

Joint GPA/ITE November Meeting

Planners and Transportations Engineers, with Public Health, Pursuing Transportation and Health Promoting Activities <u>Together</u>

Chris Kochtitzky, MSP
Senior Advisor, Physical Activity Translation and Evaluation Team
CDC's Physical Activity and Health Branch

The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



- What Does the Data Tell Us
- What Does the Research Tell Us Works
- What Do APA and ITE Recommend
- Resources and Support
- Real World Examples
- Questions and Dialogue



Key Definitions and Definitional Evolutions

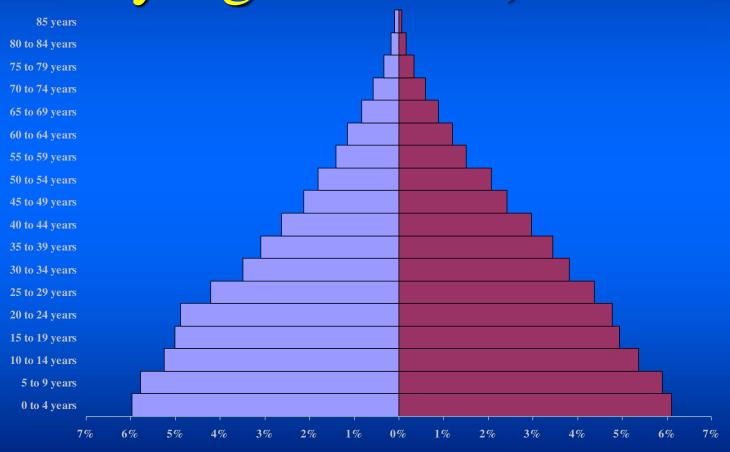
Health - A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Health Promotion - the process of enabling people to increase control over, and to improve their health. Within this context health is a positive concept emphasizing social and personal resources as well as physical capabilities. A comprehensive understanding of health implies that *all systems and structures which govern social and economic conditions and the physical environment* should take account of the implications of their activities in relation to their impact on individual and collective health.

Social Determinants of Health - Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Examples of physical determinants include built environment, such as buildings, sidewalks, bike lanes, and roads

Population Trends

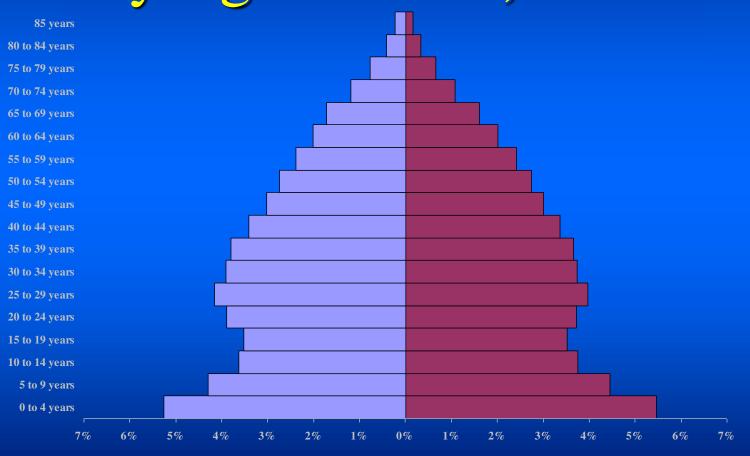
Population of the United States by Age and Sex, 1900



Source: U.S. Census Bureau, decennial census of population, 1900.

Population Trends

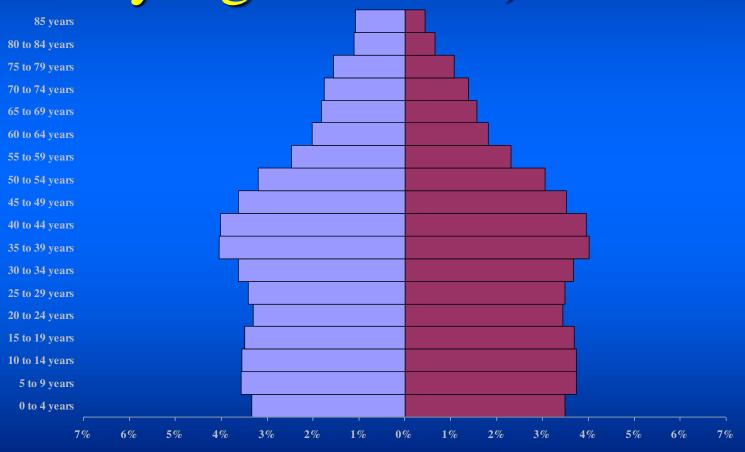
Population of the United States by Age and Sex, 1950



