



Hugh Morris, AICP, LEED, MA



Mark Fenton, MS













WAI Outcomes





WAI Successes:

Unofficial Updated Data

81 New Policies/Plans

48 New Systems
Changes

195 New Environmental Changes

346 New PSE Outcomes

7 New Tools

11 New Resources

688 New TOTAL OUTCOMES

87 Additional Outcomes in Progress

\$267,257,236!!!

\$1,350,000 CDC Funds

198:1 Project ROI

46,966,581 TOTAL REACH



Success Spotlights Virginia and Colorado





VIRGINIA State Example

- Two Policy/Plan Changes ...
 - Facilitated bike/ped/AT policy adoption in two local locations
- 20 Non-PSE Outcomes ...
 - Developed and SUSTAINED statewide WAI model
- 591,015 Virginians
- Current Focus:
 - 3rd WAI cohort underway
 - Statewide Active Transportation Policy/Plan Scan with DOH/DOT
- Leveraged \$294,861 ...
 - (we gave them \$0)



VIRGINIA State Example

Richmond, VA



- Sarah Shaughnessy, Team Lead
- Year 4 Cohort 2018
- Complete Streets work:
 - Coalition in place
 - Vision Zero score card
 - Complete Streets recommendations and eventual development of regional toolkit
- Bike/Ped Master Planning



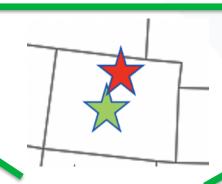
COLORADO State Example

- FIVE Policy/Plan Changes ...
 - Statewide policy directives on Complete Streets and Ped/Bike accommodations on all state highways (n=2)
 - SRTS strategic plan
 - Executive order for access and equity to parks
 - MOU among six state agencies working together, including DOH
- Two Systems Changes ...
 - Integrating active transportation within two state DOH divisions (Injury and Violence Prevention; Tobacco)
- Eight Non-PSE Outcomes ...
 - Economic impacts study
 - "Main Street" workshops
 - Rural walkability workshops
- One new developed resources ...
 - State guidebook on designing streets Colorado Downtown Streets
 - won Congress for New Urbanism award on regulation reform
- Three Additional Outcomes Still in Progress...
- **5,800,000** Coloradoans
- Leveraged \$34,085,000 ...
 - We gave them \$6,770
 - 5,035:1 <u>project</u> ROI



COLORADO State Example

Larimer/Weld Counties, CO



- Ryan Dusil (Team Lead) and Katie Guthrie
- Year 5 Cohort 2019
- Walk Audits and Walk Audit Program:
 - Engagement, prioritization, and recommendations for bike/ped built environment changes
- Equity recommendations for project prioritization
 - Creating bike/ped "set aside" \$'s for future projects
- Built Environment Leadership Team





Thank You!!!

Karma Harris, MSPH

Walkability and Healthy Communities Lead, NACDD

kedwards ic@chronicdiseas e.org

904-608-8315





Getting Health in All Policies

Sarah Shaughnessy,
Richmond City Health Dept.
October 2020

Richmond City Health Dept.





What is Health in All Policies?

"Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity."

HiAP requires an understanding of

Trends

How have outcomes changed over time in specific geographic locations?

Root causes

What are the drivers of poor health outcomes? What are the root causes of those outcomes?

