

# Public Health Engagement in Complete Streets Initiatives: Examples and Lessons Learned

Christina Sansone, MPH

Jill Sadowski

Jamie F. Chriqui, PhD, MHS

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# Executive Summary

Complete Streets initiatives seek to create a safe place on the road for all users regardless of their age and ability. Complete Streets policies, plans, and projects are being adopted and implemented by state and local jurisdictions nationwide. Although Complete Streets initiatives typically are under the purview of transportation and planning agencies, public health agencies and actors have a key role to play in the development, implementation, and evaluation of such initiatives—particularly from the purview of a health, physical activity, and equity lens.

*This report summarizes key strategies and provides examples of how public health agencies, advocates, and practitioners in 15 jurisdictions across the United States have engaged in Complete Streets-related initiatives in their communities, their roles in the process, and key lessons learned. Information for the report was obtained via telephone interviews and documentary Internet research conducted in 2018.*

## Key Recommendations for Public Health Engagement in Complete Streets Initiatives

The following strategies are common themes that public health actors identified as key strategies or approaches that they have taken to engage in Complete Streets initiatives in their jurisdictions. Specifically, public health actors can:

- ▶ **Provide technical assistance and support** to advocacy groups and coalitions interested in focusing on Complete Streets as a priority initiative.
- ▶ **Help to “frame” Complete Streets in terms that resonate with key stakeholders**, including decision makers and community members, from within a health, equity, and injury prevention lens. Public health actors can also help to “translate” complex planning and transportation terminology into terms that resonate with the public and other key stakeholders.
- ▶ **Focus on equity issues through all stages of the Complete Streets policy-making process.** Emphasizing equity issues helped to garner widespread support for Complete Streets initiatives. In most jurisdictions, equity served as a central theme underlying

Complete Streets policy-making and prioritization of neighborhoods during the implementation phase.

- ▶ **Build and/or leverage multi-sectoral collaborations and/or coalitions and identify internal champions.**

Public health agencies often collaborate with partners in other agencies and/or are part of multi-sectoral coalitions. Complete Streets initiatives require multi-sectoral collaboration and support, particularly when it comes to framing and selling the concept. Champions were instrumental in helping to garner support for Complete Streets initiatives.

- ▶ **Engage the community in the Complete Streets policy-making process.**

In some communities, government agencies reached out to community members and organizations to garner support for the initiatives; in others, the community reached out to the agencies when they identified safety and other concerns that could be addressed through Complete Streets.

- ▶ **Provide technical assistance and grantsmanship expertise to support implementation efforts.**

Public health agencies can provide technical assistance on walkability and equity-related priorities, provide grant writing expertise, share evidence-based strategies, and help to identify priority areas of the community for Complete Streets projects.

- ▶ **Support data collection and evaluation efforts.**

Public health researchers or university partners can compile data to help inform local campaigns in support of Complete Streets policy-making. At the same time, public health agencies and researchers can support the jurisdiction with evaluation efforts to show the impact of the initiative on health, equity, and other key outcomes.

The report is generally organized around these key themes. Appendices provide an overview of the study methods ([Appendix A](#)), a list of the agencies and stakeholders who participated in this study by jurisdiction ([Appendix B](#)), examples of equity provisions included in their policies/plans and/or strategies for addressing equity ([Appendix C](#)), approaches that jurisdictions have taken to plan for or actively engage in evaluation of Complete Streets initiatives ([Appendix D](#)), and profiles and summaries for each of the 15 jurisdictions studied herein ([Appendix E](#)).



# An Introduction to Complete Streets and to this Report

Complete Streets policies, plans, and projects are being approved and implemented as jurisdictions across the country look to move away from designing car-centric streets. Complete Streets initiatives seek to create a safe place on the road for all users including pedestrians, bicyclists, motorists and transit riders of all ages and abilities (see Figure 1).

Complete Streets are linked with a wide range of important public health, economic and environmental benefits. Complete Streets can help people be more active and reduce injuries and deaths from motor vehicle crashes, especially those that involve pedestrians and bicyclists. People who live in areas with Complete Streets policies are more likely to take public transit to work.<sup>1</sup> Once implemented, Complete Streets projects can help improve air quality, support economic growth, and increase independence and social opportunities.<sup>2</sup> A goal of Complete Streets initiatives is to create more equitable transportation systems by providing affordable, convenient, and accessible modes of transportation for all users, including individuals who tend to rely on walking, biking, and public transit as their sole source of transportation<sup>3</sup> and who are more likely to face barriers such as increased crime, harassment, and poor infrastructure.<sup>4</sup>

*This report highlights examples of how public health agencies, advocates, and practitioners have engaged in Complete*

*Streets-related initiatives in their communities, their roles in the process, and key lessons learned.* These findings can help public health agencies and advocates engage in the policy-making process and create new opportunities to incorporate public health into Complete Streets policies, which are often viewed as transportation or public works policies. Such efforts are critical for creating healthy, safer and more equitable communities nationwide.

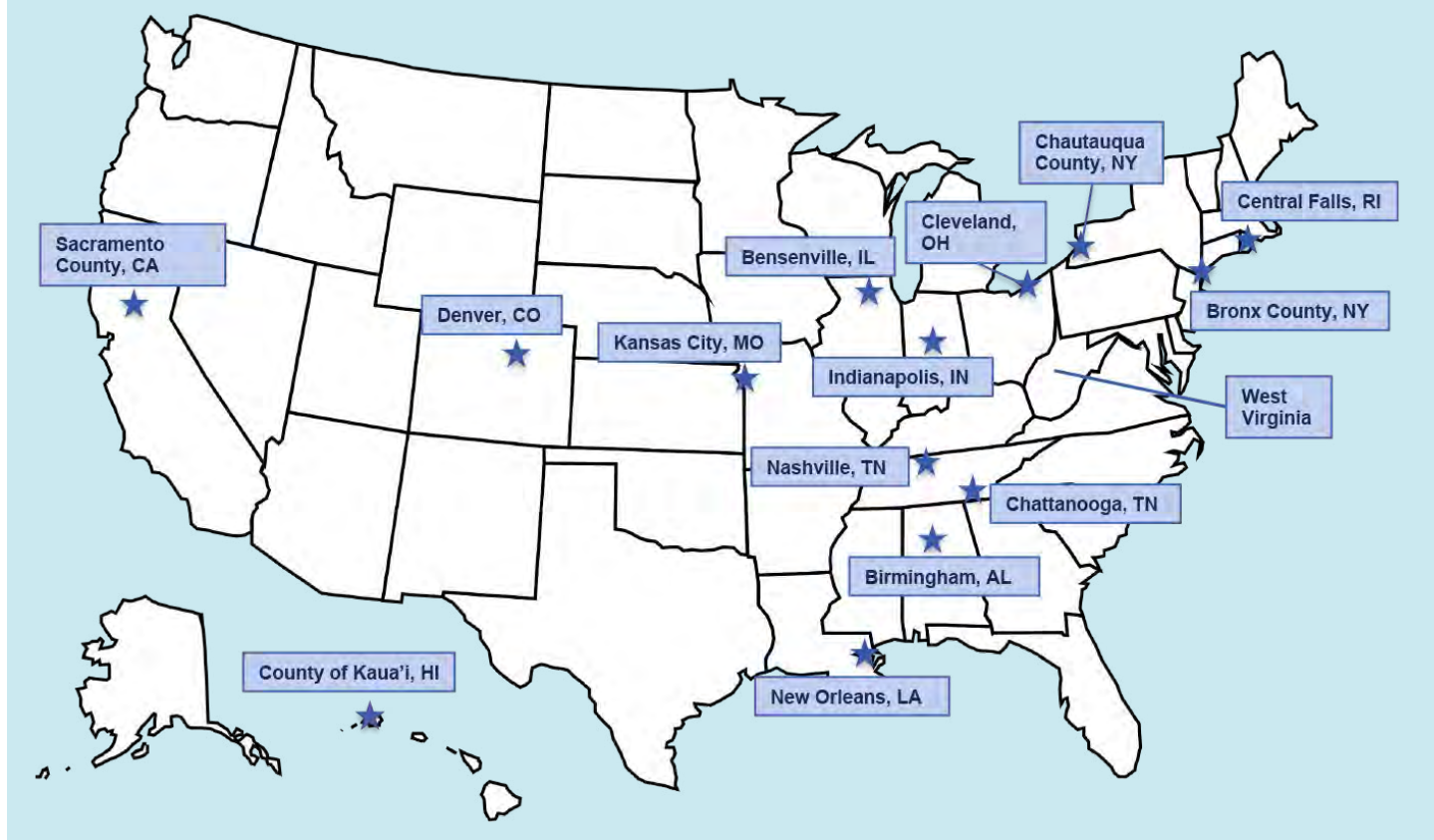
The report presents overarching themes from 15 jurisdictions (see Figure 2) nominated for study by virtue of the public health community's engagement in Complete Streets efforts. Quotes are used throughout the report to illustrate key points from interviewees and each section contains at least one case summary that showcases an aspect of a jurisdiction's approach to Complete Streets.

[Appendix A](#) presents a brief study overview, [Appendix B](#) lists participating jurisdictions and organizations, [Appendix C](#) provides more information on equity provisions in each participating jurisdiction's Complete Streets policy, [Appendix D](#) summarizes approaches that jurisdictions have taken to plan for or actively engage in evaluation of Complete Streets initiatives, and [Appendix E](#) includes profiles on each of the jurisdictions included in the study.

**FIGURE 1** Example of a Complete Street



THIS IMAGE WAS CREATED USING STREETMIX. AVAILABLE AT: [HTTP://STREETMIX.NET/-/423211#](http://streetmix.net/-/423211#)

**FIGURE 2** Map of Study Jurisdictions

## What are the Forms of Complete Streets “Policy-Making”?

A *Complete Streets* policy directs officials, including transportation planners, engineers and public works staff to design, operate, construct, and maintain streets that are safe for every user.<sup>4</sup> Yet, just enacting a policy is only a first, often critical step in creating a safe space on the roadway for all users. The policy needs to be put into action through implementation and design guidelines, regulations, procedures, and other strategies.<sup>5,6</sup>

Typically, Complete Streets-related policy implementation provisions take several forms<sup>7</sup> including, but not limited to:

- 1▶** State law requiring counties or municipalities to pass a local policy or incorporate Complete Streets components into transportation plans;
- 2▶** A county and/or municipal-level resolution and/or ordinance;
- 3▶** An internal memo issued by a government agency;
- 4▶** A recommendation for Complete Streets policy-making in a county or municipal plan, Community Health Improvement Plan, or health assessment; and/or
- 5▶** Inclusion in county and/or municipal-level street standards and/or design guidelines.

# How has “Public Health” Engaged in the Complete Streets Policy Process?

In the jurisdictions studied for this report, the public health community typically engaged in Complete Streets work by *providing technical assistance and support to outside advocacy groups and coalitions* who assumed the lead role in initiating the policy-making process or *co-leading the process* with other government departments or coalitions. In one jurisdiction, the Department of Transportation assumed the lead, while the Health Department provided support for their efforts. Table 1 briefly summarizes how public health actors engaged in Complete Streets initiatives in each jurisdiction studied; the

profiles in [Appendix E](#) provide more details on each jurisdiction studied.

Two key factors were present that facilitated public health engagement in the policy-making process. First, many jurisdictions embraced **multi-sectoral approaches** to Complete Streets-related policy-making, such as Health in All Policies (HiAP) or policy, systems, and environmental (PSE) change strategies, that created environments where public health was already embedded in cross-sectoral collaborations. The existing collaborations meant public health already had an

TABLE 1: **Public Health Engagement by Study Jurisdiction**

<b>Bensenville, Illinois</b>	The county health department facilitated public health involvement in policy-making through an existing coalition in Bensenville.
<b>Birmingham, Alabama</b>	A county-level health coalition supported the formation of a separate coalition specifically to work on Complete Streets initiatives in Birmingham.
<b>Bronx County, New York</b>	A county-level health coalition worked with a transportation advocacy group on Complete Streets initiatives.
<b>Central Falls, Rhode Island</b>	The state department of health provided technical assistance and support to the municipal planning and economic development department.
<b>Chattanooga, Tennessee</b>	The municipal department of transportation led the policy-making process with support from the local health department.
<b>Chautauqua County, New York</b>	The county health department provided technical assistance and support to municipalities that wanted to implement Complete Streets policies or projects.
<b>Cleveland, Ohio</b>	The municipal health department co-led the Complete Streets process in partnership with the municipal planning department.
<b>Denver, Colorado</b>	The city-county health department partnered with multiple departments, including the community planning and development department, to embed Complete Streets into municipal plans.
<b>Indianapolis, Indiana</b>	A county-level coalition partnered with the county health department and planning department to initiate the Complete Streets process.
<b>Kansas City, Missouri</b>	Advocacy groups formed a coalition to initiate the Complete Streets policy-making process, while the municipal health department provided technical assistance and support.
<b>Kaua'i County, Hawaii</b>	A county coalition-led task force initiated the Complete Streets process in partnership with the county planning department.
<b>Nashville, Tennessee</b>	The county health and planning departments co-led the Complete Streets process.
<b>New Orleans, Louisiana</b>	The municipal health department partnered with advocacy groups and the planning department to implement Complete Streets initiatives.
<b>Sacramento County, California</b>	The county health department provides technical assistance and support to municipalities that want to implement Complete Streets policies or projects.
<b>West Virginia</b>	An advocacy group partnered with a state university to initiate the Complete Streets policy-making process.



**The... Plan4Health** coalition allowed us [to] grow our partners in a funded way for the first time. Up to this point nobody had ever been funded to do this work [Complete Streets]. One of the ways that we did that was to fund [a position in] the Public Health Department...to be much, much more involved in decisions around the built environment.

— Public health advocate

established seat at the table and were likely to be involved with new cross-sectoral policies such as Complete Streets.

In fact, many of the jurisdictions were able to leverage existing multi-sectoral programs or initiatives that provided natural segues into Complete Streets policy-making, including the American Planning Association's Plan4Health, the Centers for Disease Control and Prevention's (CDC) grants such as Communities Putting Prevention to Work (CPPW) or Racial

and Ethnic Approaches to Community Health (REACH), and Safe Routes to Schools initiatives.

Second, these **initiatives often provided funding** that allowed public health departments and agencies to allocate funds for staff positions that proved instrumental to Complete Streets work. These funds were often used to provide a certain percentage of time, or "protected time," for existing staff to engage in Complete Streets initiatives and were sometimes used to hire new staff.

**If we increase** policy... and funding around sidewalks, if we increase transit ... which we did in XXX County, how do those policy and environmental changes impact health outcomes? So, when you really make that shift, then it's not that great of a leap to go, "Well, then we need to really be a part of all of the transportation conversation, which includes Complete Streets."

— Public health agency

## Framing Complete Streets Initiatives

Framing Complete Streets initiatives to focus on health, equity, safety, and/or economic development issues emerged as central themes (see Table 2). Stakeholders noted the importance of using language and terminology that made sense to their community and helped connect the dots between community health and Complete Streets.

In some jurisdictions, there were existing public health initiatives, such as Safe Routes to School, where conversations around Complete Streets projects began. In other jurisdictions, community concerns around equity or safety were ongoing issues and public health practitioners approached Complete Streets from those perspectives. Finally, some jurisdictions faced challenges

TABLE 2: Framing Strategies Noted in Key Informant Interviews

JURISDICTION	PUBLIC HEALTH	EQUITY	SAFETY	ECONOMIC DEVELOPMENT
Bensenville, Illinois	●	●	●	●
Birmingham, Alabama	●	●	●	●
Bronx County, New York	●	●	●	
Central Falls, Rhode Island	●	●		●
Chattanooga, Tennessee	●	●	●	●
Chautauqua County, New York	●		●	●
Cleveland, Ohio	●	●	●	●
Denver, Colorado	●	●	●	●
Indianapolis, Indiana	●	●	●	
Kansas City, Missouri	●	●		
Kaua'i County, Hawaii	●	●	●	●
Nashville, Tennessee	●	●	●	●
New Orleans, Louisiana	●	●	●	
Sacramento County, California	●	●	●	●
West Virginia	●		●	

using the term “Complete Streets” and had to be creative in how they framed or labelled these initiatives (see *Kaua’i County Case Summary*).

## Examples of Commonly Used Frames to Promote Complete Streets Initiatives

### 1 ► PUBLIC HEALTH

This frame focused on connecting the dots between Complete Streets policies and public health concerns, such as obesity and opportunities for physical activity or asthma and air quality.

**So I think having that health lens on the Complete Streets conversation helps make it a little more palatable for those that don’t just immediately understand and get the Complete Streets concept.**

—Public health agency

### 2 ► HEALTH EQUITY

This framing was used in jurisdictions where equity issues such as transportation access or differences in life expectancy were at the forefront of community concerns.

**...one of the most important benefits that we presented to [the] City Council was the fact that this was a way to improve health disparities and improve health equity.**

—Planning advocate

### 3 ► SAFETY

This framing was used in jurisdictions where safety issues such as bicycle or pedestrian crashes were an acknowledged community concern.

**...looking at all of the crashes and fatalities that have happened on the streets and pointing out that it would be in the best interests of Public Health and Safety to make those changes happen faster.**

—Public health advocate

### 4 ► ECONOMIC DEVELOPMENT

Economic development-related frames were used in some jurisdictions, albeit less frequently than the others frames noted above.

**So I think as far as advocating for transportation and Complete Streets planning in the county, it can be helpful to wrap it up with this larger economic development strategy, and making the connection very much related to health and health benefits, but for some parties it can be easier to make that case when you link it to economic development and tourism.**

—Planning agency

#### CASE SUMMARY:

### HOW KAUA’I COUNTY, HAWAII OVERCAME RESISTANCE TO THE TERM “COMPLETE STREETS”

In 2009, the State of Hawaii passed a law requiring each county to adopt a Complete Streets policy. In response, [Get Fit Kaua’i](#), a local health advocacy organization funded by the State Department of Health, leveraged an existing county coalition, the Built Environment Task Force (Task Force), to begin laying the groundwork to develop and adopt a Complete Streets resolution in Kaua’i County.