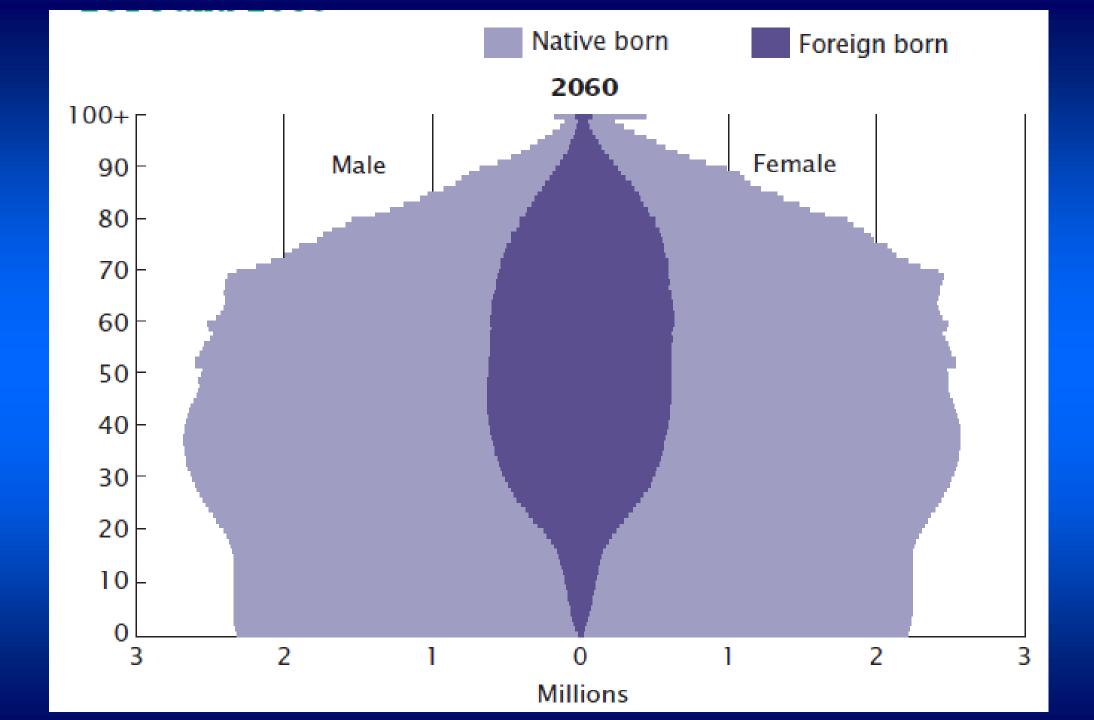
Source: U.S. Census Bureau, decennial census of population, 1950.

Population Trends

Population of the United States by Age and Sex, 2000

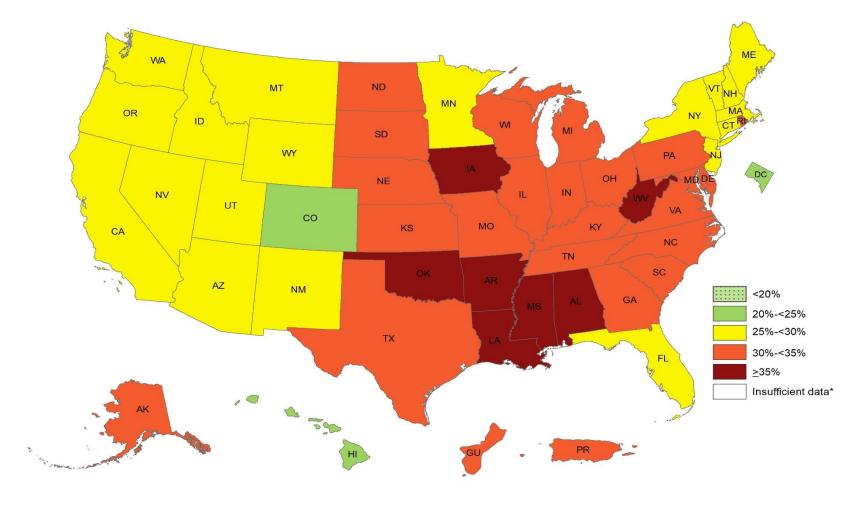


Source: U.S. Census Bureau, decennial census of population, 2000.



Prevalence[¶] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2017

[¶] Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.