Interventions

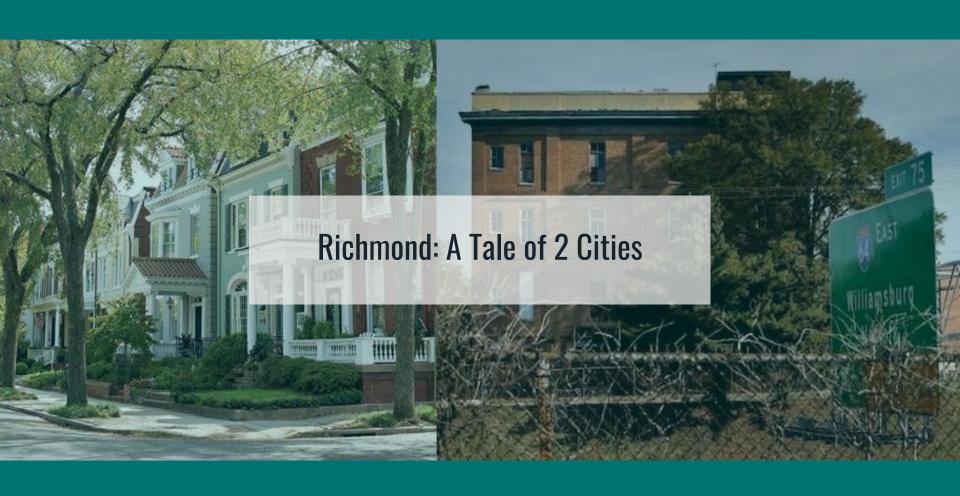
In what ways can we intervene to address the causes of poor health outcomes as they related to the social determinants of health?

Collaboration

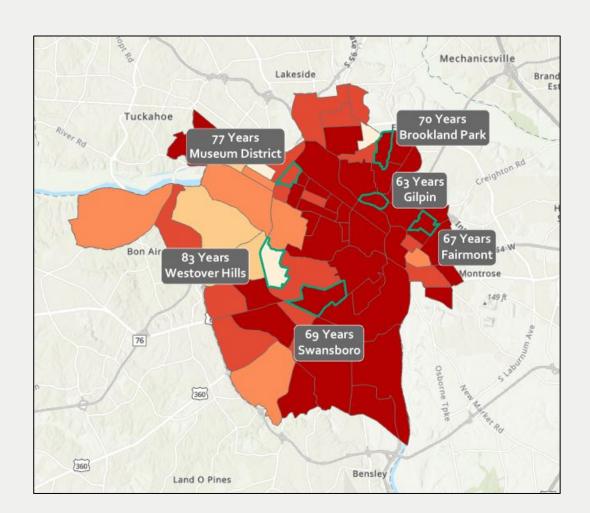
Given its complexity and interrelatedness, what partnerships are needed to be effective in this work?

Traditional	Vulnerable populations
Approach	Single factor/social
	problem
	Focus on lifestyle
	Risky behavior
	Risk assessment
	Find a cure
	Intervention/treatment

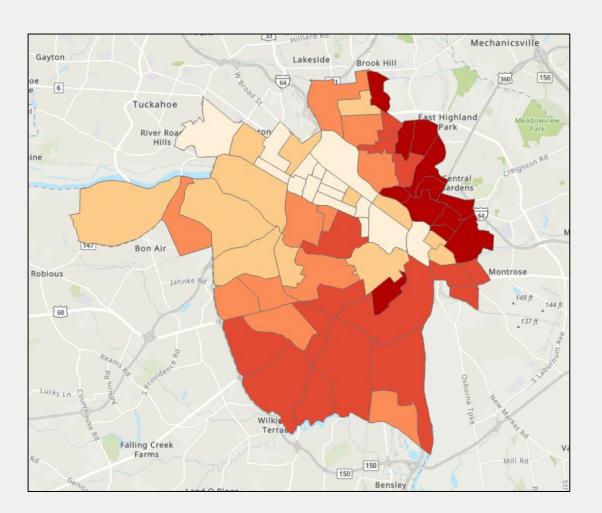
Oppressed populations HiAP Systems focus Approach Social responsibility Cases of risky conditions Alternatives assessment Find a cause Systemic change