The County Council and the community initially did not respond well to the term ‘Complete Streets’ as it sounded like a mainland concept that would take over the island; Task Force partners were

#### Communities for kids.

Because you build a community for a child, you build it safe for everybody. This surprised the heck out of me. I used the radio station and my radio time to start doing exactly that... Never was Complete Streets mentioned. We just let it rest.

—Public health advocate

actually instructed not to use the term Complete Streets in their advocacy efforts. To overcome this, Complete Streets was reframed as “healthy communities,” “active communities,” and “communities for kids.” These terms, especially as related to children, made it easier for community members to support the concept and illustrated the fundamentals of Complete Streets without the mainland stigma. The Director of Get Fit Kaua’i used her radio show to discuss Complete Streets using the reframed terminology without ever using the term ‘Complete Streets.’ This approach helped position Complete Streets as a concept everyone could support.



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# Equity

Equity emerged as a central theme among interviewees. It was critically important for public health practitioners and planners to understand equity in their local context. In several jurisdictions public health advocates used their position on inter-departmental committees and projects to add equity to the discussion. Public health practitioners provided evidence-based strategies, shared data, and assisted in developing equity indexes and prioritization modeling for Complete Streets projects. **Many jurisdictions employed data-driven efforts as a starting point to identify inequities**

such as differences in health outcomes, lack of access to cars, and ability to access grocery stores, employment opportunities, and public transportation, that could be addressed through Complete Streets initiatives. Public health agencies leveraged existing community relationships to conduct walkability audits and public meetings to add a health and equity perspective to Complete Streets planning.

Other interviewees faced entrenched equity issues such as a legacy of redlining or a history of neighborhoods lacking infrastructure improvements that have been implemented in other communities (e.g., protected bike lanes and marked crosswalks).

**Understand what equity is, number one.** Equity is not a quality. And what I mean when I say that is understanding that there are communities that have inherent disadvantages and disinvestment. And when I say inherent, that means that the folks in those neighborhoods are not responsible for the conditions that they're living in. It's not their fault. It's the result of policy decisions that have disadvantaged some and have advantaged others. So there needs to be a deliberate focus on inherently disadvantaged communities, to build them back up and to make your city or your region or your place much more balanced.

— Planning agency

**First and foremost, state it [equity] as a goal.** Make sure that everybody knows that's what you're working for and make sure you agree on the definition of health equity and that's something that we even have an equity strategist in our health department.

— Public health advocate

**...it's not equitable** when the [county] that has the worst health is having delays in implementation of these Complete Streets changes whereas other [counties] are happening faster.

— Public health advocate

In these jurisdictions, health equity served as a fundamental premise for engaging in Complete Streets initiatives. In some jurisdictions, equity was explicitly identified as a driving factor while working to pass Complete Streets policies. The explicit emphasis on addressing equity issues helped generate significant and broad support for Complete Streets policies and initiatives.

Including equity components in Complete Streets policy language and comprehensive plans served to institutionalize an approach that benefitted areas typically left behind on infrastructure projects and served as a means of holding government responsible for equitable implementation of projects.

**Our life expectancy map,** which is kind of a point, a hallmark of our community health improvement plan, focuses on the six lowest life expectancy zip codes in the city and those zip codes are largely marginalized African American folks who don't have access to not only places to be active through Complete Streets or healthy food, but they don't have access to health care, or jobs, or anything else and they've been marginalized for a really long time due to all of these historical factors like .... redlining, and block busting.

— Public health agency

## CASE SUMMARY:

### PRIORITIZING EQUITY IN COMPLETE STREETS PROJECTS

**New Orleans, Louisiana:** In 2017, [Bike Easy](#), a bike advocacy group, and the [National Complete Streets Coalition](#) released the report [Complete Streets for Health Equity: An Evaluation of New Orleans and Jefferson Parish](#). The report identifies neighborhoods facing the greatest inequities, and recommends Complete Streets measures and strategies to prioritize equity.



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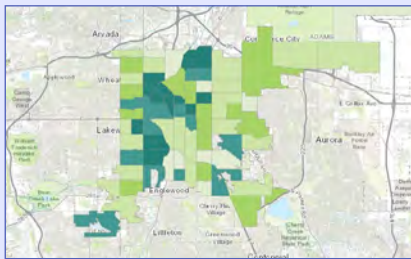
## CASE SUMMARY:

## USING AN EQUITY INDEX TO PRIORITIZE COMPLETE STREETS PROJECTS IN BENSENVILLE ILLINOIS, AND DENVER, COLORADO

**Bensenville, Illinois:** The Village of Bensenville partnered with the [Active Transportation Alliance](#), an active transportation advocacy coalition, and [B-Well Bensenville](#), a community-wide coalition focused on promoting healthy lifestyles, to create the [Bensenville Active Transportation Plan](#). The main goal of the plan was to provide recommendations that support livability and included a review of datasets to identify areas of opportunity for “equitable transportation improvements.”

The datasets were used to create a Demographic Equity Map that illustrated priority areas where bicycle and pedestrian facilities may be of most need and can most improve the quality of life for priority populations in Bensenville. The Index was used along with crash data, information on access to local destinations, alignment with other infrastructure projects, and connectivity to the regional bike network to provide the basis for recommended priority projects ranging from bike lanes, to sidewalks, to specific intersection improvements such as traffic signals or curb ramps.

**Denver, Colorado:** The Denver Department of Public Health and Environment created a publicly available tool, the [Denver Neighborhood Equity Index](#), that maps every neighborhood in Denver. The Index was designed to help decision makers visually assess where investment and resources can be distributed based on neighborhood need and creates a common language platform for Denver departments to discuss equity. A key feature of the Index is the overall emphasis on equity not specific to any one indicator, which provides a snapshot of how the built environment, socioeconomic and health all impact access to opportunity.



The Index is used by Denver’s Community Planning Development and Public Works Department as a guide to prioritize projects in neighborhoods facing the greatest barriers. To date, the Index has been used on at least six projects, including a 2017 voter-approved bond issue that included approximately \$50 million to address capital improvements in transportation and mobility plans.

Policies that incorporated equity often included language around prioritizing projects based on recommended criteria, jurisdiction-specific indices that include equity measures as in Bensenville and Denver (see *case summary*), and/or forming committees to ensure enforcement of equity provisions in the policy. *More detailed information about equity provisions included in policy language is included in [Appendix C](#).*

## Strategies for Addressing Equity Issues

- ▶ Prioritize implementing Complete Streets initiatives in marginalized and disadvantaged communities.
- ▶ Explicitly include policy language that requires addressing inequity in Complete Streets initiatives.
- ▶ Directly engage community members in marginalized communities to ensure Complete Streets projects meet their needs.
- ▶ Begin conversations about equity with community members, policy-makers, and agency stakeholders. Each group brings a different perspective to the table.
- ▶ Use local data as a starting point to explore equity issues that can be improved through Complete Streets initiatives.



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# Relationships are Key to Complete Streets Policy Efforts

Most interviewees felt that relationships, coalition building, and internal champions were foundational to the success of public health engagement in Complete Streets initiatives.

## Key Relationship Factors

Two critical relationship-related factors emerged from the interviews. The first was the *importance of building relationships early*, ideally before drafting Complete Streets policy language. This allowed partners to engage and educate decision-makers during the planning phases. For several jurisdictions, education that included a health component secured stakeholder support from unlikely allies. Early education of policy-makers proved essential to gaining their support, which was a critical factor for passing and implementing Complete Streets policies. Equally critical was the early identification of champions, who often played a pivotal role in relationship-building and educating leadership. For some jurisdictions, support from leadership helped to legitimize Complete Streets initiatives as a public health intervention strategy.

Initial relationship building allowed public health departments to offer technical assistance early in the policy-making process. Many jurisdictions with formal policies benefitted from technical assistance from public health professionals. Public health agencies and departments were able to draft policy language that ensured health and equity priorities in Complete Streets initiatives. A number of public health departments assisted in finding funding opportunities and grant writing for Complete Streets initiatives. A number of jurisdictions engaged stakeholders early on using trainings provided by public health agencies.

Finally, building relationships early in the policy-making process also enabled partners to identify less supportive leadership and provided a longer runway to educate and gain their support, thereby reducing potential roadblocks to passing Complete Streets policies. The formerly less supportive individuals often became champions and educated other leaders and the community.



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### CASE SUMMARY:

#### BUILDING RELATIONSHIPS ACROSS SILOED DEPARTMENTS IN CLEVELAND, OHIO

Creating the conditions to provide healthy choices for residents through reinvestment in urban infrastructure is part of [Cleveland's Complete and Green Streets Policy](#). The City of Cleveland developed a [Complete and Green Streets Typology Plan](#) in 2013 where various departments came

together to develop the approach.

Population health is a driver for decision-making in various divisions of the City of Cleveland.

The Cleveland Department of Public Health, City Planning Commission, and Mayors Office of Sustainability work collectively to help advance efforts of numerous departments through the lens of health, equity, and sustainability.

The ability to work together on Complete Streets initiatives was dependent upon building relationships and trust at the staff and director level. It is an ongoing process, but the foundation was built upon the shared ideal of collaboration

to improve population health. The realization that no one department can implement Complete Streets projects on its own helped facilitate trust and show staff in each department that they can

contribute to the collective goal of improving health in Cleveland through Complete Streets.

**...we plan communities** and we plan for people. And we believe that health is that ultimate metric for how well we do the neighborhood development.

—Planning agency

**... I think when people understand** how interdependent they are, then you start to lose the egos and you start to lose the silo mentality, because that's the only way you can get this work done.

—Planning agency



The second critical relationship-related factor was *leveraging existing relationships across departments, agencies, and the community* and ensuring two-way, open communication between public health practitioners and other parties. Everyone involved was more engaged when communication and engagement was bi-directional, with either party feeling comfortable and confident initiating communication at different points.

Both new and existing relationships helped secure public health departments' long-term involvement in Complete Streets initiatives. Cross-sectoral collaboration involving health departments allowed for health and equity strategies to continue to be included in plans and projects. Relationship maintenance that fosters a shared ongoing partnership allowed for more opportunities outside of a transactional exchange. Through a continued collaboration, public health departments were able to provide technical assistance for Complete Streets projects, including grant writing, evaluation planning, and data collection.

**If there was one recommendation,** it would be relationships because I think the reason we've been able to work together so well is because we all have this ... we all know each other.

—Public health agency

**I think that the relationship building and the trust and the inroads the public health department made in our overture as an outreach to planning and public works and parks over the last five years, has resulted in us having a permanent seat at the table for small area plans, citywide comprehensive plans, mobility plans. We are now called at the beginning of a project and requested to be on the inner departmental project teams, to add health and equity perspective to those plans.**

—Public health agency

## The Role of Coalitions

Coalitions that included public health actors were an instrumental driver of Complete Streets policy-making in several jurisdictions; some leveraged existing coalitions while others' built coalitions specifically to engage in Complete Streets work. Working through a coalition for Complete Streets work provided access to more resources and created space for partners to engage within their areas of expertise leading to a broad range of engagement strategies. Coalitions typically included government representatives, community members, advocacy groups, and university partners. True collaboration often emerged, where partners' individual agendas took a temporary backseat to furthering the goal of passing and implementing Complete Streets initiatives.

An important component of coalition building was including non-traditional partners, particularly non-supporters. Inclusion of non-supporters enabled coalition partners to educate them on the benefits of Complete Streets initiatives early in the policy-making process.

### CASE SUMMARY:

#### THE ROLE OF CHURCHES IN BRONX COUNTY, NEW YORK CITY, NEW YORK

In the Bronx, Complete Streets initiatives have been championed by Bronx Health REACH, an existing coalition of 70+ diverse organizations funded by a Centers for Disease Control and Prevention (CDC) REACH (Racial and Ethnic Approaches to Community Health) Grant. Bronx Health REACH is also the recipient of a New York State Department of Health Creating Healthy Schools and Communities grant, which mandates Complete Streets work. Under the CDC grant, Bronx Health REACH identified Complete Streets as a strategy to address physical activity.

Bronx Health REACH employs a holistic approach to Complete Streets and churches are a key coalition partner in Complete Streets initiatives. In the Bronx, churches are viewed as integral to the community. They are trusted partners that help Bronx Health REACH build relationships with community leaders and advocate for the needs of their congregants. Churches understand the needs of their community members and are deeply invested in safety and infrastructure improvement.

**And you know, churches know** their communities better than, I would say any other institution. So having them being part of our work has been essential in being able to push the city to create more comprehensive improvements.

—Planning advocate

In New York City, Complete Streets initiatives must be presented to Community Boards of locally appointed members, and large initiatives may require presentations in front of several Community Boards. While their approval is not a legal requirement, in practice the New York City Department of Transportation typically will not move forward without Community Board approval. Obtaining approval from multiple Community Boards requires coordinated advocacy efforts, and churches often play a key role. Churches work with other key Bronx Health REACH partners such as [Transportation Alternatives](#), an organization that advocates for multi-modal transportation access, to support Complete Streets initiatives at Community Board meetings. Churches remain engaged in the approval process which can require providing testimony at multiple Community Board meetings. Their consistent, sustained support of Complete Streets initiatives has been integral to the approval of several proposals in the Bronx.

## Examples of Coalition Partner Contributions to Complete Streets Initiatives

- ▶ Health-based organizations provided public health context around Complete Streets initiatives.
- ▶ Libraries provided meeting spaces.
- ▶ Schools provided an opportunity for direct youth engagement.
- ▶ Churches and faith-based institutions provided a trusted, safe space to disseminate information to large groups of community residents and support advocacy efforts (see the *Bronx County case summary* above for more information about their coalition's partnership with churches).
- ▶ Coalition partners provided letters of support and public testimony.
- ▶ Partners provided funding for educational stakeholder meetings.

## The Role of Internal Champions

Several jurisdictions identified internal champions as valuable to successful public health engagement in Complete Streets initiatives. Champions were identified through existing relationships, shared goals, and legislative history. Also, Complete Streets workshops for officials helped to identify champions (see *Indianapolis case summary*). Internal champions helped to secure support from multiple agencies and actors in the policy-making process. The champions assisted by bringing Complete Streets trainings and workshops to the decision-making body to promote initiatives.

**...in terms of having the support of the Health Department or Health Commission, it's really critical to have that champion internally because that saved us a lot of work. It would have taken us as a stakeholder group or Complete Streets coalition, it would have taken us a really, really long time to make those relationships and build the support and then ultimately get this commission resolution.**

— *Planning agency*

**And then just to work behind the scenes and have a champion within their decision-making body who can bring in experts if need be who can speak the language really well. But just to have those relationships, I think, with policymakers is really important.**

— *Public health agency*

Champions worked to garner support over time and helped push the Complete Streets policy to adoption. Public health agencies benefited from having a champion in public works or transportation. A champion involved in infrastructure can help to speak the same language and translate public health issues into what is important for other decision-makers.

### CASE SUMMARY:

#### IDENTIFY AN INTERNAL CHAMPION EARLY IN THE POLICY-MAKING PROCESS, INDIANAPOLIS, INDIANA

In Indianapolis, a consolidated city-county government, Complete Streets efforts are led by Health by Design, a built environment coalition that works in close partnership with the Marion County Public Health Department.

In 2009, Health by Design hosted a 2-day workshop to explore the underpinnings of Complete Streets such as how policies can achieve public health goals and the “language” of Complete Streets. Workshop attendees included a wide range of stakeholders from city residents, city staff and planners, City-County Councilors, Health by Design partners, and new public health partners. As part of the workshop, action teams were created, and potential supporters of a policy were identified.

One of the attendees and potential supporters was a highly respected Councilwoman who became the champion of Complete Streets in Indianapolis. Health by Design and the Marion County Public Health Department met with her to further discuss the public health elements of Complete Streets and what they hoped to achieve in Indianapolis by implementing a policy. She was immediately on board with their approach and spent months educating other Councilors and bringing in outside experts to complement her education efforts. In 2011, Health by Design and the Marion County Public Health Department began the process of drafting policy language. The ordinance was unanimously approved in 2012, in large part due to the extensive involvement of the champion during the planning and adoption phases.



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# The Importance of Engaging the Community

Engaging community members was another near universal theme. Like early engagement of policy-makers, engaging the community before drafting Complete Streets policy language or plans was critical to creating initiatives that met community needs. Public health agencies and departments leveraged their existing community relationships to better inform Complete Streets initiatives. Many jurisdictions found public health departments to be integral in establishing trust and respect with the community. By asking residents what they needed and wanted in the planning stages, policies and plans were more likely to generate broad support for Complete Streets. Furthermore, incorporating community feedback and going back to the community to discuss revisions to initiatives based on their input helped cement continued community engagement and fostered a feeling that decision makers were responsive to community concerns.



PHOTO PROVIDED BY BIRMINGHAM, ALABAMA KEY INFORMANTS

## Examples of Community Engagement Pathways

- ▶ Community meetings to obtain feedback on policy language or initiatives
- ▶ Public meetings hosted by trusted community partners to disseminate information about Complete Streets
- ▶ Work with schools to engage youth
- ▶ Incorporate Complete Streets into existing outreach, such as a previously scheduled Council meeting or block group meetings, to make it easier for residents to provide feedback

### CASE SUMMARY:

#### DEPARTMENT OF TRANSPORTATION AND COMMUNITY ENGAGEMENT IN CHATTANOOGA, TENNESSEE

Chattanooga's approach to Complete Streets was unique in that the Department of Transportation (DOT) led the process and directly engaged in community outreach through a staff position dedicated to public engagement and policy coordination.

On one roadway project there was general community consensus the street was not safe; speeds were too high and improvements were needed. However, the Complete Streets aspects that were proposed, such as changing from one-way to two-way and adding bike lanes, were met with significant resistance.

The DOT spent almost two years engaging home owners, business owners, the merchant's association, and neighborhood associations. They presented Complete Streets in terms of what was important to the community, including health and safety. They reached out to the community by spending time on the street and attending events along the business corridor building support and presenting different design options. The end result was a "transformation" from a project that faced significant resistance to a successful Complete Streets initiative that residents were excited to see implemented.