Transportation-Related Air Pollution

- Exposure to the current levels of air pollution in the United States results in approximately 60,000 deaths and in as many as 5% of all heart disease-related hospital admissions each year.
- Cars, trucks, sport utility vehicles, and buses also emit about 3 billion pounds of cancer-causing hazardous air pollutants per year, which are estimated to be responsible for about one half of all cancers attributable to outdoor air pollution.



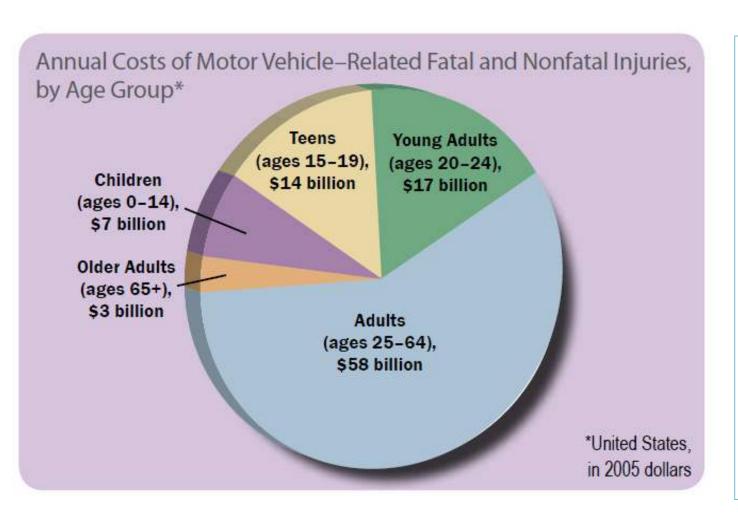


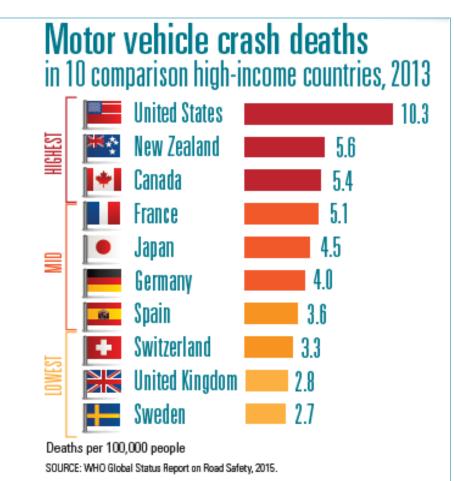
Average 30-year 70-year \$ \$ 21% \$ \$ \$ \$ 40% 8 8 8 8 8 60% 60 **55** 27%



Risk of Death for Pedestrians Struck by a Car or Light Truck









People at Risk In 25 U.S. Cities Most Polluted by Year-Round Particle Pollution (Annual PM_{2.5})