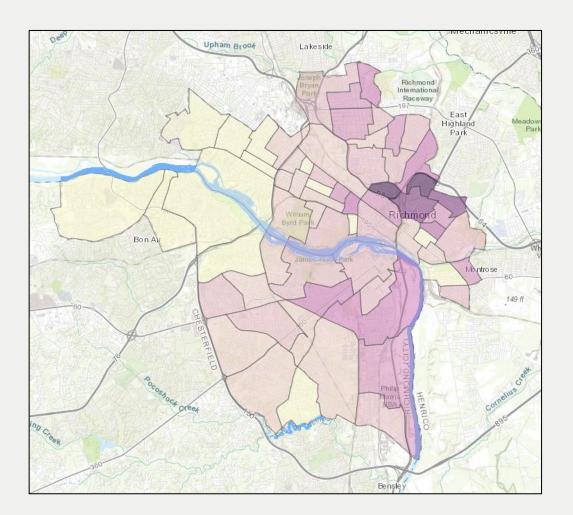
Life Expectancy



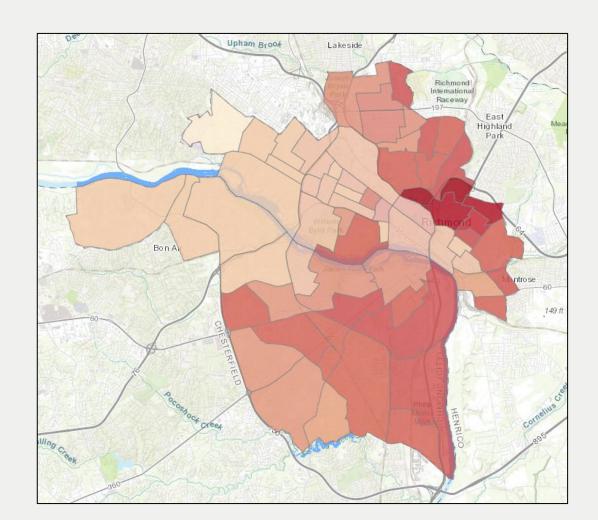
Diabetes Prevalence



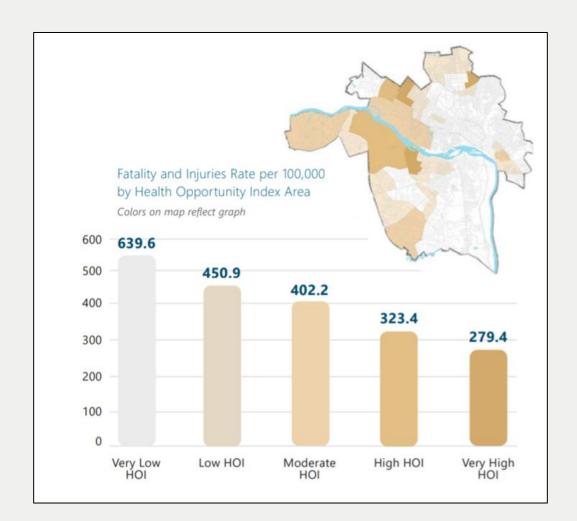
No Vehicle Access



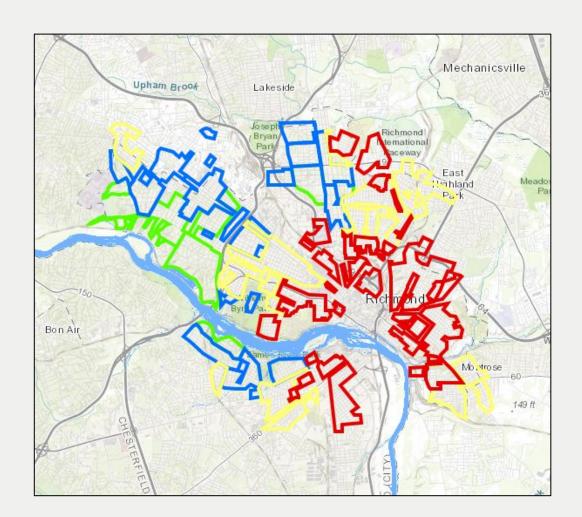
Urban Heat Vulnerability



Crash Risk & Health Opportunity



Historic Redlining

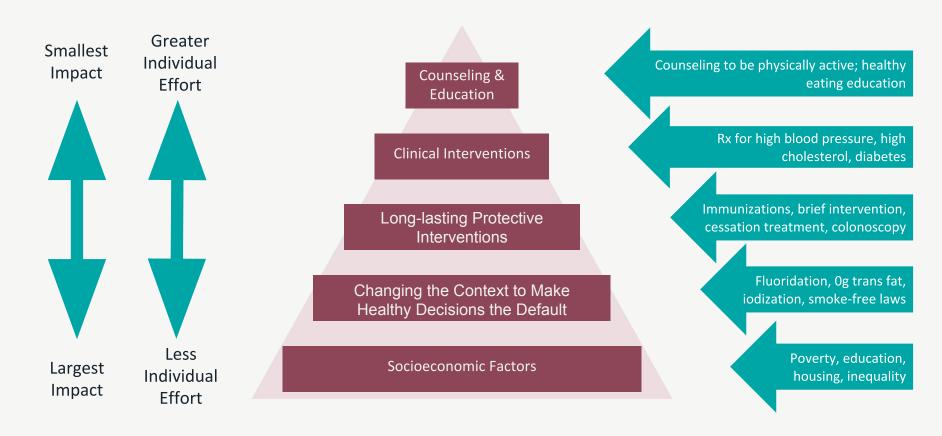


Social Determinants of Health

ECONOMIC STABILITY	NEIGHBORHOOD AND PHYSICAL ENVIRONMENT	EDUCATION	FOOD	COMMUNITY AND SOCIAL CONTEXT	HEALTH CARE SYSTEM
Employment Income Expenses Debt Medical Bills Support	Housing Transportation Safety Parks Playgrounds Walkability	Literacy Language Early Childhood Education Vocational Training Higher Education	Hunger Access to Healthy Options	Social Integration Support Systems Community Engagement Discrimination	Health Provider Availability Provider Linguistic and Cultural Competency Quality of Care
Mortality,	Morbidity, Life Expe		OUTCOMES Expenditures, Health	ı Status, Functional L	imitations

10% HEALTHCARE 30% GENETICS 20% social/env 30% IND BEH

Impacting Health Outcomes

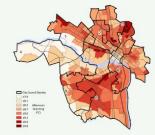


Expanded Park Access

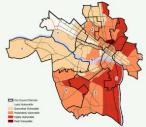


Mayor Stoney announces ordinance to build five new parks in Richmond's Southside

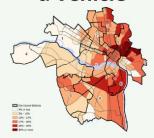
Urban Heat Island Effect

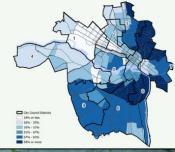


Vulnerability to Climate Change



Households w/o a Vehicle