**Then finally, when it was built,** it transitioned from something that people had been really resistant to, both people who drive through it on a regular basis as well as people who live and work along that corridor, just something that people were asking us to do. The first point, we couldn't finish it fast enough because people were really excited for the project to happen.

—Transportation agency



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## Interactive Community Outreach Examples where the Public Health Community Can be Engaged

- ▶ Participate in social events, such as group bike rides and neighborhood events
- ▶ Create [pop-up Complete Streets projects](#)
- ▶ Mapping exercises where community members identified dangerous intersections or roads
- ▶ Conduct walking audits and bike or pedestrian counting activities
- ▶ Ask residents to take photos that represent important issues to them, both positive (e.g., well-lit streets that felt safe) and negative (e.g., unsafe crosswalks) and collectively discuss the images

## Community-based, Bottom-up Approaches

Early community engagement was part of a trend towards a more community-based, bottom-up approach to Complete Streets initiatives. Public health departments in several jurisdictions reached out to community organizations that were already involved in safe streets or active living. It was useful to engage with the community during a logical intervention point such as a related city project or conducting a health assessment. In some jurisdictions, the community identified interest in a Complete Streets policy or identified issues that could be addressed through Complete Streets initiatives (see *Nashville case summary*).

In other jurisdictions, residents were involved with identifying projects and providing input on implementation. The bottom-up approach sometimes required creative planning and coordination to keep community members engaged with Complete Streets initiatives. Health departments were found to be perceived as a non-biased expert voice in many communities, which helped sustain community engagement. In Kaua'i County, there was a move away from designing plans and then presenting them to the community towards creating "community action groups" that work to identify Complete Streets projects and help create implementation plans.

### CASE SUMMARY:

#### NASHVILLE, TENNESSEE'S METRO PUBLIC HEALTH DEPARTMENT AS THE CHIEF HEALTH STRATEGIST

The Metro Public Health Department of Nashville has long employed a "community convener" approach, engaging in significant community outreach and effectively positioning themselves as the chief health strategist in Nashville. The community convener model allows the community to have a voice in multiple program areas ranging from youth violence to women's health issues.

The role of community convener and chief health strategist is accepted by the community, and it was through this pathway that the Metro Public Health Department learned there was community interest in a Complete Streets policy. The Metro Public Health Department was applying for a Communities Putting Prevention to Work (CPPW) grant that would focus on obesity and began having community

conversations about the best ways to address obesity through the lens of policy, systems, and environmental change. These conversations led to the realization that community members saw a Complete Streets policy as an acceptable way to impact obesity and the Metro Public Health Department included passage of a Complete Streets policy as an objective in their grant application. Nashville was ultimately awarded the grant, but the community interest in Complete Streets was strong enough to prompt the mayor to write an executive order for Complete Streets before any of the CPPW strategies were implemented.

**So as we were having community conversations,** what we needed to focus our attention on as we were writing that grant, we learned from the community that there was interest regarding a Complete Streets policy. And before we could even get the grant written and awarded ... Maybe it was actually awarded, but we hadn't actually started with any of the implementation, the mayor wrote an executive order for Complete Streets.

—Public health agency

**So as we were having community conversations,** what we needed to focus our attention on as we were writing that grant [Communities Putting Prevention to Work], we learned from the community that there was interest regarding a Complete Streets policy.

—Public health agency

# Implementation

Interviewees often spoke of implementing Complete Streets initiatives as the ‘hard work’ of the policy process. Complete Streets initiatives can be complex on large scale infrastructure projects. They often span multiple agencies, are resource intensive, and take time to fully implement.

## Addressing the Complexities of Implementation

### ► Include implementation in the policy language and specify oversight or advisory committees, including membership requirements.

Implementation provisions can clarify departmental/ agency roles and, similar to inclusion of equity language, can help to ensure accountability among stakeholders. Explicit inclusion of public health departments or agencies helped to secure long-term public health involvement. Specifying upfront which agencies are required to have a seat on the committee further strengthens oversight (see Birmingham case summary below).

### ► Ensure the support of decision-makers before proceeding with project plans.

It is critical to ensure decision makers support Complete Streets initiatives before attempting to move forward; securing decision maker support before proposing plans can help to shorten the implementation timeline. The health and safety aspects of Complete Streets can help secure stakeholder support.

### Different departments

**didn't talk** to each other, so the planning department didn't really coordinate with the traffic engineering department and with the engineering department, so that, to me, was, I mean, a big win, just that they formalized the fact that when projects have to come through the city, it now has to go through this committee, which consists of people from various departments working together, because that was just pretty rare.

—Public Health Agency

### You could have all the

**funding** in the world and if you didn't have the willingness of people to learn and do, it just wouldn't work and I'm going to contribute a lot of, again to our mayor. We could've [had] all the funding the world, but if our mayor was not in favor or supported this so much, it wouldn't work out the way it's worked out.

—Public health advocate

### ► Apply an incremental approach to implementation.

Implementing smaller projects, such as street striping of crosswalks or funding walkability assessments and then moving on to larger projects such as road diets, makes use of available resources and provides time to secure resources for larger initiatives. Public health agencies can engage with the community to identify specific health and safety concerns when considering smaller projects.

### ► Secure financial support for implementation activities.

Implementation of Complete Streets initiatives can be expensive. Securing funds through state or county funding streams, as well as through grants, is essential and can help ensure projects are completed. Public health departments can help secure funds for Complete Streets projects through grant-writing and identifying funding sources.

### ► Provide technical assistance to support implementation efforts.

Public health and other agencies can provide technical assistance to the lead agencies to support implementation of Complete Streets initiatives. Cross-sectoral collaboration can strengthen the technical components of implementation. Departments can share data, mapping tools and evidence-based strategies to develop implementation plans. Public health agencies can work with other agencies to produce Complete Streets

### And so, one example

I think that has been fairly successful is we took small amounts of funding, offered it to communities to do some walkability assessments in their community and to identify needs and the role that we play in that is, really I think just kind of some eye-opening for people, you know, getting people to look at their infrastructure a little bit differently and to understand that it might be different or it could be better.

—Public health agency

### ...as part of the capacity building piece

of that we had them meet with potential funders, so they met with the State Department of Transportation official who they met and we included a local community foundation that does smaller local kind of grants ... we wanted them to kind of understand the process of seeking funding for projects and also to reinforce the importance of planning.

—Public health agency



## CASE SUMMARY:

## MANDATING COMPLETE STREETS OVERSIGHT AND ADVISORY COMMITTEES IN BIRMINGHAM, ALABAMA

[Birmingham, Alabama's Complete Streets policy](#)

required the formation of two committees: the Technical Oversight Committee and the Complete Streets Advisory Committee. The policy is unique among the jurisdictions included in this report for the specificity of work the committee is tasked with, but also for the comprehensive list of who/what agency is required to be seated on each committee.

Of particular interest is the requirement around equity for the Committees to “develop plans and set goals to ensure the successful implementation of the Complete Streets Policy in low- and moderate-income communities” to create a “priority network.” The policy included income criteria to define low- and moderate-income communities and further required the committees to issue a report identifying barriers and proposed solutions to implementing the policy in the priority network.

The Technical Oversight Committee, an internal committee, bears responsibility for reviewing transportation initiatives and determining whether Complete Streets components can be incorporated, and creating Complete Streets implementation policies and procedures, including performance metrics. This committee is comprised of seven staff members from Engineering, Traffic Engineering, Planning, and a Staff Attorney, all designated by the Director of Planning, Engineering, and Permits.

The Complete Streets Advisory Committee is required to meet at least quarterly and advise the Technical Oversight Committee on compliance, provide feedback on implementation, and support implementation of the Complete Streets policy. The Advisory Committee is comprised of at least 19 members: two appointed by City County, two appointed by the Mayor, and 15 from specific community and advocacy organizations in Birmingham and Jefferson County.

...The initial plan was to have one committee, but the more we talked about it, we were just like, ‘I don’t know how that would work and I don’t think it would be as effective as having an internal committee that really looked at the nuts and bolts of individual projects,’ and the advisory committee more is kind of an oversight committee that you report to.

—Public health advocate

prioritization maps and equity indexes. Each department can bring to the table a specific skillset that will aid in Complete Streets implementation.

**So everybody in the health department** knows how to do grant reports, how to evaluate constantly everything that you’re doing so I think we bring a lot of those skills to the table; being able to set metrics, knowing how to replicate an analysis once you’ve done it once, keeping good records like that to see if we’re really hitting the goals that we set forth.

—Public health agency

► **Understand that Complete Streets initiatives take time to fully implement.**

Celebrate small wins that are important to practitioners and the community, be it project-specific or some of the less tangibles such as building trust in the community. Meeting key milestones in a project timeline or discussing progress of a health outcome benchmark can also help people from getting discouraged.

**You have to be so much more patient** in this work than I ever thought would need to be. You know, like these things don’t happen quickly. So, celebrating the small successes along the way I think and realizing that you’re in it for really the long run.

—Public health agency



AMERICAN PLANNING ASSOCIATION, [HTTPS://WWW.PLANNING.ORG/IMAGELIBRARY/DETAILS/9125534/](https://www.planning.org/imageLibrary/details/9125534/)

# The Importance of Data and Evaluation

Evaluating the implementation and impact of Complete Streets initiatives emerged as an important role for public health practitioners to play in supporting these initiatives. Many interviewees also identified an ongoing need for data to help make the case for a Complete Streets policy and/or for evaluation data. Some jurisdictions indicated that they were building matrices internally or working with public health and other partners to create evaluation plans. [Appendix D](#) summarizes how each jurisdiction approached evaluation.

## Strategies for Public Health Practitioners to Support Data and Evaluation Needs

- ▶ Collaboratively identify performance measures and create an evaluation plan. Identify the resources necessary for data collection, who will collect the data, and how it will be used.
- ▶ Identify sources of available data. Reach out to academic researchers, county or state agencies, advocacy groups, and existing programs such as Safe Routes to School, to determine what data is already being collected.
- ▶ Collect process and outcome data. Process data can help track implementation and outcome data will help policymakers and advocates assess the impact of Complete Streets initiatives.
- ▶ Identify funding sources for evaluation activities. Evaluation is resource intensive and often requires sustained funding.
- ▶ Partner with advocacy groups or academic institutions that have the expertise and staff to support data collection and/or evaluation efforts.



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## Examples of Evaluation Measures Included in Complete Streets Policies

### PROCESS MEASURES

- ▶ Total miles of bike lanes (standard, buffered and protected), bike routes, and shared-use pathways
- ▶ Number of new countdown signals installed
- ▶ Number of approved and denied exceptions
- ▶ Number of street trees
- ▶ Number of new curb ramps installed or updated along city streets
- ▶ Total dollar amount spent on Green and Complete Streets activities
- ▶ Linear feet of sidewalk in need of repair or construction
- ▶ Annual school crossing guard walking counts

### OUTCOME MEASURES

- ▶ Rate of children walking or bicycling to school
- ▶ Rate of crashes, injuries, and fatalities by mode
- ▶ Mass transit ridership rates

## CASE SUMMARY:

## THE IMPORTANCE OF DATA TO SUPPORT ADVOCACY EFFORTS IN WEST VIRGINIA

In 2012, [AARP](#) partnered with the [National Complete Streets Coalition](#) to draft model [policy language](#), which [AARP of West Virginia](#) (AARP) began adapting to meet the state's needs. AARP opted to pursue a state level policy because over 90% of the roads in West Virginia are owned by the state, and local jurisdictions faced barriers with projects that included changes to roadways when state policies didn't align with local project plans.

AARP understood local data would be critical to support their advocacy efforts and partnered with a public health researcher working with the Injury Control Research Center who also served as the chair of a municipal pedestrian safety board. The researcher recognized that tying crash data to cost per capita, indirect, and direct costs could help make the case for a Complete Streets policy and subsequently built out a dataset. This dataset was used to create county-level fact sheets, which were integral to AARP's efforts to educate decision makers and advocate for a state-level Complete Streets policy. The fact sheets lent legitimacy to their efforts and illustrated the costs incurred by not passing a policy to mitigate some of the safety issues. The policy was proposed in 2012 and passed in the 2013 legislative session.

**When...you're working with elected officials** [the question]

is... so what? Why you want to do this? Why is this important? Well, you can give all these fluffy answers and these reasons and wouldn't it be nice if everybody could have access to public transportation and blah blah blah blah blah. Because data that's really what you need to move forward with it.

—Public health advocate

# Recommendations and Next Steps for the Public Health Community

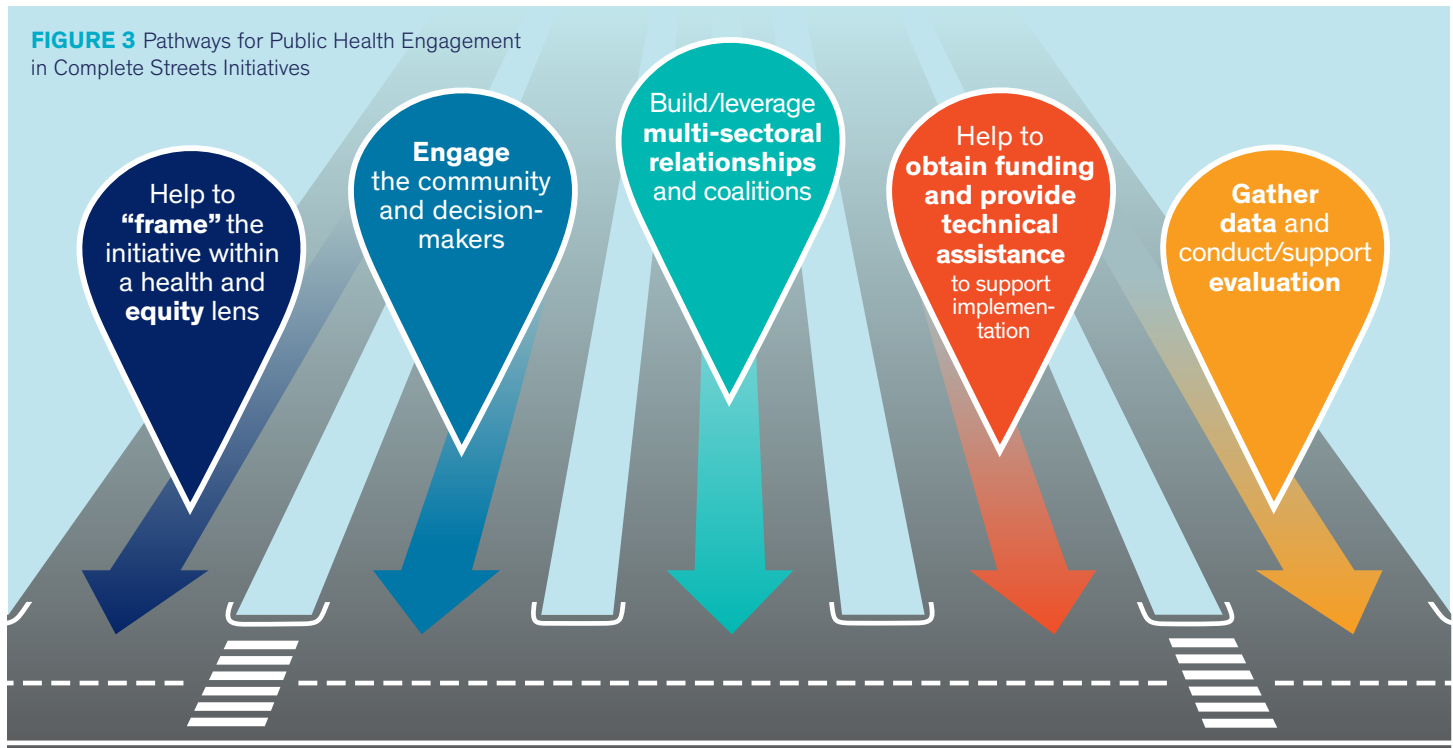
This report identifies several major pathways (see Figure 3) for engaging the public health community in Complete Streets initiatives. The strategies include framing the initiative, incorporating health equity, building relationships and coalitions, gathering data, engaging the community, and assisting with implementation and evaluation. In most jurisdictions, the public health community engaged in multiple pathways but perhaps the most prominent and impactful pathway was the potential to improve equity through Complete Streets initiatives. Most interviewees discussed equity in their jurisdiction regardless of whether the policy contained equity-specific provisions or requirements. From their perspective, prioritizing equity could take many forms, such as creating equity-based performance measures, formal policy/plan amendments that include equity provisions, leading engagement efforts, and implementing initiatives in historically marginalized communities.

Public health professionals can engage the community and relevant stakeholders to garner support for Complete Streets initiatives. Many jurisdictions found that public health agencies could build and leverage their relationships with other agencies and community members to form a more multisectoral approach to Complete Streets policy-making. Ongoing cross-sectoral relationships allowed for public health

to continue to be incorporated into Complete Streets projects. Through continued collaboration public health departments were able to provide technical assistance for Complete Streets implementation, including grant writing, sharing evidence-based strategies and developing prioritization networks.

Importantly, leading or contributing to data collection and/or evaluation efforts were identified as a central role for public health practitioners to play with regards to Complete Streets initiatives. Interviewees in every jurisdiction discussed the importance of data and the resource-intensive nature of data collection and analysis. Many jurisdictions are actively working to identify appropriate performance measures but may not have the available resources to collect or analyze data. This need provides a significant opportunity for public health practitioners to directly engage in the evaluation process, but also to help jurisdictions secure additional funding for evaluation through state or federal funding streams, and through applying for grants to support evaluation efforts.

The profiles presented in [Appendix E](#) provide lessons learned as well as links to resources for each of the jurisdictions included in this study.





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# Appendix A: Study Overview

Thirty-four jurisdictions were identified for potential inclusion in this study through a call-for-nominations, a literature review, and Internet research. Jurisdictional profiles were created for each jurisdiction to assess implementation stage, jurisdictional characteristics, and sociodemographic characteristics (e.g., urbanicity, region, race/ethnicity, household mobility, population size) using the American Community Survey 2012-2016 data. Fifteen jurisdictions (2 counties, 2 metropolitan governments, 10 municipalities, and 1 state) from 13 states were selected for study to reflect a range of sociodemographic and Complete Streets-related implementation stage characteristics. [Appendix B](#) includes a list of participating jurisdictions and participating organizations within each jurisdiction.