2018 Rank ¹	Metropolitan Statistical Areas	Total Population ²	Under 18 ³	65 and Over ³	Pediatric Asthma 46	Adult Asthma ^{5,6}	COPD ⁷	Lung Cancer ⁸	CV Disease ⁹	Diabetes ¹⁰	Poverty ¹¹
1	Fairbanks, AK	100,605	24,518	8,884	1,975	6,611	4,353	55	3,893	5,074	8,144
2	Visalia-Porterville-Hanford, CA	610,222	184,746	64,889	14,204	32,845	17,612	260	25,364	39,595	135,634
3	Bakersfield, CA	884,788	258,054	91,719	19,840	48,388	25,731	377	36,967	57,988	190,993
4	Los Angeles-Long Beach, CA	18,688,022	4,353,354	2,444,450	334,698	1,119,385	628,200	7,942	925,418	1,433,318	2,788,201
5	Fresno-Madera, CA	1,134,612	323,032	136,983	24,836	62,984	34,873	482	50,921	78,731	275,160
6	Modesto-Merced, CA	810,232	227,322	98,506	17,477	45,364	25,251	345	37,012	57,294	131,330
7	El Centro, CA	180,883	51,832	22,953	3,985	10,037	5,646	77	8,295	12,757	40,601
8	Lancaster, PA	538,500	128,457	92,089	11,288	43,467	29,881	347	39,063	45,440	56,082
8	Pittsburgh-New Castle-Weirton, PA-OH-WV	2,635,228	504,285	506,493	44,123	225,518	163,462	1,709	214,263	247,735	297,285
10	Cleveland-Akron-Canton, OH	3,483,311	748,251	610,191	51,396	267,821	244,131	2,378	272,485	312,974	486,591
10	San Jose-San Francisco-Oakland, CA	8,751,807	1,874,550	1,250,653	144,121	539,410	309,563	3,721	460,334	708,929	857,722
12	Philadelphia-Reading-Camden, PA-NJ-DE-MD	7,179,357	1,583,881	1,110,738	135,570	550,637	380,103	4,487	491,686	572,192	908,613
13	Indianapolis-Carmel-Muncie, IN	2,386,199	584,597	323,083	47,845	183,229	142,178	1,668	172,926	200,891	314,989
14	Detroit-Warren-Ann Arbor, MI	5,318,653	1,185,725	821,616	105,502	454,845	366,206	3,417	401,725	455,949	796,295
15	Birmingham-Hoover-Talladega, AL	1,361,299	311,799	215,600	41,149	102,388	100,317	911	128,524	153,652	194,319
15	Harrisburg-York-Lebanon, PA	1,252,820	273,228	215,572	24,009	104,213	72,168	809	94,237	109,710	118,036
15	Houston-The Woodlands, TX	6,972,374	1,860,373	739,774	147,214	389,479	241,094	3,688	369,692	550,064	1,009,619
18	Cincinnati-Wilmington-Maysville, OH-KY-IN	2,224,231	529,256	320,887	37,633	172,862	154,509	1,637	170,157	189,471	275,394
18	Johnstown-Somerset, PA	209,793	39,558	44,930	3,476	17,863	13,162	136	17,886	20,711	29,918
18	San Luis Obispo-Paso Robles- Arroyo Grande, CA	282,887	50,703	53,512	3,898	18,338	11,297	121	17,180	25,754	29,345
21	Louisville/Jefferson County— Elizabethtown—Madison, KY-IN	1,510,945	346,116	226,835	27,393	132,104	125,709	1,337	147,971	148,437	195,079
22	Atlanta—Athens-Clarke County— Sandy Springs, GA	6,451,262	1,606,983	760,202	142,134	420,082	367,638	4,180	441,138	572,742	864,419
22	Knoxville-Morristown-Sevierville, TN	1,117,758	234,117	200,825	22,801	96,989	92,906	844	106,997	117,132	168,544
24	Las Vegas-Henderson, NV-AZ	2,404,336	551,082	374,922	36,391	150,570	129,535	1,242	168,782	205,979	354,741
24	Little Rock-North Little Rock, AR	905,847	213,354	134,142	17,186	58,559	64,878	714	85,561	90,183	138,834





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Another more realistic driving forecast bit.ly/1xoN3io

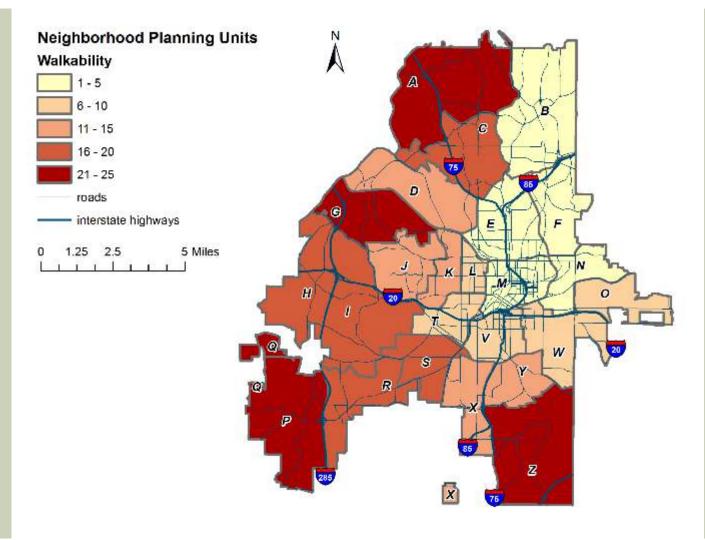
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PHYSICAL ACTIVITY: WALKABILITY





What Does the Research Tell Us Works



U.S. Community Preventive Services Task Force

- The Task Force is an independent, nonfederal, unpaid panel of public health and prevention experts that provides evidence-based findings about community programs to improve health.
- The Task Force issues findings based on systematic reviews of effectiveness and economic evidence. Anna Ricklin from APA participated in the evidence collection and review.
- These recommendations are collected in the Guide to Community Preventive Services (The Community Guide) - a resource to help decision-makers select interventions



Community Preventive Services Task Force Finding

The <u>Community Preventive Services Task Force (CPSTF)</u> recommends built environment strategies that combine one or more interventions to improve *pedestrian or bicycle transportation systems* with one or more *land use and environmental design* interventions to increase physical activity. (90 Studies)

The <u>Community Preventive Services Task Force (CPSTF) also recommends</u> interventions to *increase* active travel to school.