Due to disproportionate impact, Black and brown communities have high need for walkable green spaces.





Elementary School

Walkabout Report Summary

A community-based Safe Routes to School infrastructure assessment and walkabout study of the school environment to identify infrastructure, safety and community barriers to students walking and biking to school - conducted on September 11th, 2017.

The Ginter Park Elementary School (GPE) walkabout included parents, students, staff from Better Housing Coalition (BHC), the GPE Communities in Schools Coordinator (CISC), Sports Backers, Northside YMCA, Richmond City Health District (RCHD).

196 students, or about 65% of the GPE student population, live within one mile of the school. Fit4Kids, Richmond Police Department (RPD), Department of Public Works (DPW) and Virginia Department of Transportation (VDOT).

196 students, or about 65% of the GPE student population, live within one mile of the school. However, the majority of students take the school bus or are driven by a parent.

RPS Bus	43%
Student drop off/pick-up	26%
Walking	22%
GRTC bus then walking	3%
Carpool	4%
Biking	196

District Level Recommendations

Certain policy recommendations could be tested at GPE then implemented on a district-wide basis. Implementing these policies requires a concerted effort from RPS, RCHD, RPD, community members, Fi4kHds, VDOT, DPW, City Council, Richmond City School Board, and the SRTS Coordinator.