In each jurisdiction, key informant interviews were requested with a public health representative and a planning/transportation/public works representative. A total of 30 interviews were requested and 27 were completed (see [Appendix B](#)). The interviews were conducted by telephone and were digitally recorded and professionally transcribed. Transcripts were analyzed to identify key themes across jurisdictions and to create case study summaries.

## Appendix B: Participating Agencies

Jurisdiction	Agency
<b>Bensenville, Illinois</b>	<ul style="list-style-type: none"> <li>▶ DuPage County Health Department</li> <li>▶ Bensenville Community &amp; Economic Development Department</li> <li>▶ Bensenville Public Works Department</li> </ul>
<b>Birmingham, Alabama</b>	<ul style="list-style-type: none"> <li>▶ United Way of Central Alabama</li> <li>▶ City of Birmingham Department of Planning, Engineering &amp; Permits</li> </ul>
<b>Bronx County, New York</b>	<ul style="list-style-type: none"> <li>▶ Bronx Health REACH</li> <li>▶ Transportation Alternatives</li> </ul>
<b>Central Falls, Rhode Island</b>	<ul style="list-style-type: none"> <li>▶ Central Falls Department of Planning and Economic Development</li> </ul>
<b>Chattanooga, Tennessee</b>	<ul style="list-style-type: none"> <li>▶ Chattanooga Department of Transportation</li> <li>▶ Chattanooga-Hamilton County Health Department</li> </ul>
<b>Chautauqua County, New York</b>	<ul style="list-style-type: none"> <li>▶ Chautauqua County Department of Health and Human Services</li> <li>▶ Chautauqua County Department of Planning &amp; Economic Development</li> </ul>
<b>Cleveland, Ohio</b>	<ul style="list-style-type: none"> <li>▶ Cleveland Department of Public Health</li> <li>▶ City of Cleveland Planning Commission</li> </ul>
<b>Denver, Colorado</b>	<ul style="list-style-type: none"> <li>▶ Denver Department of Public Health and Environment</li> <li>▶ Denver Community Planning and Development</li> </ul>
<b>Indianapolis, Indiana</b>	<ul style="list-style-type: none"> <li>▶ Marion County Public Health Department</li> </ul>
<b>Kansas City, Missouri</b>	<ul style="list-style-type: none"> <li>▶ BikeWalkKC</li> <li>▶ Kansas City, Missouri Health Department</li> </ul>
<b>Kaua'i County, Hawaii</b>	<ul style="list-style-type: none"> <li>▶ Get Fit Kaua'i</li> <li>▶ Kaua'i County Planning Department</li> </ul>
<b>Nashville, Tennessee</b>	<ul style="list-style-type: none"> <li>▶ Metropolitan Nashville Planning Department;</li> <li>▶ Metro Nashville Public Health Department</li> </ul>
<b>New Orleans, Louisiana</b>	<ul style="list-style-type: none"> <li>▶ New Orleans Department of Public Works</li> <li>▶ New Orleans Office of Resilience and Sustainability</li> <li>▶ New Orleans Health Department</li> </ul>
<b>Sacramento County, California</b>	<ul style="list-style-type: none"> <li>▶ WALKSacramento</li> <li>▶ Sacramento County Department of Health &amp; Human Services</li> <li>▶ Sacramento County Department of the County Executive</li> </ul>
<b>West Virginia</b>	<ul style="list-style-type: none"> <li>▶ AARP West Virginia</li> <li>▶ West Virginia University</li> </ul>

# Appendix C: Including Equity Provisions in Complete Streets Policies

Many interviewees spoke about including equity criteria in their Complete Streets policies or comprehensive plans and felt it strengthened their jurisdiction's commitment to addressing equity. Examples of equity-related language and strategies from several jurisdictions are included below.

## Bensenville, Illinois

The Village of Bensenville partnered with the [Active Transportation Alliance](#), an active transportation advocacy coalition, and [B-Well Bensenville](#), a community-wide coalition focused on promoting healthy lifestyles, to create the [Bensenville Active Transportation Plan](#). The main goal of the plan was to provide recommendations that support livability; two objectives specifically support equity (*page 5*):

- ▶ Review health and demographic datasets to determine opportunities for equitable transportation improvements.
- ▶ Develop a healthy and equitable active transportation network that connects all residents to local destinations and regional trails.

The datasets were used to create a Demographic Equity Map to illustrate priority areas where bicycle and pedestrian facilities may be of most need and can most improve the quality of life for priority populations in Bensenville.

The Map uses a composite score for each census tract based on eight equally-weighted indicators:

- ▶ % of the population below the poverty level;
- ▶ % of the population with no high school diploma by age 25+;
- ▶ % non-White population;
- ▶ % Hispanic or Latino;
- ▶ % of people 65+ living below the poverty level;
- ▶ % of children living below the poverty level;
- ▶ % of renters spending 30% or more of income on rent; and
- ▶ % households without a vehicle.

The plan used the Demographic Equity Index in conjunction with crash data, information on access to local destinations, opportunity to align with other infrastructure projects, and connectivity to a regional bike network to recommend priority projects ranging from bike lanes, to sidewalks, to specific intersection improvements, such as a traffic signal or curb ramp.

## Birmingham, Alabama

Birmingham's Complete Streets [ordinance](#) identifies the need to prioritize Complete Streets initiatives in a "Priority Network" in low- and moderate income communities. It further specifies the committees responsible for overseeing the prioritization process.

### Priority Network

Recognizing the need in the City that certain streets should be prioritized for complete streets, priority shall be given to any street or segment that has been specifically listed & adopted as a priority street or segment by the City's Planning Commission. The Technical Oversight Committee and Complete Streets Advisory Committee

will provide the Planning Commission a recommendation regarding the proposed priority network. This Complete Streets Policy shall apply in full regard to these priority streets and segments without exceptions.

### Implementation

The City Technical Oversight Committee, with input from the Complete Streets Advisory Committee, shall develop plans and set goals to ensure the successful implementation of the Complete Streets Policy in low- and moderate-income communities. Within twelve months of Ordinance adoption, the City shall prepare an initial report to identify barriers, and propose solutions to successful

implementation of the Complete Streets Policy in low- and moderate-income communities.

(a) For the purpose of this section, “low income community” refers to any census tract that meets one of the following criteria (as reported in the most recently completed decennial census published by the U.S. Bureau of the Census):

- i. The poverty rate for the census tract is at least 20 percent; or

ii. For a community located within a metropolitan area, the median family income (MFI) for a census tract does not exceed 80 percent of the statewide MFI.

(b) For the purpose of this section, “moderate income community” refers to any census tract whose MFI is between 81 and 95 percent of the statewide MFI.

## Denver, Colorado

The Denver Department of Public Health and Environment created a publicly available tool, the [Denver Neighborhood Equity Index](#), that maps every neighborhood in Denver. The Index was designed to help decision makers visually assess where investment and resources can be distributed based on neighborhood need and creates a common language platform for Denver departments to discuss equity. A key feature of the index is the overall emphasis on equity not specific to any one indicator, which provides a snapshot of how the built environment impacts access to opportunity.

The Index includes seven indicators:

- ▶ Education
- ▶ Poverty/income

- ▶ Access to food
- ▶ Access to parks
- ▶ Access to prenatal care
- ▶ Childhood obesity
- ▶ Life expectancy

The Index is used by Denver’s Community Planning Development and Public Works Departments as a guide to prioritize projects in neighborhoods facing the greatest barriers. At the time of this study, the Index has been used on at least six projects, including a 2017 voter-approved bond issue that included approximately 50 million dollars to address capital improvements in transportation and mobility plans.

## Indianapolis, Indiana

The [Indianapolis/Marion County Pedestrian Plan](#) lays out a five step approach to identifying high priority areas to implement pedestrian projects using six indices.

### *What Steps are Included in the Prioritization Process? (page 24)*

This approach to prioritization is built on feedback received throughout the planning process and uses quantitative data (including health and equity, pedestrian safety and comfort, pedestrian demand, and city priorities) and qualitative data. It includes a geographic screen, project-specific criteria, and recommended allocations for funding. The prioritization approach involves five steps:

1. Use quantitative data and spatial/geographic factors to determine high priority investment areas;
2. Classify all pedestrian projects according to the type of improvement: along the roadway, across the roadway, major barrier removal, off-street/trail, or placemaking;
3. Evaluate projects qualitatively based on the destinations they serve, impact on the pedestrian network, and implementation potential;

4. Determine how existing and future funding should be allocated to different types of high priority projects within high priority investment areas; and

5. Conduct a check to ensure that projects are concentrated in the pedestrian land use typologies consistent with investment targets.

### *What are High Priority Areas and How are They Identified? (page 25)*

The first step in prioritizing investments is to identify the places within Indianapolis that are most in need of, or can most benefit from, walking projects and programs. This step layers six indices—health, safety, equity, pedestrian demand, walking comfort, and city priorities—to find the “hot spots” where the factors come together, pointing to areas of high priority.

To best meet the goals of the Pedestrian Plan and to respond to feedback received during the plan’s development, safety, equity, and health were selected as the indices of greatest importance. Therefore, they are weighted higher than other factors and have a greater contribution to establishing the high priority areas.

## Kansas City, Missouri

Kansas City, Missouri passed an amendment to their Code of Ordinances enacting Article II, [Complete Streets](#). The amendment states the City will develop a prioritization plan and specifies general prioritization criteria.

### **Sec. 64-41. Intent**

While this policy applies citywide, the City shall develop plans and set goals to prioritize and ensure successful implementation of Complete Streets in low and moderate-income neighborhoods, neighborhoods with poor health outcomes, and neighborhoods with diminished access to transportation options.

## New Orleans, Louisiana

In 2017, [Bike Easy](#), a bike advocacy group, and the [National Complete Streets Coalition](#) released the report [Complete Streets for Health Equity: An Evaluation of New Orleans and Jefferson Parish](#). The report identifies neighborhoods facing the greatest inequities, and recommends Complete Streets measures and strategies to prioritize equity.

### **Access to Resources (page 15)**

Using Complete Streets to reduce disparities in health means prioritizing the projects that connect low-income residents to employment opportunities or neighborhoods with high rates of chronic disease to healthy foods. Mapping existing and missing bicycle connections to employment centers compared to neighborhoods with high rates of low-income residents can highlight key gaps in the network. Parts of New Orleans East, Algiers, the Upper and Lower Ninth Ward, Central City, Tremé, the Seventh Ward, Hollygrove, and Leonidas have high percentages of low-income residents who lack access to employment centers via bicycle facilities.

### **Safety (page 17)**

Across both New Orleans and Jefferson Parish, people walking and biking tend to be hurt and killed in high poverty neighborhoods. About one third of the population lives in census tracts with poverty rates higher than 20%, but two thirds of crashes involving people biking or walking occur in these places. Specific areas most impacted include New Orleans East, Westbank New Orleans, and the city's dense, downtown core.

### **Equity-related Recommendations for New Orleans (page 20)**

- ▶ Using measures proposed in this report and others, create a system of on-going data collection and analysis, and then set specific goals for various indicators.
- ▶ Conduct an audit of pedestrian facilities: Much of the available data in New Orleans focuses on bicycle facilities, while information about sidewalks, crosswalks, and other pedestrian infrastructure is lacking.

- ▶ Incorporate other safety and health statistics, including crime, housing affordability, and resident displacement, to create a more robust system of measuring overall neighborhood improvements for long-time residents.
- ▶ Conduct qualitative surveys and interviews to better understand people's barriers to walking, biking, and taking transit. Include an evaluation of the city's public outreach efforts and work to engage vulnerable populations, particularly low-income communities and communities of color.
- ▶ Pursue creative public engagement opportunities, such as temporary "pop-up" demonstrations of proposed street redesigns, and actively seek community feedback by going to the people (rather than solely holding meetings and expecting them to come).
- ▶ Create a framework to prioritize high-quality Complete Streets connections to the places they are needed most.
- ▶ Proactively intervene to address on-going safety concerns, which are concentrated in low-income neighborhoods and disproportionately affect people of color, by using data analysis to target design solutions to the most problematic intersections and streets.
- ▶ Target Complete Streets investments in low-income neighborhoods and places with high rates of chronic disease, and prioritize connections to employment centers, grocery stores, parks, and other vital resources.
- ▶ Update the routine documents and decision-making criteria transportation planners and engineers use in their daily work.



# Appendix D: Approaches to Evaluation

Many policies specified performance measures or indicated that performance measures would be identified. Interviewees in most jurisdictions discussed collecting data as an important part of evaluating implementation and impact of Complete Streets policies, but were not yet engaging in evaluation activities.

Each jurisdiction is at a different point in the evaluation process, with some jurisdictions beginning to form evaluations plans or engaging in informal evaluation, and others have fully implemented evaluation plans. This Appendix provides an overview of evaluation in each jurisdiction; jurisdictions in the earlier stages of evaluation are listed first.

## Planning for Evaluation

The following jurisdictions are in the planning stages of evaluation. Some identified performance measures in their policy/plan but they are not yet engaging in formal evaluation activities. The examples below briefly describe what evaluation planning activities they have or are in the process of undertaking.

Jurisdiction	Evaluation Overview	ACTION REQUIRED
<b>Bensenville, Illinois</b>	<a href="#">Bensenville's Complete Streets policy</a> specifies eight performance measures: 1) number of speeding and safety or access-related concerns received through the Staff Traffic Advisory Committee; 2) total miles of on-street bicycle routes defined by streets with clearly marked or signed bicycle accommodation; 3) linear feet of new pedestrian accommodations; 4) number of new ADA compliant curb ramps installed along Village streets; 5) annual school crossing guard walking counts; 6) annual bike counts on bike routes; 7) annual pedestrian and bicycle crash data analysis; and 8) number of trees planted. Bensenville and the County Health Department collected some data during the planning process, but there is currently no formal evaluation plan. One interviewee identified limited financial resources as a challenge to evaluation.	<i>The policy requires that the measures are included in annual reports for the departments of Community and Economic Development, Public Works, and Engineering; the reports are presented to the Village Board.</i>
<b>Birmingham, Alabama</b>	<a href="#">Birmingham's Complete Streets policy</a> specifies some evaluation criteria, and mandates the creation of two committees with responsibilities related to data. A committee comprised of internal City staff (Technical Oversight Committee) will "review, revise, or develop" performance metrics with input from the second committee (Complete Streets Advisory Committee) comprised of members from City staff, local advocacy organizations, local schools, and the University of Alabama, Birmingham. Interviewees expressed a desire for the Advisory Committee to provide the planning department/Oversight Committee with data that can be incorporated into Complete Streets initiatives. The committees are currently working to define success and create a data plan.	<i>An annual report covering the performance measures will be presented to the Mayor, City Council, and the public.</i>

Jurisdiction	Evaluation Overview	ACTION REQUIRED
<b>Central Falls, Rhode Island</b>	<p><a href="#">Central Falls' Green and Complete Streets ordinance</a> specifies that 15 performance measures will be reported annually to the City Council and indicates the directors of Planning and Public Works will be responsible for posting the report to the City's website so they are publicly available. Measures range from total miles of bike lanes, to percent of impervious surface area in the city, and water quality (bacteria and trace metal pollution) of each storm water (non-sanitary) outfall located in the city.</p> <p>The City chose to delay the implementation date of the ordinance so they could evaluate planned road projects in the context of the Complete Streets policy. There is no formal evaluation plan yet, but data were used to inform the planning and outreach phases of passing the policy; additionally, bike and pedestrian counts were completed when a new bike lane was added before the policy was passed.</p>	<i>Not specified</i>
<b>Chautauqua County, New York</b>	Chautauqua County engages in informal evaluation of Complete Streets initiatives, but the Complete Streets policy does not include performance measures or mandate evaluation. Interviewees discussed some of the informal qualitative and quantitative evaluation activities, their limited capacity to engage in formal evaluation, and the potential to leverage evaluation data for additional funding.	<i>A proposed Interdepartmental Working Group will formalize data collection and evaluation to achieve the objectives of the Complete Streets policy.</i>
<b>Denver, Colorado</b>	Denver is unique in that the city's policy guidance for Complete Streets initiatives will largely come from <a href="#">Blueprint Denver</a> , their citywide land use and transportation plan and other citywide transportation plans, which are currently being developed through the <a href="#">Denverright planning process</a> , as opposed to a specific Complete Streets policy. Blueprint Denver includes provisions for evaluating implementation through five pathways: 1) annual evaluations; 2) updates to the key equity concept measurements and maps; 3) updates to the neighborhood context map and future places map; 4) updates to the future street type map; and 5) amendments to the text of the plan.	<i>Finalize complete streets policy guidance in <a href="#">Blueprint Denver</a>.</i>
<b>Kansas City, Missouri</b>	<a href="#">Kansas City's Complete Streets ordinance</a> identifies broad categories of performance measures, such as "All public transportation projects and any development project that triggers a Traffic Impact Study or Walkability Study shall evaluate a Level of Service for all mode types of transportation." Additionally, <a href="#">BikeWalkKC</a> , an advocacy organization integral to the passage of the policy, is working to develop a data dashboard that can be used to evaluate implementation of Complete Streets initiatives.	<i>An annual report covering city-controlled projects and major capital projects will be prepared for the City Council</i>

Jurisdiction	Evaluation Overview	ACTION REQUIRED
<b>Nashville, Tennessee</b>	<a href="#">Nashville's Complete Streets executive order</a> specifies performance measures will be “selected by the Planning Commission, and as-derived from NashvilleNext Guiding Principles including measures around equity.” The Metropolitan Nashville Planning Department led a year and a half long planning process working with other City departments and key community-based stakeholders to identify possible performance measures. The planning process is winding down and the Department is now working to determine what measures will be included in the final recommendations.	<i>The finalized performance measures will be annually reported to the public through the city website or data portal.</i>
<b>New Orleans, Louisiana</b>	<a href="#">New Orleans' Complete Streets ordinance</a> and <a href="#">supporting policy memorandum</a> both identify the Director of the Department of Public Works and the City Planning Commission as bearing responsibility for “establish[ing] a reporting procedure that annually measures the success of the Complete Streets program,” and “develop[ing] a Complete Streets Program Management Plan... [which] shall establish program objectives and metrics and serve as a working, living guide for program execution.” Currently, implementation and evaluation occur on an ad-hoc basis but the City is working to formalize both activities.	<i>An annual report is provided to the Commission and the Complete Streets Working Group. The report includes current and planned program goals, objectives, metrics, and program achievements.</i>
<b>Sacramento County, California</b>	Sacramento County's Complete Streets policy is incorporated into the <a href="#">Circulation Element of their General Plan</a> . The County is not currently involved in formal evaluation efforts, largely due to lack of funding and manpower. Interviewees discussed the importance of data and engaged in informal evaluation such as talking to community residents and property owners to ask about their perception of changes in bike ridership, walking, or traffic patterns.	<i>Not specified</i>
<b>West Virginia</b>	<a href="#">West Virginia's Complete Streets Act</a> mandates the creation of a Complete Streets Advisory Board, which was officially formed in Summer, 2018. One of the Board's tasks is “creating new measures to track the success of multimodal planning and design.”	<i>The Advisory Board will provide an annual report to the Governor, the Commissioner of Highways, and the Joint Committee on Government and Finance. The report includes a summary of projects, modifications to or recommendations for protocols, status of the performance indicators, transit data, and crash statistics.</i>

## Actively Engaging in Evaluation Activities

The following jurisdictions are engaging in formal evaluation of Complete Streets initiatives, as confirmed by the policy/plan and interviews. Where applicable, we also note the evaluation/performance measures/reporting that are required.