Studies included in the systematic review of evidence found meaningful increases in the proportion of students who regularly walk to or from school. Included studies that examined traffic-related injuries associated with Safe Routes to School Programs in the United States found meaningful reductions in injury rates in school neighborhoods attributable to street-level engineering improvements. (52 Studies)

Built Environment ApproachesCommunity Preventive Services Task Force

Combine interventions from two major categories

Pedestrian or Bicycle Transportation Systems

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



Land Use and Environmental Design

- Proximity to destinations
- Mixed land use
- Residential density
- Parks and recreational facilities





Connecting Activity-Friendly Routes with Everyday Destinations

Combined Approaches to Increase Physical Activity

Activity-Friendly Routes

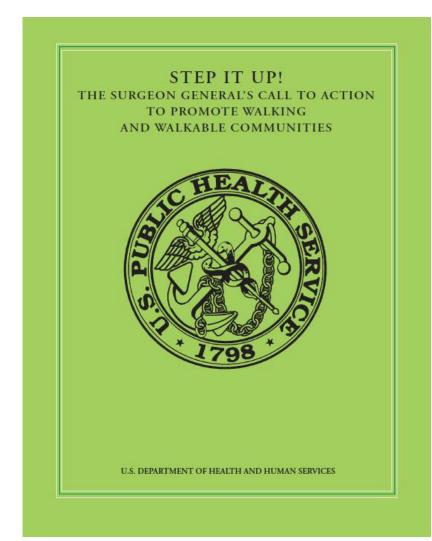
A direct and convenient connection with everyday destinations, offering physical protection from cars, and making it easy to cross the street.

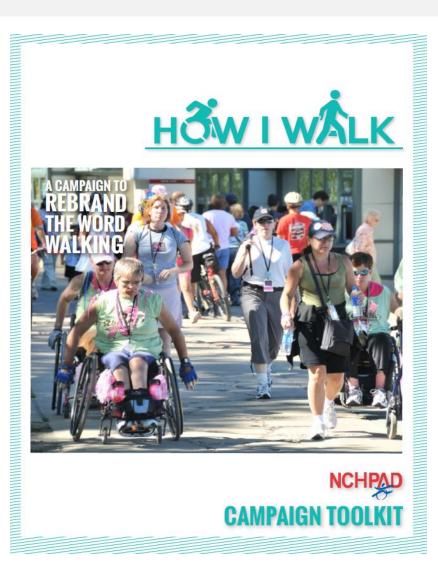
Everyday Destinations

Places people can get to from where they live by walking, bicycling, or public transit, i.e. grocery stores, schools, worksites, parks, restaurants, etc.