- Develop a Crossing Guard program that allows both hired and volunteer crossing guards to serve schools.
- 2 Develop a district wide travel plan to bring SRTS to all schools and integrate pedestrian and biking safety education into curricula.
- 3 Lower speed limits in school zones during student travel hours to 15 mph with signage and limited enforcement. Create special low-speed zones around schools that connect with other public pedestrian friendly areas.
- 4 Create district level SRTS Parent and Youth Councils.
- 5 Authorize GRTC to provide free bus passes to elementary and middle school students.

RICHMOND CITY HEALTH DISTRICT



Richmond Regional Bicycle & Pedestrian Infrastructure Richmond **Ashland Charles City** Chesterfield Goochland Overview Hanover Henrico **New Kent** Wyndham Richmond 仚 Network Laurel As the center of the **WALKABILITY ACTION INSTITUTE** metropolitan area, Richmond has the most **Local & Regional** developed bicycle and RICHMOND pedestrian network in the **Planning** region. A GUIDE FOR GROWTH Regional Bike Routes Sidewalks Designated Bike Lane Shared Use Path National Bike Routes Natural Surface Trail Dorey



2. Consider the Impact

Select the factors the project or policy may affect. A project or policy may impact many factors or just one.

Factors that contribute to health equity	Check all that apply
Access to healthy food	
Access to safe, affordable, housing for all people	
Supportive neighborhoods/social support/social capital	
Healthy indoor and outdoor places	
Access to safe, clean, and quality indoors or outdoor spaces, such as parks, trees, and playgrounds	
Early childhood development services and community supports	
Education that provides high quality and culturally appropriate education for each student	
Job training and jobs that provide all residents a livable income	
Community economic development that supports local homes, businesses, buildings and land	

Social policy is health policy

Address the cause, not the symptoms

Work for health in *each* policy to achieve health in *all* policies



Thank you!

Sarah Shaughnessy, MPH, MCRP
Built Environment & Health Specialist
Richmond City Health Dept.
sarah.shaughnessy@vdh.virginia.gov





The Northern Colorado (NoCo) Bike & Ped Collaborative

• Began in 2008 as:

"...an ad hoc collaborative representing jurisdictions, agencies and community organizations in Weld County that focuses on advancing and coordinating the connectivity of non-motorized trails between jurisdictions, and is an advocate voice for the education of trail use for recreation, transportation, and tourism purposes..."



- Expanded in geography and disciplines represented
- Broadened focus to the overall bicycle and pedestrian network