Jurisdiction	Evaluation Overview
<b>Chattanooga, Tennessee</b>	<a href="#">Chattanooga's Complete Streets ordinance</a> includes eight performance measures and specified that "numeric benchmarks" for each measure will be established within six months of policy adoption. Performance measures include: 1) total miles of bike lanes (standard, buffered and protected), bike routes, and shared-use pathways; 2) total miles of pedestrian accommodation; 3) percentage of intersections with ADA accessible curb ramps; 4) percentage of transit stops accessible via sidewalks and bicycle facilities; 5) rate of crashes, injuries, and fatalities by mode; 6) rate of children walking or bicycling to school; 7) commute mode share; and 8) mass transit ridership rates. Collecting pre- and post-project implementation data is "standard operating procedure" for Department of Transportation projects, as is sharing lessons learned. For Complete Streets initiatives, the Department of Transportation collects performance measure data, and also uses secondary data sources such as mode share data from the American Community Survey. The policy mandates that the Department of Transportation present the City Council with a report, "annual[ly] or otherwise as appropriate," documenting implementation progress using the performance measures.
<b>Cleveland, Ohio</b>	Cleveland engages in evaluation efforts that impact Complete Streets initiatives, but their policy does not mandate evaluation. The City is exploring installation of data counters to assess bike/pedestrian and vehicular counts and collecting data pre- and post- installation to see if the counters have any impact on physical activity. They have also partnered with Case Western Reserve University to map obesity rates and determine built environment components that may be appropriate for intervention through Complete Streets initiatives, such as lack of access to parks or recreational areas.
<b>County of Kaua'i</b>	Kaua'i collects evaluation data and issues an annual Complete Streets Indicator Report, but there is no provision in their ordinance requiring evaluation. The County of Kaua'i Planning Department and Built Environment Task Force collects data in five broad categories identified during the 2011 planning process: 1) pedestrian and cyclist safety; 2) active transportation rate; 3) Safe Route to School participation; 4) public transportation use; and 5) active transportation facilities.
<b>Indianapolis, Indiana</b>	Both the <a href="#">City of Indianapolis-Marion County</a> and <a href="#">Indianapolis Metropolitan Planning Organization</a> Complete Streets policies mandate evaluation and collecting the same set of seven performance measures: 1) total miles of bike lanes; 2) number of new curb ramps installed along city streets; 3) crosswalk and intersection improvements; 4) percentage of transit stops accessible via sidewalks and curb ramps; 5) rate of crashes, injuries, and fatalities by mode; and 6) rate of children walking or bicycling to school. Indianapolis has also partnered with Indiana University to obtain crash data that the Health Department can use to inform pedestrian safety campaigns. The City of Indianapolis-Marion County policy specifies the creation of "numeric benchmarks" for each measure and quarterly reports must be posted online.



## Appendix E: Jurisdiction Profiles

Summary profiles for each of the study jurisdictions follow. For each jurisdiction, we summarize how public health has been engaged in Complete Streets initiatives, key actors involved, the policy and/or implementation timeline, lessons learned, and equity-related foci. Each profile also provides relevant sociodemographic data for the jurisdiction and links to relevant policies, plans, and other Complete Streets resources.



## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ The county health department facilitated public health involvement in policy-making through an existing coalition in Bensenville.

### IMPLEMENTING AGENCIES

- ▶ Bensenville Public Works Department (Lead)
- ▶ Bensenville Community and Economic Development Department
- ▶ Bensenville Finance Department
- ▶ Bensenville Police Department
- ▶ DuPage County Health Department

### OTHER KEY ACTORS INCLUDE

- ▶ Bensenville Youth Services Coalition
- ▶ B-Well Bensenville (Coalition)



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## Lessons Learned

- ▶ The county health department can serve in a technical assistance capacity to facilitate Complete Streets policy-making at the municipal level.
- ▶ Culturally competent community outreach is essential.
- ▶ Public health departments can help coalitions build capacity.

## Equity Matters

- ▶ Start conversations about health equity within the coalition and with community residents; they bring different perspectives to the conversation.
- ▶ Mapping exercises can help community members identify dangerous intersections that prevent them from meeting basic needs such as accessing a grocery store.
- ▶ Recognize that community-identified equity issues may indirectly relate to Complete Streets; for example, residents may identify snow on the sidewalk as a barrier to walking in the winter.

### Policy/Implementation Timeline

MAR 2016 The Bensenville Active Transportation Plan is released.

CURRENT STAGE

ACTIVELY IMPLEMENTING

2015

FEB 2015 Bensenville received an American Planning Association Plan4Health grant to engage in Complete Streets Policy work.

2016

MAY 2016 Complete Street Ordinance (Ordinance No. 9-2016) passes.

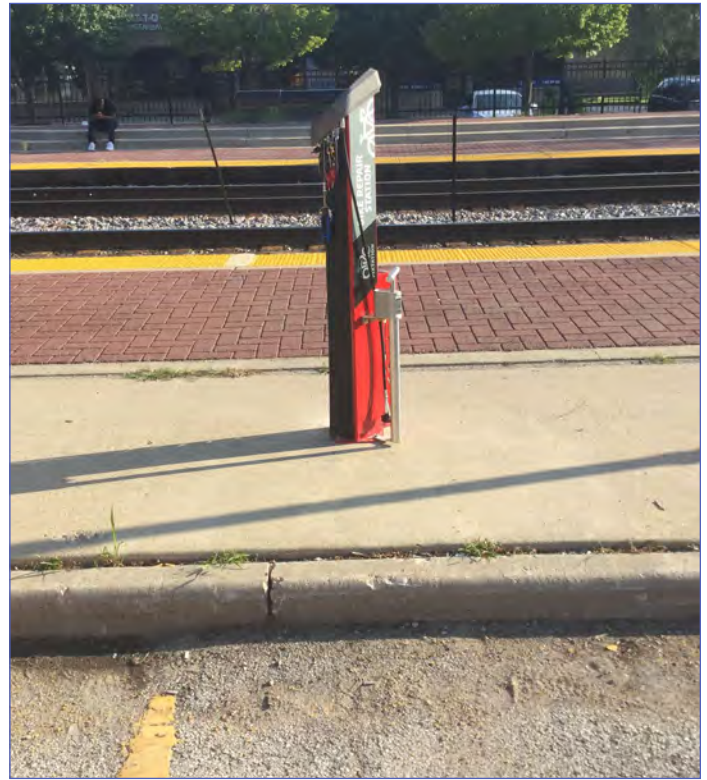
2017

2018

**BENSENVILLE DEMOGRAPHIC PROFILE**

Population Size	18,431
% Urban	100%
Median Age	36
Median Household Income	\$62,286
% White (non-Hispanic)	43.4%
% Black (non-Hispanic)	3.6%
% Asian (non-Hispanic)	3.7%
% Hispanic	48.1%
% Occupied Housing with No Vehicle Available	8.3%
% Occupied Housing with at least 1 vehicle	91.7%
% Workers Taking Public Transit to Work	3.9%

Source: Census Bureau, American Community Survey (2012-2016)



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## Resources for Further Information

### LAWS/LEGISLATION

Complete Streets Ordinance (2016): <https://www.bensenville.il.us/DocumentCenter/View/10483/O-9-2016-Complete-Streets-Policy?bidId>

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Bensenville Active Transportation Plan, Including Design Guidelines: [https://atpolicy.org/wp-content/uploads/2016/05/Bensenville\\_Active\\_Transportation\\_Plan\\_LowRes.pdf](https://atpolicy.org/wp-content/uploads/2016/05/Bensenville_Active_Transportation_Plan_LowRes.pdf)

### ADVOCACY/COMMUNITY ORGANIZATIONS

BWell Bensenville Plan4Health Coalition: <http://plan4health.us/plan4health-coalitions/bensenville-il-b-well-bensenville-plan4health-coalition/> and <https://www.bwellbensenville.com/>

Plan4Health: <http://plan4health.us/>

Bensenville Youth Services Coalition: <https://www.bensenville.il.us/686/Bensenville-Youth-Services-Coalition>



## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ A county-level health coalition supported the formation of a separate coalition specifically to work on Complete Streets initiatives in Birmingham.

### IMPLEMENTING AGENCIES

- ▶ City of Birmingham Department of Planning, Engineering & Permits (Lead)
- ▶ City of Birmingham Department of Transportation

### OTHER KEY ACTORS INCLUDE

- ▶ AARP
- ▶ American Heart Association (AHA)
- ▶ Jefferson County Health Action Partnership
- ▶ United Way of Central Alabama
- ▶ University of Alabama at Birmingham



## Lessons Learned

- ▶ Partner with national and local organizations early in the policy-making process.
- ▶ A broad coalition of city and community partners is essential; consider branding the coalition as a separate entity to reflect the collaborative approach of the coalition.
- ▶ Community-based organizations can provide support and technical assistance to city departments working to pass Complete Streets policies.
- ▶ Adapt model policy language from other jurisdictions to write a robust policy that 1) addresses implementation within your local context, 2) includes equity, and 3) addresses oversight and identifies agencies required to be represented.



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## Equity Matters

- ▶ Explicitly address equity in the Complete Streets policy and include language that prioritizes projects in low-income areas with less transportation connectivity.
- ▶ Use local data as a starting point to understand health equity issues.
- ▶ Recognize that equity issues will differ across neighborhoods and engage residents to learn what is most important in their area.

### Policy/Implementation Timeline

**NOV 2014** The Jefferson County Community Health Improvement Plan identifies adopting a Complete Street policy and guidelines as a goal.

**2017** The Jefferson County Health Action Partnership and AARP hosted a Direct Action Organizing Workshop to develop a cross-sectoral strategy for Complete Streets policy work.

**MAR 2018** Birmingham City Council unanimously approves the Complete Streets Ordinance.

CURRENT STAGE

**ACTIVELY IMPLEMENTING**

2011

2012

2013

2014

2015

2016

2017

2018

**SEP 2011** The Birmingham Planning Commission passes a Complete Streets Resolution.

**JAN 2018** The Birmingham City Council, Transportation and Planning & Zoning Committees introduce a Complete Streets ordinance.

## BIRMINGHAM DEMOGRAPHIC PROFILE

Population Size	212,424
% Urban	98.9%
Median Age	36
Median Household Income	\$32,404
% White (non-Hispanic)	22.6%
% Black (non-Hispanic)	71.7%
% Hispanic	3.4%
% Occupied Housing with No Vehicle Available	14.1%
% Occupied Housing with at least 1 vehicle	85.9%
% Workers Taking Public Transit to Work	2.2%
Source: Census Bureau, American Community Survey (2012-2016)	



PROVIDED BY THE COMMUNITY

## Resources for Further Information

### LAWS/LEGISLATION

Complete Streets Resolution: <https://nacto.org/wp-content/uploads/2015/06/Birmingham-AL-Complete-Streets-Resolution-2011.pdf>

Complete Streets Ordinance: <https://www.birminghamal.gov/wp-content/uploads/2018/02/Proposed-Complete-Streets-Ordinance.pdf>

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Complete Streets Birmingham: <https://www.completestreetsbirmingham.org/>

B-Active Plan: <https://b-activeplan.com/>

Jefferson County Health Improvement Plan 2014: <https://jcdh.org/SitePages/Misc/PdfViewer?AdminUploadId=357>

Birmingham Comprehensive Plan: <https://www.birminghamal.gov/work/birmingham-comprehensive-plan/>

### ADVOCACY/COMMUNITY ORGANIZATIONS

Health Action Partnership: <http://healthequityal.org/>

Lakeshore Foundation: <http://www.lakeshore.org/>

## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ A county-level health coalition worked with a transportation advocacy group on Complete Streets initiatives.

### IMPLEMENTING AGENCIES

- ▶ New York City Department of Transportation (Lead)
- ▶ New York City Department of Design and Construction
- ▶ New York City Department of City Planning

### OTHER KEY ACTORS INCLUDE

- ▶ Bronx Health REACH (coalition led by the Institute for Family Health, which includes churches and faith-based organizations)
- ▶ Transportation Alternatives (advocacy/grassroots organization)

## Equity Matters

- ▶ Complete Streets initiatives can improve health equity by addressing safety concerns that limit physical activity.
- ▶ Leverage existing initiatives addressing equity to incorporate Complete Streets initiatives.
- ▶ Use health outcome data to identify points of intervention where equity can be addressed.
- ▶ Recognize that coalition partners may have different perspectives on health equity and how Complete Streets can mitigate inequities.

## Lessons Learned

- ▶ Diverse, community-driven coalitions can advocate for equitable implementation of Complete Streets initiatives.
- ▶ Churches and faith-based organizations can be critical coalition partners.
- ▶ Proactively build relationships with elected officials before project plans are proposed.
- ▶ Coalitions can generate broad support by framing Complete Streets through the lens of making streets and neighborhoods safer.

### What could a complete street design look like for the Grand Concourse?



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## Policy/Implementation Timeline

**JAN 2015** NYC Department of Transportation releases the Pedestrian Action Plan highlighting the Grand Concourse as a priority corridor.

**2016–2018** Bronx Community Boards 4, 5, and 7 vote to support the Complete the Concourse campaign.

CURRENT STAGE

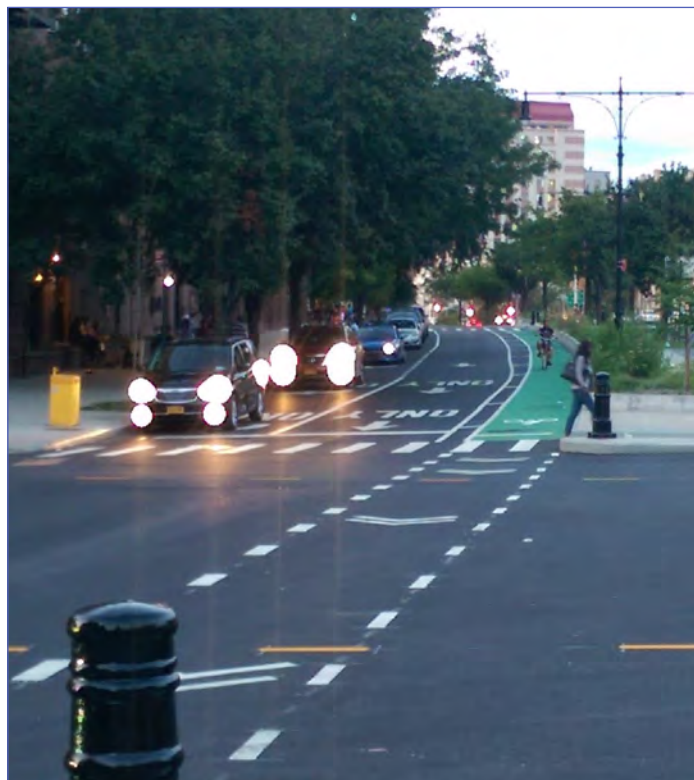
ACTIVELY IMPLEMENTING

2011	2012	2013	2014	2015	2016	2017	2018
AUG 2011 Governor Cuomo signs New York State Complete Streets Policy into law (Ch. 398, S05411A).		APR 2015 NYC Mayor de Blasio signs the Great Streets Initiative which includes capital funding for the Grand Concourse.		JAN 2018 NYC incorporated community feedback into the Complete the Concourse Phase 4 Design and presented the proposed design plan to the Bronx Community Board 5.			



**BRONX COUNTY DEMOGRAPHIC PROFILE**

Population Size	1,436,785
% Urban	100%
Median Age	33
Median Household Income	\$35,302
% White (non-Hispanic)	9.6%
% Black (non-Hispanic)	29.5%
% Asian (non-Hispanic)	3.6%
% Hispanic	55.4%
% Occupied Housing with No Vehicle Available	58.8%
% Occupied Housing with at least 1 vehicle	41.2%
% Workers Taking Public Transit to Work	62.1%
Source: Census Bureau, American Community Survey (2012-2016)	



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**Resources for Further Information****LAWS/LEGISLATION**

New York State Complete Streets Law (Ch. 398): S05411A (2011): <https://legislation.nysenate.gov/pdf/bills/2011/S5411A>

**COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL**

NYC Street Design Manual: <https://www1.nyc.gov/html/dot/html/pedestrians/streetdesignmanual.shtml>

Grand Concourse Community Board Presentation: <http://www.nyc.gov/html/dot/downloads/pdf/grand-concourse-175th-st-jan2018.pdf>

**ADVOCACY/COMMUNITY ORGANIZATIONS**

Bronx Health REACH: <https://www.institute.org/bronx-health-reach/about/>

Transportation Alternatives: <https://www.transalt.org/>

Bronx Community Boards: <http://bronxboropres.nyc.gov/community-boards/>



## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ The state department of health provided technical assistance and support to the municipal planning and economic development department.