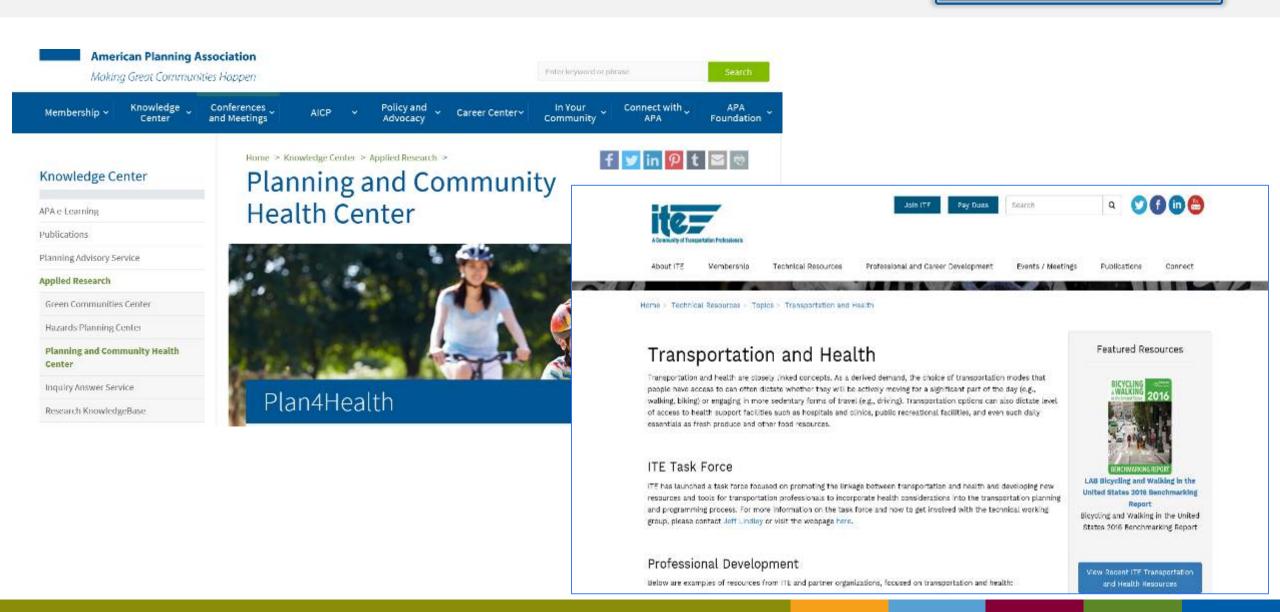






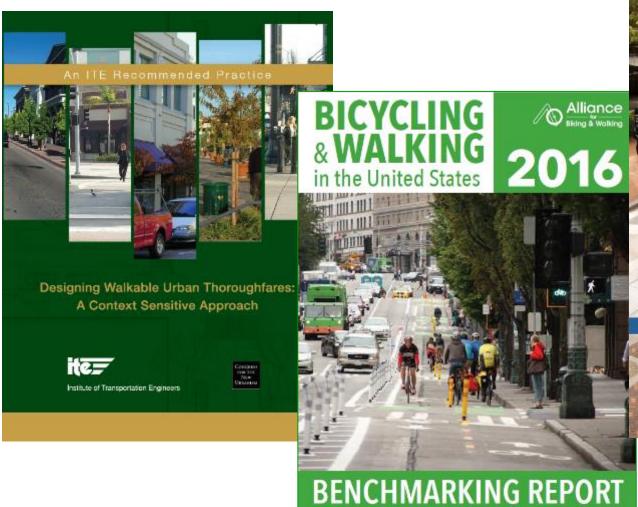
What Do APA and ITE Recommend

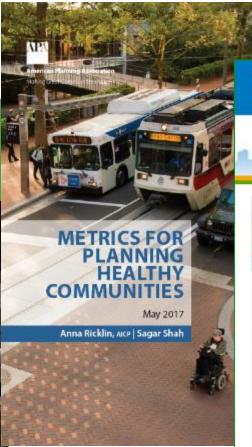






ITE and APA Resources and Recommendations





Promote Healthy Communities Joint Call to Action





PARTNERING TO IMPLEMENT THE JOINT CALL TO ACTION

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

SOCIETY OF

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

THE IMPERATIVE FOR HEALTHIER PLACES

Where we live, work, and play has a major tole in shaping our health. Rates of chronic decesses attributed in the design of the built environment-including obesity, diobets, heart disease, and asthma-are on the so. The built revironment also has direct and indirect impacts on montal health, including depression and anxiety. This is true for everyone, but in felt even more among withreadie populations, who are less filely to have associated to be added to the property of the

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

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















What Are We (ITE) Doing?

- Transportation and Health Task Force
- Complete Streets Council / Transportation Planning Council (Active Transport)
- Vision Zero Efforts
- Bicycling and Walking Benchmark Report
- APHA Partnerships
 - · National Public Health Week
 - · Year of Climate Change and Health
- Webinars, Podcasts, ITE Journal Issue
- Collaboration & Integration Are Key



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Healthy Communities Collaborative

Are you interested in healthy, sustainable communities?

The Planning and Community Health Research Center is pleased to announce the formation of a new coalition of APA members interested in or actively engaged in the planning and development of healthy, sustainable communities.

The Healthy Communities Collaborative will address a wide range of issues at the intersection of health and planning, including but not limited to active living, air and water quality, brownfield redevelopment, climate change, environmental justice, food systems, health impact assessment, housing choice and affordability, parks and recreation, schools, transportation alternatives, and urban design.

If you would like to become a member of the Healthy Communities Collaborative, please send an omail to health@planning.org.