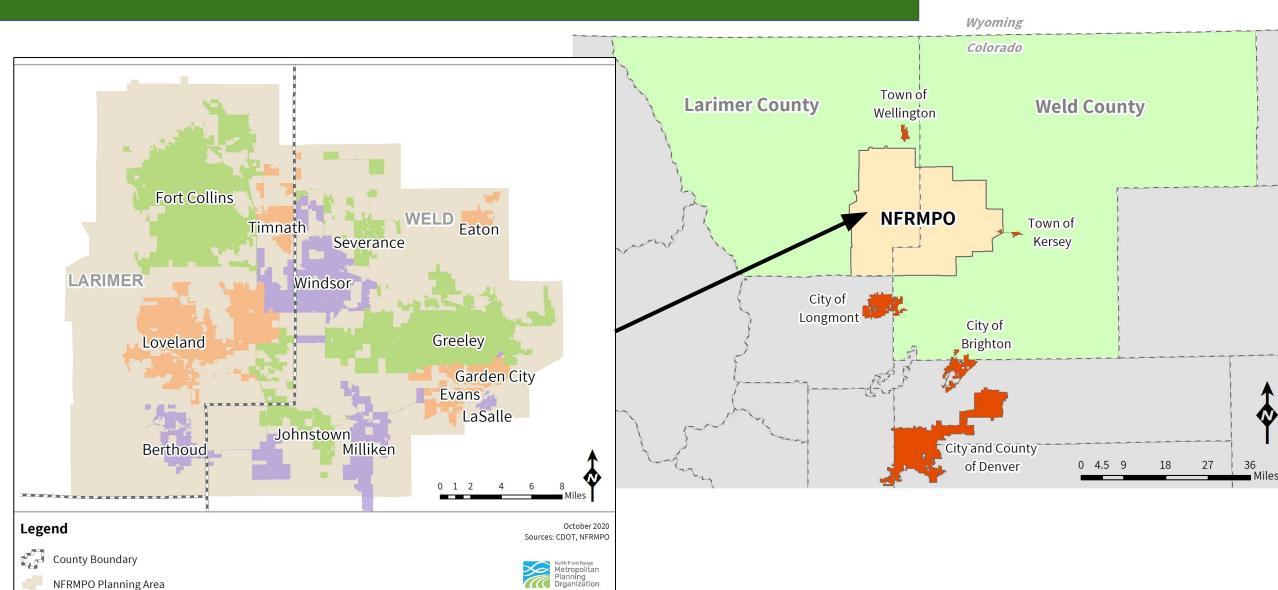
No formal charter or funding mechanism







Northern Colorado (NoCo)



Representation – Disciplines and Sectors

Listserv of 107 members, average meeting size of 15-20 people

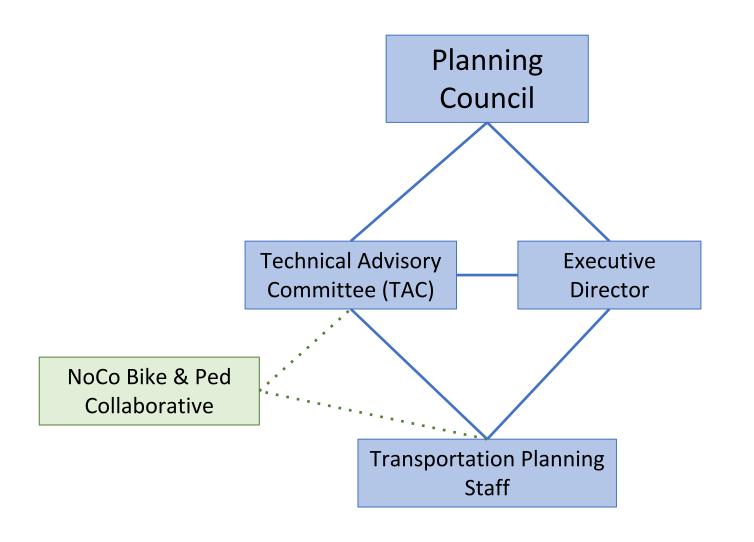
- Cities / Towns / Counties
 - Planning
 - Public Health
 - Parks and Recreation
 - Natural Areas / Open Spaces
 - Engineering / Public Works
 - Trail Authorities
 - Elected Board or Council Members
 - Citizen Advisory Board Members
- Non-Profit Organizations
 - Local and State Bicycle Advocacy
 - Land Trusts

- State Agencies
 - Colorado Department of Transportation (CDOT)
 - Colorado Parks and Wildlife (CPW)
- NFRMPO Staff
- Others
 - Colorado State University (CSU)
 - School districts
 - "Concerned Grandfathers"
 - Planning and Engineering Consultants
 - Disability Advocates





Relationship with the NFRMPO







Group Roles – and their connection to HiAP

2008

Stewarding the vision for regional trail connectivity

Informal

Coordinating local implementation of these trails

 Sharing experiences, best practices, and data related to bike/ped planning and implementation

 Organizing, hosting, and/or promoting conferences, workshops, trainings, and celebrations

• Guiding and implementing efforts the NFRMPO's Non-Motorized Plan

- Scoring applications and recommending Transportation Alternatives Program (TAP) grant awards for the NFRMPO Call for Projects and permanent bike/ped counters
- Advising agencies on project scope and details
- Recommending changes to the NFRMPO Call for Projects to improve health, equity, and safety considerations