### IMPLEMENTING AGENCIES

- ▶ Central Falls Department of Public Works (Lead)
- ▶ Central Falls Department of Planning and Economic Development
- ▶ Central Falls Office on Health
- ▶ Rhode Island Department of Health

### OTHER KEY ACTORS INCLUDE

- ▶ Grow Smart Rhode Island
- ▶ LISC Rhode Island
- ▶ Pawtucket Central Falls Development



GREEN LANE PROJECT, [HTTPS://WWW.FLICKR.COM/PHOTOS/GREENLANEPROJECT/21823188743/IN/PHOTOSTREAM/](https://www.flickr.com/photos/greenlaneproject/21823188743/in/photostream/)

## Lessons Learned

- ▶ Partner with outside organizations to educate stakeholders and provide technical assistance to the city.
- ▶ Leverage existing relationships to engage elected officials and generate their support.
- ▶ Understand the local political context and what is important to constituents when working to pass a Complete Streets policy.
- ▶ Understand the potential barriers in trying to implement Complete Streets projects and ensure departmental support before moving forward.

## Equity Matters

- ▶ Institutionalize equity by including it in performance metrics.
- ▶ Leverage existing health equity-based initiatives to explore community needs around physical activity.
- ▶ Executive leadership can foster a culture of health and encourage decision makers to consider health equity when prioritizing projects.



GREEN LANE PROJECT, ADAM COPPOLA, [HTTPS://WWW.FLICKR.COM/PHOTOS/GREENLANEPROJECT/22107902833/IN/PHOTOSTREAM/](https://www.flickr.com/photos/greenlaneproject/22107902833/in/photostream/)

## Policy/Implementation Timeline

		CURRENT STAGE
2017	2018	ACTIVELY IMPLEMENTING
JAN 2017 The Green and Complete Streets Ordinance passes.	JUL 2018 The Green and Complete Streets Ordinance goes into effect.	

## CENTRAL FALLS DEMOGRAPHIC PROFILE

Population Size	19,366
% Urban	100%
Median Age	29
Median Household Income	\$28,901
% White (non-Hispanic)	20.6%
% Black (non-Hispanic)	11.5%
% Hispanic	63.8%
% Occupied Housing with No Vehicle Available	22.7%
% Occupied Housing with at least 1 vehicle	77.3%
% Workers Taking Public Transit to Work	5.4%
Source: Census Bureau, American Community Survey (2012-2016)	



GREEN LANE PROJECT, [HTTPS://WWW.FLICKR.COM/PHOTOS/GREENLANEPROJECT/22456788951/IN/PHOTOSTREAM/](https://www.flickr.com/photos/greenlaneproject/22456788951/in/photostream/)

## Resources for Further Information

### LAWS/LEGISLATION

Green and Complete Streets Ordinance: [https://library.municode.com/ri/central\\_falls/codes/code\\_of\\_ordinances?nodeId=PTIICOOR\\_CH32STSIOTPUPL\\_ARTIXGRCOST](https://library.municode.com/ri/central_falls/codes/code_of_ordinances?nodeId=PTIICOOR_CH32STSIOTPUPL_ARTIXGRCOST)

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Institute of Transportation Engineers. Designing Walkable Urban Thoroughfares: A Context Sensitive Approach: <https://www.ite.org/pub/?id=e1cff43c-2354-d714-51d9-d82b39d4dbad>

National Association of City Transportation Officials Urban Street Design Guide: <https://nacto.org/publication/urban-street-design-guide/>

Credit Valley Conservation Authority and Toronto and Region Conservation Authority. Low Impact Development Stormwater Management Planning and Design Guide: [https://cvc.ca/wp-content/uploads/2014/04/LID-SWM-Guide-v1.0\\_2010\\_1\\_no-appendices.pdf](https://cvc.ca/wp-content/uploads/2014/04/LID-SWM-Guide-v1.0_2010_1_no-appendices.pdf)

### ADVOCACY/COMMUNITY ORGANIZATIONS

Grow Smart Rhode Island: <http://www.growsmartri.org/>

LISC Rhode Island: <http://rilisc.org/>

Pawtucket Central Falls Development: <http://www.pawtucketcdc.org/>

## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ The municipal department of transportation led the policy-making process with support from the local health department.

### IMPLEMENTING AGENCIES

- ▶ Chattanooga Department of Transportation
- ▶ Chattanooga Area Regional Transportation Authority
- ▶ Chattanooga-Hamilton County Regional Planning Agency

### OTHER KEY ACTORS INCLUDE

- ▶ Chattanooga-Hamilton County Health Department
- ▶ Trust for Public Land



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## Lessons Learned

- ▶ Adopting an ordinance instead of a resolution can ensure a Complete Streets approach is institutionalized and provide a strong basis for enforcement.
- ▶ Building community support for Complete Streets initiatives is critical and may require months or years of engagement.
- ▶ Generating departmental level buy-in is essential and requires one-on-one education with staff. Once staff understand the benefits of Complete Streets, they often become internal champions.

## Equity Matters

- ▶ Public Health can facilitate conversations around the importance of using Complete Streets initiatives to address health disparities.
- ▶ Complete Streets initiatives provide an opportunity to invest in communities and may spur economic development.



ACTIVE CHATTANOOGA

## Policy/Implementation Timeline

**2011** Chattanooga - Hamilton County Health Department's Step ONE Program receives a Robert Wood Johnson Foundation grant.

**2014** Complete Streets Ordinance, sponsored by the Chattanooga Department of Transportation, is adopted (City Code II Ch. 32, Art. XIV).

CURRENT STAGE

**ACTIVELY IMPLEMENTING**

1997

2011

2012

2013

2014

2015

2016

2017

2018

**1997** Hamilton County Regional Health Council is founded.

**2013** Chattanooga Department of Transportation is created.



**CHATTANOOGA DEMOGRAPHIC PROFILE**

Population Size	175,462
% Urban	98.5%
Median Age	37
Median Household Income	\$41,278
% White (non-Hispanic)	57.1%
% Black (non-Hispanic)	33.5%
% Asian (non-Hispanic)	2.1%
% Hispanic	5.2%
% Occupied Housing with No Vehicle Available	11.3%
% Occupied Housing with at least 1 vehicle	88.7%
% Workers Taking Public Transit to Work	2.2%
Source: Census Bureau, American Community Survey (2012-2016)	

GREEN LANE PROJECT, [HTTPS://WWW.FLICKR.COM/PHOTOS/GREENLANEPROJECT/27564674060/IN/PHOTOSTREAM/](https://www.flickr.com/photos/greenlaneproject/27564674060/in/photostream/)**Resources for Further Information****LAWS/LEGISLATION**

Complete Streets Ordinance (2014): [https://library.municode.com/tn/chattanooga/codes/code\\_of\\_ordinances?nodeId=CH32STSI\\_ARTXIVCOST](https://library.municode.com/tn/chattanooga/codes/code_of_ordinances?nodeId=CH32STSI_ARTXIVCOST)

**COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL**

Chattanooga Bicycle Implementation Plan: <http://www.chattanooga.gov/bicycle-implementation-plan>

Chattanooga Pedestrian Action Plan: <http://www.chattanooga.gov/bicycle-implementation-plan/61-transportation/1542-bip#P1>

SmartGrowth America and National Complete Streets Coalition. Tennessee Consortium Series Next Steps Recommendations Report: [https://smartgrowthamerica.org/app/uploads/2018/07/TN-Recommendations\\_Final-compressed.pdf](https://smartgrowthamerica.org/app/uploads/2018/07/TN-Recommendations_Final-compressed.pdf)

**ADVOCACY/COMMUNITY ORGANIZATIONS**

Chattanooga-Hamilton County Regional Planning Agency: <https://chcrpa.org/>

Chattanooga Area Regional Transportation Authority: <http://www.carta-bus.org/>

Hamilton County Step ONE: <http://www.hcstep1.org/>



## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ The county health department provided technical assistance and support to municipalities that wanted to implement Complete Streets policies or projects.

### IMPLEMENTING AGENCIES

- ▶ Chautauqua County Department of Health and Human Services (Co-Lead)
- ▶ Chautauqua County Department of Planning & Economic Development (Co-Lead)
- ▶ Chautauqua County Department of Public Facilities
- ▶ Chautauqua County Office for the Aging

### OTHER KEY ACTORS INCLUDE

- ▶ Chautauqua County Health Network
- ▶ Citizens for a Better Cassadaga
- ▶ Revitalize Dunkirk



## Lessons Learned

- ▶ County departments can provide technical assistance such as helping municipalities secure funding to implement Complete Streets projects.
- ▶ Celebrate the small wins and understand that implementing Complete Streets initiatives takes time.
- ▶ Health departments can facilitate a bottom-up approach to identifying Complete Streets initiatives.
- ▶ Health department engagement can be sustained by representatives becoming involved with projects that indirectly incorporate Complete Streets elements, such as trail development.
- ▶ Recognize that rural Complete Streets often must meet different needs than more urban areas of the county.

## Equity Matters

- ▶ Community engagement is essential to address health equity; bring residents to the table and ask about their experiences with inequity.
- ▶ Humanize health equity issues through storytelling.



## Policy/Implementation Timeline

**APR 2011** Chautauqua 20/20 Comprehensive Plan is adopted and includes a recommendation to adopt a Complete Streets Policy.

**2017** The Chautauqua County 2016-2018 Community Health Assessment and Improvement Plan and Community Service Plan includes an objective of increasing the municipalities that have a Complete Streets Policy.

**AUG 2011** Governor Andrew M. Cuomo signs the New York State Complete Streets Act (Ch. 398, S05411A).

**APR 2015** Chautauqua County adopts a Complete Streets Resolution (Res. No. 87-15).

CURRENT STAGE

**ACTIVELY IMPLEMENTING**

Using New York State Dept. of Transportation Design Guidelines

## CHAUTAUQUA COUNTY DEMOGRAPHIC PROFILE

Population Size	131,748
% Urban	48.3%
Median Age	42
Median Household Income	\$43,211
% White (non-Hispanic)	88.0%
% Black (non-Hispanic)	2.4%
% Hispanic	7.1%
% Occupied Housing with No Vehicle Available	10.4%
% Occupied Housing with at least 1 vehicle	89.6%
% Workers Taking Public Transit to Work	0.3%

Source: Census Bureau, American Community Survey (2012-2016)



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## Resources for Further Information

### LAWS/LEGISLATION

Complete Streets Policy: <https://smartgrowthamerica.org/app/legacy/documents/cs/policy/cs-ny-chautauquacounty-resolution.pdf>

New York State Complete Streets Act: <https://legislation.nysenate.gov/pdf/bills/2011/S5411A>

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Chautauqua 20/20 Comprehensive Plan: [http://www.planningchautauqua.com/pdf/CompPlan/FinalReport/Chautauqua\\_CompPlan.pdf](http://www.planningchautauqua.com/pdf/CompPlan/FinalReport/Chautauqua_CompPlan.pdf)

Chautauqua County 2016-2018 Community Health Assessment and Improvement Plan and Community Service Plan: <https://www.wcahospital.org/Chautauqua%20County%20Joint%20CHA%20CHIP%20CSP%202016-2018.pdf>

New York State Department of Transportation Complete Streets Design Guidelines: <https://www.dot.ny.gov/programs/completestreets/designing>

### ADVOCACY/COMMUNITY ORGANIZATIONS

Chautauqua County Health Network: <http://www.cchn.net/>

Citizens for a Better Cassadaga: <http://cbcassadaga.org/>

Revitalize Dunkirk: <http://www.revitalizedunkirk.com/>



**Illinois Prevention  
Research Center**

## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ The municipal health department co-led the Complete Streets process in partnership with the municipal planning department.

### IMPLEMENTING AGENCIES

- ▶ City of Cleveland Department of Public Works (Lead)
- ▶ City of Cleveland Department of Aging
- ▶ City of Cleveland Office of Sustainability
- ▶ City of Cleveland Planning Commission
- ▶ Cleveland Department of Public Health

### OTHER KEY ACTORS INCLUDE

- ▶ Bike Cleveland
- ▶ Healthy Cleveland
- ▶ YMCA



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## Lessons Learned

- ▶ Understand the role and language of all city departments to effectively engage in Complete Streets policy work.
- ▶ A “shared higher value proposition” across departments and agencies regarding Complete Streets and related issues can support sustained cross-sectoral collaboration.
- ▶ Incorporate public health requirements into city funding opportunities to facilitate a shift towards a Health in All Policies mindset.



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## Equity Matters

- ▶ Incorporate Complete Streets into existing health department community outreach.
- ▶ Understand entrenched cultural issues around equity and engage the broader community in conversations around how best to address equity issues.
- ▶ Planning departments can focus on population health and intentionally view initiatives through a health equity lens.
- ▶ Use data points such as life expectancy, chronic disease rates, and distribution of economic investment to identify areas where built environment improvements can be made.

## Policy/Implementation Timeline

**FEB 2011** The Healthy Cleveland Resolution (Res. No. 257-11) is introduced and includes a recommendation for the development of a Complete Streets Policy.

2011	2012	2013	2014	2015	2016	2017	2018	CURRENT STAGE
	<b>AUG 2011</b> The Complete and Green Streets Policy (Ordinance No. 798-11) passes.	<b>AUG 2013</b> The Cleveland Complete and Green Streets Typologies Plan is released.						<b>ACTIVELY IMPLEMENTING</b>
								Using Complete and Green Streets Typologies Plan



## CLEVELAND DEMOGRAPHIC PROFILE

Population Size	389,165
% Urban	100%
Median Age	36
Median Household Income	\$26,583
% White (non-Hispanic)	34.3%
% Black (non-Hispanic)	50.1%
% Asian (non-Hispanic)	1.9%
% Hispanic	10.8%
% Occupied Housing with No Vehicle Available	25.1%
% Occupied Housing with at least 1 vehicle	74.9%
% Workers Taking Public Transit to Work	10.9%

Source: Census Bureau, American Community Survey (2012-2016)



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## Resources for Further Information

### LAWS/LEGISLATION

Healthy Cleveland Resolution (Res. No. 257-11): [http://cccfoodpolicy.org/sites/default/files/resources/healthy\\_cleveland\\_resolution\\_0.pdf](http://cccfoodpolicy.org/sites/default/files/resources/healthy_cleveland_resolution_0.pdf)

Complete and Green Streets Ordinance (2011): <http://www.gcbl.org/files/resources/ordinance798-11completeandgreenstreets.pdf>

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Cleveland Complete and Green Streets Typologies Plan: [http://www.city.cleveland.oh.us/sites/default/files/forms\\_publications/ClevelandCGSTypologiesPlan2013.pdf?id=3364](http://www.city.cleveland.oh.us/sites/default/files/forms_publications/ClevelandCGSTypologiesPlan2013.pdf?id=3364)

City of Cleveland Complete & Green Streets Progress Report: [http://www.city.cleveland.oh.us/sites/default/files/forms\\_publications/2016CompleteGreenStreets.pdf](http://www.city.cleveland.oh.us/sites/default/files/forms_publications/2016CompleteGreenStreets.pdf)

### ADVOCACY/COMMUNITY ORGANIZATIONS

Bike Cleveland: <https://www.bikecleveland.org>

Healthy Cleveland: <https://www.healthycle.org/>



## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ The city-county health department partnered with multiple departments, including the community planning and development department, to embed Complete Streets into municipal plans.

### IMPLEMENTING AGENCIES

- ▶ Denver Community Planning and Development (Co-lead)
- ▶ Denver Department of Public Works (Co-lead)
- ▶ Denver Department of Public Health and Environment
- ▶ Denver Parks and Recreation Department
- ▶ Denver Office of Economic Development

### OTHER KEY ACTORS INCLUDE

- ▶ Denver Community Active Living Coalition
- ▶ WalkDenver



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## Lessons Learned

- ▶ Actively maintain relationships across departments to facilitate sustained cross-sectoral collaboration.
- ▶ Create a planner position in the health department to facilitate cross-departmental communication and translate health research into city planning procedures.
- ▶ Develop a clear vision and goal at the beginning of Complete Streets policy work. An advocacy and implementation strategy can help guide the process.
- ▶ Framing Complete Streets through the lens of health can help stakeholders connect the dots between health and transportation.

## Equity Matters

- ▶ A publicly available Equity Index (see Resources below) can help prioritize projects, increase awareness of equity issues, and generate community buy-in.
- ▶ Create a staff position responsible for incorporating evidence-based strategies that promote health equity into city plans, projects, and policies.
- ▶ Educate city staff on the connection between health and the built environment.
- ▶ Engage community residents through active data collection, such as walk audits, to identify neighborhoods facing built environment challenges.



PROVIDED BY THE COMMUNITY

### Policy/Implementation Timeline

OCT 2017 Denver issues Vision Zero, a five-year action plan to achieve zero traffic deaths and serious injuries by 2030.

2014	2015	2016	2017	2018	CURRENT STAGE <b>PARTIALLY IMPLEMENTING</b> THROUGH PLANS
DEC 2014 The Denver Living Streets Initiative is released.		2018 Denver releases five draft plans for public comment, including Blueprint Denver, a citywide land use and transportation plan that incorporates Complete Streets policies.			