Visit the LinkedIn Group

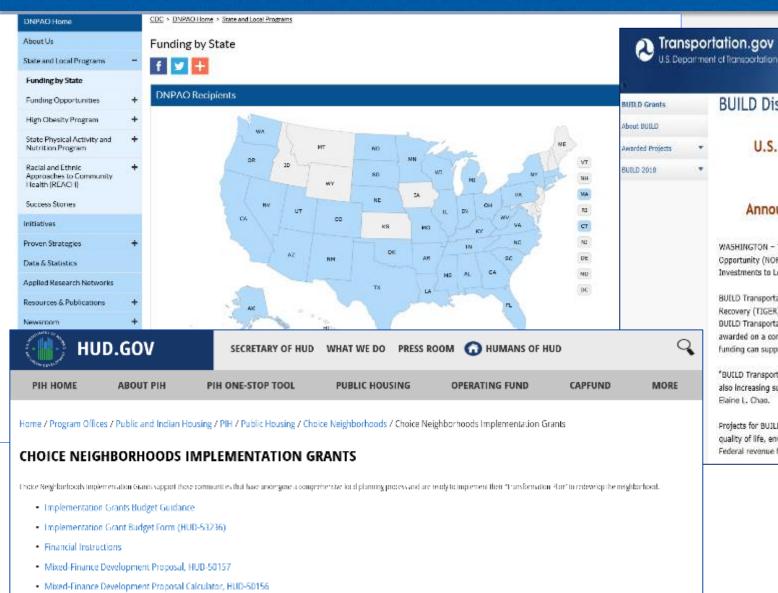
Join the Facebook Group

https://www.planning.org/connect/



Resources and Support





have bud acceptores borhoods Review Protocol

BUILD Discretionary Grants

U.S. Department of Transportation Launches BUILD

Transportation Program,

Announces \$1.5 Billion Notice of Funding Opportunity

WASHINGTON – The U.S. Department of Transportation (DOT) today published a Notice of Funding Opportunity (NOFO) to apply for \$1.5 billion in discretionary grant funding through the Better Utilizing Investments to Leverage Development (BUILD) Transportation Discretionary Grants program.

BUILD Transportation grants replace the pre-existing Transportation Investment Generating Economic Recovery (TIGER) grant program. As the Administration looks to enhance America's infrastructure, FY 2018 BUILD Transportation grants are for investments in surface transportation infrastructure and are to be awarded on a competitive basis for projects that will have a significant local or regional impact. BUILD funding can support roads, bridges, transit, rail, ports or intermodal transportation.

"BULLD Transportation grants will help communities revitalize their surface transportation systems while also increasing support for rural areas to ensure that every region of our country benefits," said Secretary Blaine L. Chap.

Projects for BUILD will be evaluated based on merit criteria that include safety, economic competitiveness, quality of life, environmental protection, state of good repair, innovation, partnership, and additional non-Federal revenue for future transportation infrastructure investments.



. BUILD NOFO



Georgia

Recipient: DeKalb County Board of Health

Award Amount: \$792,000

Sector: county government agency; local health department

Geographic Location of Work: DeKalb County, GA

Priority Population: African Americans

Principal Investigator Contact Information:

Sedessie Spivey

DeKalb County Board of Health

445 Winn Way

Decatur, GA 30030

Tel: 404-294-3740

Email: Sedessie.Spivey@dph.ga.gov

Project Overview: DeKalb County Board of Health will focus on nutrition, physical activity, and community-clinical linkages in African American communities. The LEAD DeKalb initiative will: 1) make improvements to voucher incentive programs; 2) improve nutrition standards; 3) increase access to healthier foods at community venues; 4) establish lactation support services; 5) establish new or improved pedestrian and bicycle transportation systems; 6) connect the priority population to appropriate and locally available health programs; and 7) expand the use of health professionals to increase referrals.



Real World Examples



Belt Line - AtlantaDesign of Infrastructure

as a Reflection of Public Policy

Atlanta BeltLine
Health Impact Assessment

Catherine L. Ross, Ph.D., Harry West Professor Director of the Center for Quality Growth and Regional Development

> ity Growth and Regional Development Georgia Institute of Technology chitecture: City and Regional Planning 760 Spring Street, Suite 213 Allamis, GA 30308 P. 404.385.5133 F. 404.385.5127

> > W: www.cggrd.gatech.edu

Technical Assistance from the Centers for Disease Control and Prevention presented to the faculty of the Division of Graduate Studies

by Ryan Austin Gravel





Buford Highway: A Case Study

Welcome to the Buford Highway case study. The purpose of working through this case study is to give you the opportunity to experience the HIA process. Remember, each HIA is different and this is just one example.

Work with your team to complete the questions at the end of each section. Please do not move to the next step until you have heard the presentation about that step.

Begin by reading the background information about Buford Highway, reviewing the information given in the presentation, and answering the questions related to the screening process.