Special Events / Initiatives

2021 – NoCo Leaders' Ride (Windsor to Eaton)

2014 – NoCo Leaders' Ride (Loveland to Fort Collins) 2015 – NoCo Bike & Walk Conference (UNCO in Greeley) 2017 – Bicycle Friendly Driver and Safe Routes to School Training (Windsor) 2017 – Infrastructure Audit Training (Loveland Biking, Walking, and Transit) 2018 – NoCo Leaders' Ride (Fort Collins to Loveland) 2019 - NACDD Walkability Action Institute (Decatur, GA) 2019 – Berthoud Walking Audit (Berthoud) 2020 – CDPHE Quick Win Mini Grants (Severance, Greeley, Loveland, Berthoud) 2020 – Virtual Walking Audit Training (Virtual) 2021 – Severance Walking Audit (Severance) 2021 – Berthoud Biking Audit (Berthoud)

Keys to Our Success

- Open and fluid "membership"
- Continuously plugging into regional planning processes
- Interdisciplinary Leadership Team
 - Establish roles, but don't overcommit anyone
 - Must include NFRMPO, public health, and at least one other planning or transportation representative
 - Shared administrative responsibilities
- Periodic visioning sessions
 - 2019 Walkability Action Institute Action Plan
 - Facilitated Discussions on mission, vision, goals, objectives, and operating principles
- If it ain't broke, don't formalize it
 - Strive for consensus decision making
 - Develop basic operating principles







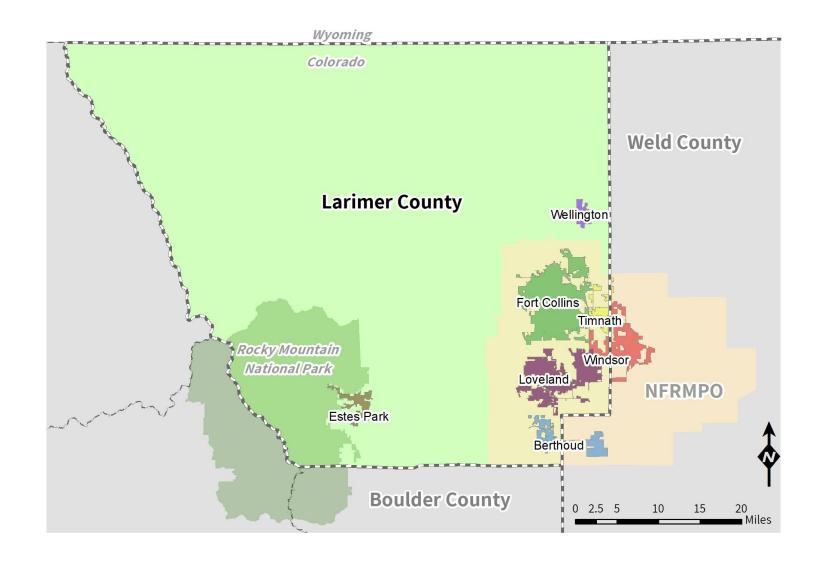
The Built Environment Leadership Team (BELT)

Built Environment Leadership Team (BELT) <u>History</u>

- Previous local effort: 2006-2016 Healthy Eating Active Living (HEAL)
 work done by CanDo through UCHealth and LiveWell Colorado
- Current effort: BELT since October 2016
- BELT is facilitated by Larimer County Department of Health and Environment, Built Environment Program (BELT is 1 of 3 programs)
- BELT is funded by Colorado DPHE through a CCPD grant (until June 30, 2021)
- Initial BELT membership quickly developed as a result of existing momentum, awareness and support created by 10 yrs. of CanDo

Built Environment Leadership Team (BELT) Membership

- BELT has multidisciplinary representation from across Larimer County
- Twelve members currently
 - Cities of Fort Collins and Loveland
 - Larimer County (3 different departments)
 - North Front Range Metropolitan Planning Organization
 - Community-based organizations (housing, health care, higher education)
 - Advocacy Organizations (bicycle, non-profit)
- Some transition over the past 4 years in terms of representation, but overall a continuous team
- A comprehensive recruitment strategy was developed and has been executed successfully when needed