## DENVER DEMOGRAPHIC PROFILE

Population Size	663,303
% Urban	100%
Median Age	34
Median Household Income	\$56,258
% White (non-Hispanic)	53.4%
% Black (non-Hispanic)	9.4%
% Asian (non-Hispanic)	3.4%
% Hispanic	30.8%
% Occupied Housing with No Vehicle Available	10.4%
% Occupied Housing with at least 1 vehicle	89.6%
% Workers Taking Public Transit to Work	7.3%
Source: Census Bureau, American Community Survey (2012-2016)	



PROVIDED BY THE COMMUNITY

## Resources for Further Information

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Denver Living Streets Initiative (2014): [https://www.denvergov.org/content/dam/denvergov/Portals/646/documents/planning/living\\_streets\\_initiative/LSI\\_12\\_3\\_2014\\_Planning\\_Board.pdf](https://www.denvergov.org/content/dam/denvergov/Portals/646/documents/planning/living_streets_initiative/LSI_12_3_2014_Planning_Board.pdf)

Denver Health in All Policies: <https://www.denvergov.org/content/denvergov/en/environmental-health/community-health/health-in-all-policies.html>

Blueprint Denver: <http://www.denvergov.org/content/denvergov/en/denveright/land-use-transportation.html>

Denver Neighborhood Equity Index: <https://www.arcgis.com/apps/MapJournal/index.html?appid=2f30c73e83204e96824a14680a62a18e>

Denverright (Planning Effort): <http://www.denvergov.org/content/denvergov/en/denveright.html>

Denver Vision Zero: <https://www.denvergov.org/content/dam/denvergov/Portals/705/documents/visionzero/Denver-Vision-Zero-Action-Plan.pdf>

Denver Design District Urban Design Standards and Guidelines (UDSG): [https://www.denvergov.org/content/dam/denvergov/Portals/646/documents/Zoning/other\\_regulations/Design-standards-guidelines/Denver\\_Design\\_District\\_Design\\_Guidelines.pdf](https://www.denvergov.org/content/dam/denvergov/Portals/646/documents/Zoning/other_regulations/Design-standards-guidelines/Denver_Design_District_Design_Guidelines.pdf)

### ADVOCACY/COMMUNITY ORGANIZATIONS

Denver Community Active Living Coalition: <http://www.denvercalc.org/>

WalkDenver: <http://www.walkdenver.org/>

## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ A county-level coalition partnered with the county health department and planning department to initiate the Complete Streets process.

### IMPLEMENTING AGENCIES

- ▶ Indianapolis Department of Metropolitan Development, Public Works Division (Lead)
- ▶ Health by Design (Coalition)
- ▶ Complete Streets Advisory Committee
- ▶ Indianapolis Department of Business and Neighborhood Services

### OTHER KEY ACTORS INCLUDE

- ▶ AARP
- ▶ Indiana University
- ▶ Indianapolis City-County Council champion
- ▶ Indy Parks and Recreation
- ▶ IndyGo – Indianapolis Public Transportation Corporation
- ▶ Marion County Public Health Department
- ▶ National Complete Streets Coalition



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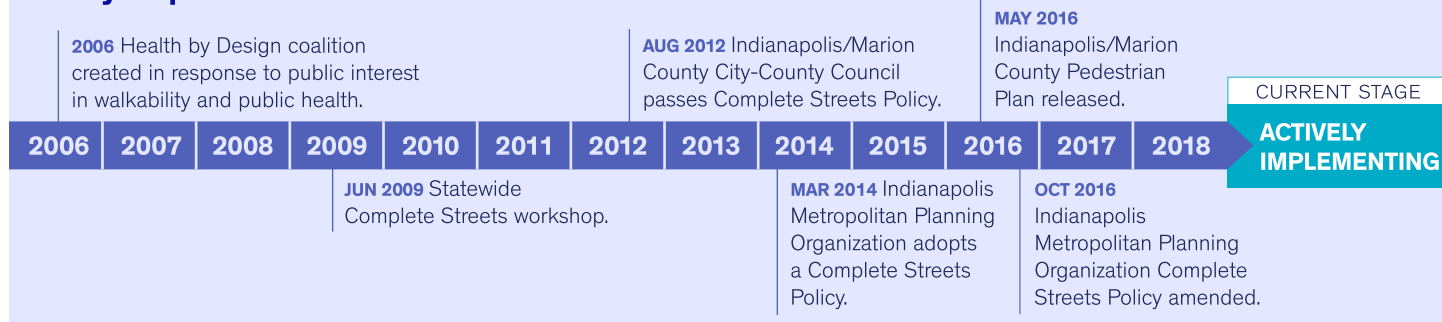
## Lessons Learned

- ▶ Coalitions can play a key role in advocating for Complete Streets policies and maintaining stakeholder engagement throughout the policy process, while the health department provides support and technical assistance.
- ▶ Identify a champion within city departments during the planning stages who can engage and educate policymakers.
- ▶ Partner with national organizations, such as the National Complete Streets Coalition, that can conduct stakeholder education sessions.
- ▶ Consistent and ongoing financial support for the lead coalition is critical.
- ▶ Leverage Complete Streets policies to make active living/active transportation the default choice.
- ▶ Capitalize on momentum from related initiatives and events; Complete Streets efforts take time and should not be considered just a “one off.”

## Equity Matters

- ▶ Include equity measures as prioritization criteria in master plans.
- ▶ Distribute funding for Complete Streets-related infrastructure projects based on neighborhood need; explore community-identified socioeconomic barriers and remain sensitive to neighborhood context.
- ▶ Regularly engage the community to identify safety and other issues that prevent residents from enjoying infrastructure improvements.

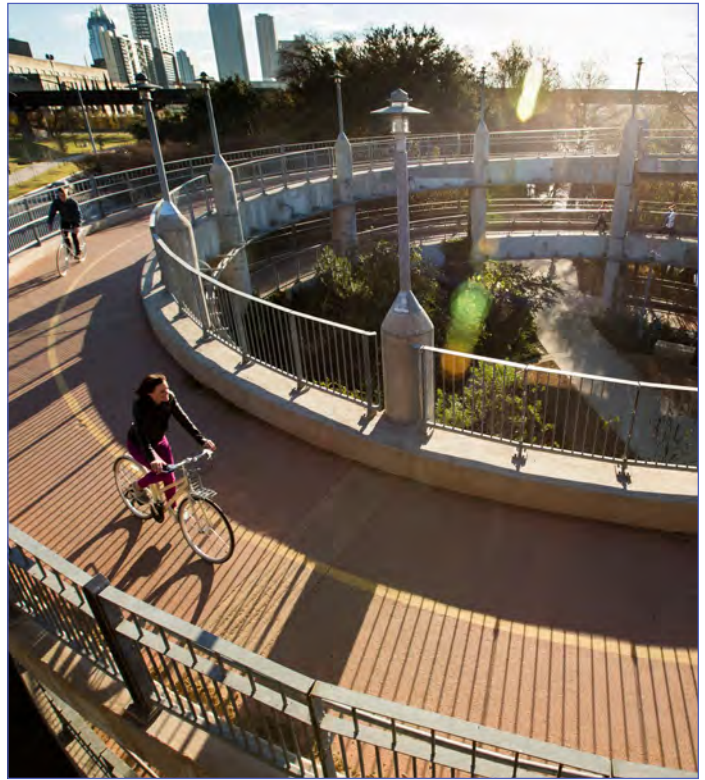
## Policy/Implementation Timeline





## INDIANAPOLIS DEMOGRAPHIC PROFILE

Population Size	856,196
% Urban	99%
Median Age	34
Median Household Income	\$43,230
% White (non-Hispanic)	56.7%
% Black (non-Hispanic)	27.6%
% Asian (non-Hispanic)	2.8%
% Hispanic	9.9%
% Occupied Housing with No Vehicle Available	9.9%
% Occupied Housing with at least 1 vehicle	90.1%
% Workers Taking Public Transit to Work	2.1%
Source: Census Bureau, American Community Survey (2012-2016)	



GREEN LANE PROJECT, ADAM COPPOLA, [HTTPS://WWW.FLICKR.COM/PHOTOS/GREENLANEPROJECT/22541087840/IN/PHOTOSTREAM/](https://www.flickr.com/photos/greenlaneproject/22541087840/in/photostream/)

## Resources for Further Information

### LAWS/LEGISLATION

Indianapolis Complete Streets Policy: <http://cms.indygov.org/proposals/2012/PROP12-208.PDF>

Indianapolis Metropolitan Planning Organization Internal Complete Streets Policy: <https://www.indympo.org/how-we-work/mpo-policies-procedures>

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Indianapolis/Marion County Pedestrian Plan: [http://indywalkways.org/wp-content/uploads/2015/10/Indianapolis\\_Pedestrian-Plan\\_DRAFT\\_web\\_Pages.pdf](http://indywalkways.org/wp-content/uploads/2015/10/Indianapolis_Pedestrian-Plan_DRAFT_web_Pages.pdf)

Complete Streets Policy Information: <https://www.indy.gov/activity/complete-streets-policy>

Pedestrian Safety Planning Presentation: <https://docs.lib.purdue.edu/cgi/viewcontent.cgi?article=4136&context=roadschool>

### ADVOCACY/COMMUNITY ORGANIZATIONS

Health by Design: <https://www.healthbydesign.com/>

## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- Advocacy groups formed a coalition to initiate the Complete Streets policy-making process, while the municipal health department provided technical assistance and support.

### IMPLEMENTING AGENCIES

- Kansas City, Missouri Public Works Department (Lead)
- Kansas City, Missouri City Planning and Development Department
- Kansas City, Missouri Parks and Recreation Department
- Kansas City, Missouri Health Department

### OTHER KEY ACTORS INCLUDE

- American Heart Association (AHA)
- BikeWalkKC
- Black Healthcare Coalition
- Community members
- Greater Kansas City Local Initiatives Support Corporation
- Healthcare Foundation of Greater Kansas City KC Healthy Kids



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## Lessons Learned

- Non-governmental health organizations can lead the Complete Streets policy-making process with the support and technical assistance of a champion within the health department.
- Building relationships is critical to passing and implementing Complete Streets initiatives.
- Before drafting a policy, build a coalition that includes community partners and government departments, and intentionally seek out partners not typically seen as Complete Streets advocates.
- Find common ground among partners and frame Complete Streets through the lenses of public health and health equity.
- Implementing Complete Streets initiatives takes time; the work does not end with passing a policy.

## Equity Matters

- Explicitly address health equity throughout the entire Complete Streets policy-making process and include equity in the ordinance.
- Acknowledge a history of economic and racial segregation and how that legacy contributes to health inequities.
- Recognize that conversations around equity may be hard and intentionally engage stakeholders in an inclusive manner.
- Improving health equity can serve as the premise for passing and implementing a Complete Streets policy.

## Policy/Implementation Timeline

**MAY 2017** Transit-Oriented Development Policy (Res. 160361) is approved by City Council and lays out transit design guidelines for Complete Streets implementation.

**2017**

**SPRING 2017** AHA and BikeWalkKC began building a coalition to advocate for a Complete Streets policy.

**2018**

**DEC 2017** Complete Streets Ordinance (Ordinance no. 170949) was passed unanimously by City Council.

CURRENT STAGE

**PARTIALLY  
IMPLEMENTED**



## KANSAS CITY DEMOGRAPHIC PROFILE

Population Size	471,767
% Urban	98.7%
Median Age	35
Median Household Income	\$47,489
% White (non-Hispanic)	55.4%
% Black (non-Hispanic)	28.8%
% Asian (non-Hispanic)	2.5%
% Hispanic	10.0%
% Occupied Housing with No Vehicle Available	11.1%
% Occupied Housing with at least 1 vehicle	88.9%
% Workers Taking Public Transit to Work	3.2%
Source: Census Bureau, American Community Survey (2012-2016)	



GREEN LANE PROJECT, ADAM COPPOLA, [HTTPS://WWW.FLICKR.COM/PHOTOS/GREENLANEPROJECT/22715615302/IN/PHOTOSTREAM/](https://www.flickr.com/photos/greenlaneproject/22715615302/in/photostream/)

## Resources for Further Information

### LAWS/LEGISLATION

Transit-Oriented Development Policy (2017): <http://kcmo.gov/planning/wp-content/uploads/sites/9/2017/05/FinalTODCombinedDocument.pdf>

Complete Streets Ordinance (2017): <http://cityclerk.kcmo.org/LiveWeb/Documents/Document.aspx?q=8o49w-2zA0CSTnmeH9aHKkOg64CS%2bkNfm9pNSr3l-7caKAubnyrUeDhTRcSROTTz%2fn>

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Complete Kansas City: <http://completekc.org/>

### ADVOCACY/COMMUNITY ORGANIZATIONS

BikeWalkKC: <http://bikewalkkc.org/>

Kansas City Health Commission: <http://kcmo.gov/health/overview/>

## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ A county coalition-led task force initiated the Complete Streets process in partnership with the county planning department.

### IMPLEMENTING AGENCIES

- ▶ Kaua'i County Planning Department
- ▶ County of Kaua'i Public Works
- ▶ County of Kaua'i Transportation Agency, The Kaua'i Bus
- ▶ Get Fit Kaua'i Built Environment Task Force

### OTHER KEY ACTORS INCLUDE

- ▶ Get Fit Kaua'i: A Healthy Eating & Active Living Community Coalition
- ▶ Hawaii Department of Business, Economic Development & Tourism
- ▶ Hawaii Department of Education
- ▶ Hawaii Department of Health
- ▶ Hawaii Department of Transportation
- ▶ Kaua'i County Office of Economic Development
- ▶ Kaua'i County Parks and Recreation Department



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## Lessons Learned

- ▶ Frame Complete Streets as a concept that is easy to support and resonates with the local culture, such as "healthy communities" or "active communities."
- ▶ Public health agencies can collaborate with planning and public works departments at multiple points in the Complete Streets policy process.
- ▶ Public health agencies can play a critical role in educating officials on the health benefits of Complete Streets.
- ▶ Take an incremental approach to passing Complete Streets policies rather than running the risk of failing to pass a comprehensive policy.
- ▶ Use creative approaches, such as storytelling or a radio show, to educate the community about Complete Streets and the needs of all users on the road.
- ▶ Create small action groups that focus on a specific goal or project to increase community engagement in designing and implementing Complete Streets initiatives.

## Equity Matters

- ▶ Health equity needs to be explicitly stated as part of why Complete Streets are important.
- ▶ Use storytelling and images to illustrate how equity issues impact the community.
- ▶ Incorporate health equity into Safe Routes to Schools initiatives; make equity the "6th E."
- ▶ Be intentional and include health equity in all Complete Streets-related ordinances or policies.

## Policy/Implementation Timeline

<b>MAY 2009</b> Hawaii passes Act 54 (SLH 2009), a law requiring that each county enact a Complete Streets Policy.			<b>SEP 2012</b> Kaua'i County Council unanimously approves Multi-Modal Transportation Plan emphasizing a mode shift towards "transit, bike, and pedestrian travel."			<b>OCT 2015</b> Kaua'i was awarded a Transportation Investment Generating Economic Recovery (TIGER) grant to fund Complete Streets work.			<b>CURRENT STAGE</b>	
<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>ACTIVELY IMPLEMENTING</b>
<b>SEP 2010</b> Kaua'i County Council unanimously approves Resolution No. 2010-48, establishing a Complete Streets Policy.		<b>JUL 2013</b> County Council passes the Complete Streets Ordinance No. 946 and a Transportation Planner is hired.					<b>APR 2018</b> County Council approves Kaua'i Kākou - Kaua'i County General Plan.			

## KAUA'I COUNTY DEMOGRAPHIC PROFILE

Population Size	70,447
% Urban	75.3%
Median Age	42
Median Household Income	\$68,224
% Native Hawaiian and Other Pacific Islander (non-Hispanic)	9.7%
% Asian (non-Hispanic)	33.1%
% 2 or more races (non-Hispanic)	16.1%
% White (non-Hispanic)	29.7%
% Black (non-Hispanic)	0.6%
% Hispanic	10.6%
% Occupied Housing with No Vehicle Available	4.5%
% Occupied Housing with at least 1 vehicle	95.5%
% Workers Taking Public Transit to Work	0.9%

Source: Census Bureau, American Community Survey (2012-2016)



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## Resources for Further Information

### LAWS/LEGISLATION

Hawaii State Act 54 (SLH 2009) requiring county Complete Streets policies: <https://health.hawaii.gov/physical-activity-nutrition/files/2013/08/Hawaii-State-Act-54.pdf>

County of Kaua'i Complete Streets Resolution (No. 2010-48): [https://www.kauai.gov/Portals/0/Planning/project\\_documents/Reso\\_2010-48\\_D1\\_Complete\\_Streets\[1\].pdf](https://www.kauai.gov/Portals/0/Planning/project_documents/Reso_2010-48_D1_Complete_Streets[1].pdf)

County of Kaua'i Complete Streets Ordinance (Ord. No. 946): <https://www.kauai.gov/Portals/0/Planning/Ordinance%20946.pdf?ver=2015-05-29-140145-637>

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

County of Kaua'i Multi-Modal Land Transportation Plan: <http://plankauai.com/wp-content/uploads/Kauai-MLTP-Final-compressed.pdf>

County of Kaua'i TIGER Grant Information: <https://www.kauai.gov/Government/Office-of-the-Mayor/TIGER-Grant>

### ADVOCACY/COMMUNITY ORGANIZATIONS

Get Fit Kaua'i: <https://getfitkauai.com/>

Get Fit Kaua'i Built Environment Task Force: <https://getfitkauai.com/groups/built-environment/>



**Illinois Prevention Research Center**



## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

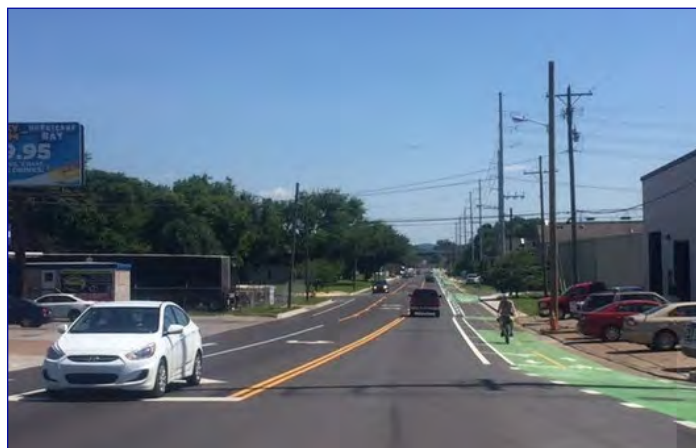
- ▶ The county health and planning departments co-led the Complete Streets process.