Built Environment Leadership Team (BELT) <u>Statement of Purpose</u>

- BELT collaboratively works to educate, influence & promote health and equity in policy and planning throughout Larimer County by:
 - •<u>Serving as a regional connector</u>, collaborator, and strategic partner to implement health and built environment initiatives in Larimer County
 - •<u>Leveraging expertise to create a coordinated response</u> to support the inclusion of health and built environment language into proposed plans and policies in Larimer County
 - <u>Creating a sustainability plan</u> that allows this collaborative effort to live beyond the scope of the Cancer, Cardiovascular and Pulmonary Disease (CCPD) grant.

Built Environment Leadership Team (BELT) Role in the County

- BELT is a <u>coordinating voice</u> that builds understanding and awareness around health and the built environment
 - Advisory Role as plans and policies are being updated
 - Educator Role to explain interrelatedness of health, planning, transportation
 - Convener Role to support regional learning through workshops & webinars
 - Technician Role to assistance with implementing best practices
- Letters of Support for plans and policies that incorporate specific language related to health and the build environment
 - Four letters in 2020 with more pending

County Built Environment Program (BEP) Action Items towards HiAP

- Strategic Plan for BEP (six <u>long-term</u> objectives)
 - Develop a shared vision for a healthy Larimer County
 - Engage and inform more policy makers and organizational leaders
 - Develop public awareness campaign about BEP and BELT
 - Continue to build trust with the community through action
 - Continue to support BELT's sustainability plan
 - Seek/expand sustainable funding for BEP

Built Environment Leadership Team (BELT) Action Items towards HiAP

- Sustainability Plan for BELT (six near-term objectives)
 - Formalize enduring membership
 - Maintain/expand membership diversity
 - Facilitate 10 Leadership Team meetings/year
 - Increase collaboration through a shared calendar
 - Update and expand built environment communication materials as needed
 - Seek permanent funding

Interagency Collaboration in Northern Colorado

NoCo Bike & Ped Collaborative

Built Environment Leadership Team

Fluid membership

107 member listserv 15-20 at meetings

Established in 2008

No formal funding

Diverse backgrounds and multidisciplinary professionals

Plans and Policies related to Active Transportation

Health Outcomes in Northern Colorado

Formal membership

12 Members

Established in 2016

Funded by CCPD grant

Discussion

- ⇒ Send us your questions
- ⇒ Follow up with us:
 - ⇒ Sagar Shah <u>sshah@planning.org</u>
 - ⇒ Karma E. Harris <u>kedwards_ic@chronicdisease.org</u>
 - ⇒ Sarah Shaughnessy <u>sarah.shaughnessy@vdh.virginia.gov</u>
 - ⇒ Ryan Dusil <u>rdusil@nfrmpo.org</u>
 - ⇒ Katie Guthrie <u>katie.guthrie@cityofloveland.org</u>
 - ⇒ General Inquiries <u>pbic@pedbikeinfo.org</u>
- ⇒ Archive at <u>www.pedbikeinfo.org/webinars</u>



Pedestrian and Bicycle Information Center

Webinar Series

Health and Transportation

Oct. 13: Confronting Power and Privilege for Equity

Oct. 15: Agency Structures for Collaboration

Oct. 22: Integrating Health Data

Oct. 27: Planning and Prioritizing Projects

Oct. 28: Bringing Health to Transportation Policy

#PBICWebinar



Take Action

- ⇒ State DOTs and AASHTO members: advance transportation health and equity research and evaluation through your state research program or AASHTO committee
- ⇒ **Planners, engineers, and others**: Join the ITE or TRB committees on Health and Transportation
 - https://www.ite.org/technical-resources/topics/transportation-and-health/
 - https://sites.google.com/site/trbhealthandtransport/