### IMPLEMENTING AGENCIES

- ▶ Metropolitan Nashville Public Works Department (Lead)
- ▶ Metropolitan Nashville Office of the Mayor
- ▶ Metropolitan Nashville Planning Department
- ▶ Metropolitan Nashville Parks and Recreation
- ▶ Metropolitan Nashville Transit Authority

### OTHER KEY ACTORS INCLUDE

- ▶ Metropolitan Nashville Public Health Department
- ▶ Let's Move Nashville



PROVIDED BY THE COMMUNITY

## Lessons Learned

- ▶ Approaching Complete Streets through the lens of Health in All Policies builds relationships across city departments, and facilitates sustained cross-sectoral collaboration.
- ▶ The health department can increase community engagement by working through the lens of policy, systems, and environmental change.
- ▶ Be intentional when creating municipal plans; ensure they work together to support Complete Streets and reflect community needs.
- ▶ Positioning the health department as the chief health strategist allows the department to convene the community and create Complete Streets initiatives that meet community-identified needs.
- ▶ City departments need data to support the connection between public health and Complete Streets.

## Equity Matters

- ▶ Embrace health equity as a construct to make change.
- ▶ Recognize that conversations around health equity will not be easy and may be emotionally charged.
- ▶ Use data to understand the difference between health equity and health disparities in the context of your jurisdiction.
- ▶ Incorporate health equity measures into performance metrics.

## Policy/Implementation Timeline

**2007** Metro Public Health Department shifts its emphasis from health promotion to pursuing policy, systems, and environmental (PSE) change.

**OCT 2010** Complete Streets Executive Order No. 040 is issued.

**2015** Nashville General Plan, NashvilleNext, and Nashville's Community Health Improvement Plan were adopted.

**2017** Metro Parks and Recreation Master Plan, Plan to Play, and the Bicycle and Pedestrian Plan, WalknBike, were adopted.

CURRENT STAGE

**ACTIVELY IMPLEMENTING**

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

**2010** Metro Public Health Department awarded a Centers for Disease Control and Prevention Communities Putting Prevention to Work (CPPW) grant to address healthy eating and active living; Complete Streets was a priority for this grant.

**2016** Mayor issues Nashville's Green and Complete Streets Executive Order No. 031.

**MAY 2018** Residents voted against Let's Move Nashville, a \$5.2 billion transit improvement plan.



## NASHVILLE DEMOGRAPHIC PROFILE

Population Size	667,885
% Urban	95.9%
Median Age	34
Median Household Income	\$50,484
% White (non-Hispanic)	56.6%
% Black (non-Hispanic)	27.5%
% Asian (non-Hispanic)	3.4%
% Hispanic	9.9%
% Occupied Housing with No Vehicle Available	7.2%
% Occupied Housing with at least 1 vehicle	92.8%
% Workers Taking Public Transit to Work	2.3%

Source: Census Bureau, American Community Survey (2012-2016)



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## Resources for Further Information

### LAWS/LEGISLATION

Complete Streets Executive Order (2010): <https://www.nashville.gov/Metro-Clerk/Legal-Resources/Executive-Orders/Mayor-Karl-Dean/kd040.aspx>

Complete Streets Executive Order (2016): [https://www.nashville.gov/Portals/0/SiteContent/pw/docs/news/2016/031\\_ExecutiveOrder\\_CompleteStreetsPolicy.pdf](https://www.nashville.gov/Portals/0/SiteContent/pw/docs/news/2016/031_ExecutiveOrder_CompleteStreetsPolicy.pdf)

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Health in All Policies Report (2014): <https://www.nashville.gov/Portals/0/SiteContent/Nashvitality/PDFs/HealthInAllPoliciesFinalReport.pdf>

Nashville Next and other Master Plans: <https://www.nashville.gov/Government/NashvilleNext.aspx>

Nashville Community Health Improvement Plan (2015-2019): [http://assets.thehcn.net/content/sites/nashville/CHIP\\_FINAL\\_for\\_release\\_20150226092711.pdf](http://assets.thehcn.net/content/sites/nashville/CHIP_FINAL_for_release_20150226092711.pdf)

Plan to Play—The Nashville Parks & Greenways Master Plan: <https://www.nashville.gov/Portals/0/SiteContent/Parks/docs/PlanToPlay/2017-04-12 Parks MP Book.pdf>

WalknBike Plan: <https://www.nashville.gov/Portals/0/SiteContent/pw/docs/transportation/WalknBike/WalknBikeFinalPlan.pdf>

### ADVOCACY/COMMUNITY ORGANIZATIONS

Let's Move Nashville: <http://letsmovevashville.com/site/web/assets/2017/12/Nashville-Transit-Improvement-Program-20171213.pdf>



**Illinois Prevention  
Research Center**

## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

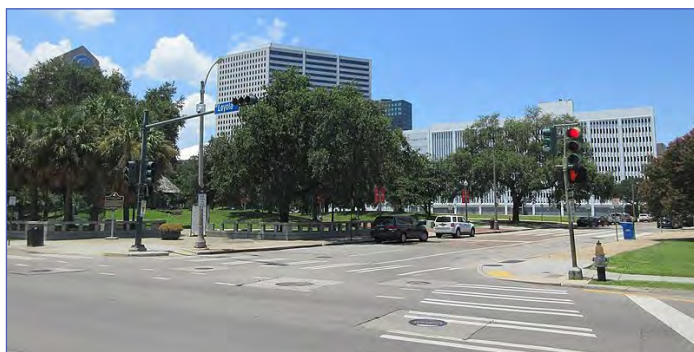
- ▶ The municipal health department partnered with advocacy groups and the planning department to implement Complete Streets initiatives.

### IMPLEMENTING AGENCIES

- ▶ New Orleans Department of Public Works (Lead)
- ▶ New Orleans Health Department
- ▶ New Orleans Office of Resilience and Sustainability
- ▶ New Orleans Chief Administrative Office

### OTHER KEY ACTORS INCLUDE

- ▶ AARP
- ▶ Bike Easy
- ▶ Friends of Lafitte Greenway
- ▶ Louisiana Public Health Institute



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## Lessons Learned

- ▶ Foster relationships across city departments to support cross-sectoral collaboration and better understand each department's role in Complete Streets initiatives.
- ▶ Support community initiated efforts, such as bike social rides, to illustrate how Complete Streets are relevant to the community.
- ▶ Coordinate data access across departments to increase support for implementation.
- ▶ Create an urban planner position in the health department to support Complete Streets implementation.

## Equity Matters

- ▶ Explicitly define health equity and address equity as a goal in Complete Streets policy-making.
- ▶ Safe Routes to School can serve as a starting point to address health equity.
- ▶ Use a data driven approach to prioritize areas where Complete Streets projects can improve health equity.
- ▶ Incorporate Complete Streets components into smaller-scale initiatives, such as street striping new crosswalks.



INFOGIMATION OF NEW ORLEANS [CC BY-SA 4.0 (HTTPS://CREATIVECOMMONS.ORG/LICENSES/BY-SA/4.0)]

## Policy/Implementation Timeline

**NOV 2011** Complete Streets Ordinance No. 24706 is adopted.

**2016** Policy Memorandum No. 134 is issued to bolster Complete Streets implementation.

CURRENT STAGE

**PARTIALLY IMPLEMENTED**

2011

2012

2013

2014

2015

2016

2017

2018

**JAN 2014** The New Orleans Region Transportation Safety Coalition adopts Destination Zero Deaths Plan, to reduce pedestrian and bicycle fatalities by 50% by 2030 and Complete Streets integration is identified as a strategy.

## NEW ORLEANS DEMOGRAPHIC PROFILE

Population Size	382,922
% Urban	99.5%
Median Age	36
Median Household Income	\$37,488
% White (non-Hispanic)	30.6%
% Black (non-Hispanic)	59.3%
% Asian (non-Hispanic)	2.9%
% Hispanic	5.6%
% Occupied Housing with No Vehicle Available	19.1%
% Occupied Housing with at least 1 vehicle	80.9%
% Workers Taking Public Transit to Work	8.0%
Source: Census Bureau, American Community Survey (2012-2016)	



WWW.COMMONS.WIKIMEDIA.ORG / ADAM COPPOLA

## Resources for Further Information

### LAWS/LEGISLATION

Complete Streets Policy (2011): [https://library.municode.com/la/new\\_orleans/codes/code\\_of\\_ordinances?nodeId=PTIICO\\_CH146STSIOTPUPL\\_ARTIISTGE\\_DIV1GE\\_S146-36COSTPR](https://library.municode.com/la/new_orleans/codes/code_of_ordinances?nodeId=PTIICO_CH146STSIOTPUPL_ARTIISTGE_DIV1GE_S146-36COSTPR)

Complete Streets Policy Memorandum (2016): <https://www.nola.gov/chief-administrative-office/policies/policies/no-134-complete-streets-program/>

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Destination Zero Deaths Plan: <http://www.norpc.org/assets/pdf-documents/studies-and-plans/Adopted%20NOLA%20Region%20Pedestrian%20and%20Bicycle%20Action%20Plan%2001%2015%202014.pdf>

Complete Streets Legislative Update (2017): [http://www.sp.dotd.la.gov/Inside\\_LaDOTD/Divisions/Multimodal/Highway\\_Safety/Complete\\_Streets/Complete%20Streets%20Legislative%20Reports/Complete%20Streets%20Legislative%20Update%20Final.pdf](http://www.sp.dotd.la.gov/Inside_LaDOTD/Divisions/Multimodal/Highway_Safety/Complete_Streets/Complete%20Streets%20Legislative%20Reports/Complete%20Streets%20Legislative%20Update%20Final.pdf)

Smart Growth America New Orleans Health Equity Report: [https://smartgrowthamerica.org/app/uploads/2017/12/Health-Equity\\_NOLA\\_JP.pdf](https://smartgrowthamerica.org/app/uploads/2017/12/Health-Equity_NOLA_JP.pdf)

Pedestrian Safety Action Plan Part 1 (2014): <http://www.norpc.org/assets/pdf-documents/studies-and-plans/CNO%20PSAP%20-%20Final%20Report%20July%202014.pdf>

### ADVOCACY/COMMUNITY ORGANIZATIONS

Bike Easy: <http://bikeeasy.org/>

Friends of Lafitte Greenway: <https://www.lafittegreenway.org/>



## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ The county health department provides technical assistance and support to municipalities that want to implement Complete Streets policies or projects.

### IMPLEMENTING AGENCIES

- ▶ Sacramento County Department of Transportation (Lead)
- ▶ Sacramento County Office of Planning and Environmental Review

### OTHER KEY ACTORS INCLUDE

- ▶ Community Planning Advisory Councils
- ▶ Design 4 Active Sacramento
- ▶ Sacramento Area Council of Governments
- ▶ Sacramento County Department of Health Services - Public Health Division
- ▶ Sacramento County Department of Transportation
- ▶ Sacramento Valley Section of the American Planning Association
- ▶ WALKSacramento

## Lessons Learned

- ▶ Framing Complete Streets through the lens of health outcomes at the census tract level increased community understanding of, and support for, Complete Streets and healthy communities.

- ▶ Complete Streets coalitions can have broad reach when partners apply an intersectional health approach to non-Complete Streets initiatives. Safe Routes to School and Parks can serve as common ground to begin Complete Streets policy work.
- ▶ State and regional transportation funding that addresses mobility and encourages public health collaboration can lend legitimacy to local projects.
- ▶ Identify health and the built environment as a priority and shift the focus to understanding upstream issues.
- ▶ Bring in the county public health department and active design consultants who can educate city/county departments on the importance of incorporating health into Complete Streets.

## Equity Matters

- ▶ Equality is not equity. Equality is when everyone has the same thing. Equity means everyone has what they need.
- ▶ Develop a prioritization strategy to identify communities that can most benefit from Complete Streets projects.
- ▶ Understand that health inequities are the result of the built environment; equity is not a separate construct.
- ▶ Public health practitioners can help planners, designers, and engineers understand the context around health equity and the built environment.
- ▶ Use Safe Routes to School and Parks as a starting point to discuss health equity.

### Policy/Implementation Timeline

Policy/Implementation Timeline											
SEP 2008 California Complete Streets Act of 2008 (AB 1358) is adopted.			2012 Design 4 Active Sacramento founded.		JUL 2015 County Zoning Code and Design Guidelines are adopted by the County Board of Supervisors. Together these documents comprise the Development Code and incorporate health and active design.				APR 2016 County Board of Supervisors approve Folsom Blvd Complete Streets Master Plan that includes health and sustainability features as part of the Complete Streets design.		
2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	CURRENT STAGE
NOV 2011 County Board of Supervisors amends General Plan Circulation Element which includes Complete Street strategies and policies.				MAR 2013 Design 4 Active Sacramento becomes part of the National Leadership Academy for Public Health cohort.		2016 Design 4 Active Sacramento merged with WALKSacramento and joined the national Plan4Health cohort.			2017 Design 4 Active Sacramento partners with California and Sacramento Valley American Planning Associations, and American Public Health Association to conduct a training for planners and public health practitioners that focused on health and planning.		
											ACTIVELY IMPLEMENTING



## SACRAMENTO COUNTY DEMOGRAPHIC PROFILE

Population Size	1,479,300
% Urban	97.6%
Median Age	36
Median Household Income	\$57,509
% White (non-Hispanic)	46.4%
% Black (non-Hispanic)	9.6%
% Asian (non-Hispanic)	14.9%
% Hispanic	22.5%
% Occupied Housing with No Vehicle Available	7.5%
% Occupied Housing with at least 1 vehicle	92.5%
% Workers Taking Public Transit to Work	2.9%

Source: Census Bureau, American Community Survey (2012-2016)



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## Resources for Further Information

### LAWS/LEGISLATION

California Complete Streets Act of 2008: [http://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=200720080AB1358](http://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=200720080AB1358)

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

Sacramento Zoning Code (incorporates Complete Streets standards): <http://www.per.sacounty.net/LandUseRegulationDocuments/Pages/Sacramento%20County%20Zoning%20Code.aspx>

Sacramento County Countywide Design Guidelines and Case Studies: <http://www.per.sacounty.net/applicants/Documents/DesignReview/Countywide%20Design%20Guidelines%205.8.18.pdf>

Sacramento County General Plan: <http://www.per.sacounty.net/PlansandProjectsIn-Progress/Pages/GeneralPlan.aspx>

Sacramento County Transportation Folsom Blvd Complete Streets Masterplan: <http://www.sacdot.com/Pages/Folsom-Boulevard-Complete-Street-Master-Plan.aspx>

Sacramento County Transportation Projects (including Complete Streets initiatives): <http://www.sacdot.com/Pages/Projects.aspx>

### ADVOCACY/COMMUNITY ORGANIZATIONS

Design 4 Active Sacramento: <http://www.walksacramento.org/our-work-2/d4as/>

WALKSacramento: <http://www.walksacramento.org/>

Sacramento County Community Planning Advisory Councils: <http://www.per.sacounty.net/CPAC/Pages/default.aspx>

Sacramento Area Council of Governments Complete Streets Corridor Working Group: <https://www.sacog.org/complete-streets-corridor-working-group>

## Public Health Involvement and Complete Streets Key Actors

### PUBLIC HEALTH INVOLVEMENT

- ▶ An advocacy group partnered with a state university to initiate the Complete Streets policy-making process.

### IMPLEMENTING AGENCIES

- ▶ West Virginia Department of Transportation, Division of Highways

### OTHER KEY ACTORS INCLUDE

- ▶ AARP West Virginia
- ▶ West Virginia Complete Streets Advisory Board
- ▶ West Virginia Connecting Communities
- ▶ West Virginia Department of Health and Human Resources
- ▶ West Virginia Association of Metropolitan Planning Organizations (WVAMPO)
- ▶ West Virginia University



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## Lessons Learned

- ▶ State-level Complete Streets policies are essential in states that own the majority of roadways.
- ▶ Use jurisdiction-specific data to educate decision makers and connect Complete Streets policies to health.
- ▶ Frame Complete Streets engagement efforts in a manner that resonates with your audience; for example, older residents may want to remain active and not be as reliant upon cars.
- ▶ Recognize that supporters bring different areas of expertise to the Complete Streets policy-making process and allow actors to leverage their strengths when engaging decision makers.
- ▶ Passing and implementing Complete Streets policies takes time and may be a non-linear process.

## Equity Matters

- ▶ Complete Street policies can improve safety for people without access to cars or public transportation who may ride bicycles out of necessity.

## Policy/Implementation Timeline

**APR 2013** The Complete Streets Act (Senate Bill No.158) passes. The Act called for the establishment of a Complete Streets Advisory Board to the Division of Highways within the state Department of Transportation.

CURRENT STAGE

**ACTIVELY IMPLEMENTING**

**2013**

**2014**

**2015**

**2016**

**2017**

**2018**

**2013** West Virginia AARP office identifies Complete Streets as a priority for the 2013 state legislative session.

**OCT 2018** Complete Streets Advisory Board holds its first meeting.

## WEST VIRGINIA DEMOGRAPHIC PROFILE

Population Size	1,846,092
% Urban	48.1%
Median Age	42
Median Household Income	\$42,644
% White (non-Hispanic)	92.4%
% Black (non-Hispanic)	3.4%
% Asian (non-Hispanic)	5.2%
% Hispanic	1.4%
% Occupied Housing with No Vehicle Available	8.8%
% Occupied Housing with at least 1 vehicle	91.2%
% Workers Taking Public Transit to Work	1%

Source: Census Bureau, American Community Survey (2012-2016)



WWW.PEDBIKEIMAGES.ORG / CARL SUNDSTROM

## Resources for Further Information

### LAWS/LEGISLATION

Complete Streets Act (2013): [http://www.wvlegislature.gov/Bill\\_Status/bills\\_text.cfm?billdoc=SB158%20SUB2%20ENR.htm&yr=2013&sesstype=RS&i=158](http://www.wvlegislature.gov/Bill_Status/bills_text.cfm?billdoc=SB158%20SUB2%20ENR.htm&yr=2013&sesstype=RS&i=158)

### COMPLETE STREETS-RELATED DESIGN MANUALS, PLANS, REPORTS, AND OTHER MATERIAL

AARP Livability Index: <https://livabilityindex.aarp.org/>

### ADVOCACY/COMMUNITY ORGANIZATIONS

West Virginia University Injury Control Research Center: <http://publichealth.wvu.edu/injury-control-research-center/>

West Virginia Connecting Communities: <http://wvconnectingcommunities.com/>

West Virginia Association of Metropolitan Planning Organizations (WVAMPO): <http://www.wvampo.org/>





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