BACKGROUND INFORMATION

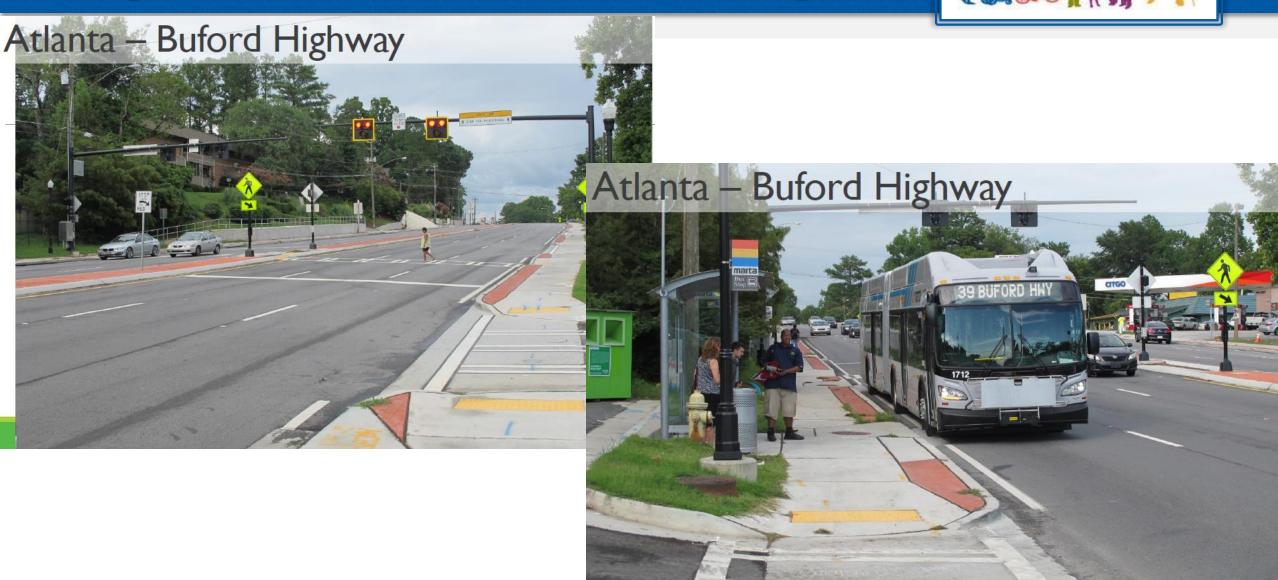




Figure 7. Buford Highway before Renovations











MONTGOMERY COUNTY

ADMINISTRATION DEPARTMENTS DOING BUSINESS

PARKS, TRAILS, & HISTORIC SITES

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BOARD MEETINGS

MONTCO 2040 COMPREHENSIVE PLAN ►

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The services we provide include professional planning assistance to our municipalities, municipal training, program management, project and plan development, informative publications, and other products.

Our services to the general public include demographic information, aerial photography, maps, and publications. Our focus is to serve our citizens by planning well-designed communities with revitalized downtowns, housing choices, efficient transportation systems, scenic open spaces, trails, vibrant employment centers, preserved farmland, and community facilities.

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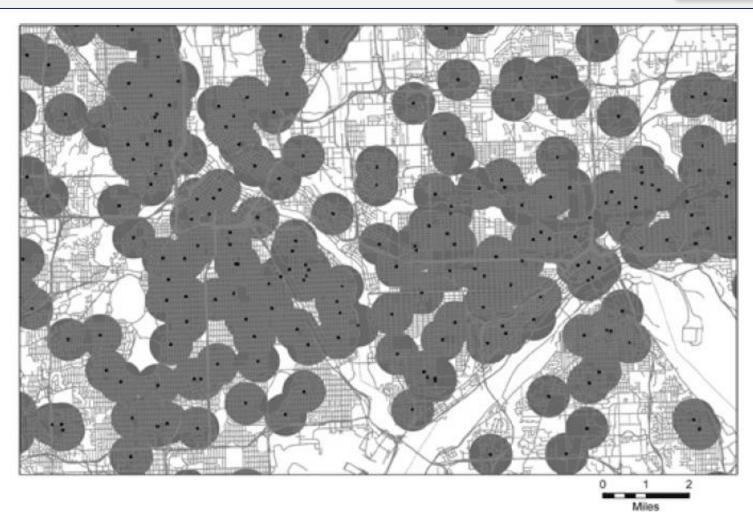


Figure 1. Example of school buffers of 0.5 mile in an urban area — Minneapolis-St. Paul, Minnesota (population: 2,388,593).



Information Resources

- ITE Podcasts like:
 - https://www.spreaker.com/user/ite-talks-transportation/transportation-and-health-with-city-of-f
- APA Policy Guides like:
 - https://www.planning.org/policy/guides/adopted/healthycommunities/
- America Walks Webinars like:
 - http://americawalks.org/active-transportation-for-healthy-communities/
- CDC Physical Activity Program Websites:
 - https://www.cdc.gov/physicalactivity/community-strategies
 - https://www.cdc.gov/physicalactivity/activepeoplehealthynation



Questions and Discussion



Chris Kochtitzky, MSP

Senior Advisor, Physical Activity Translation and Evaluation Team CDC's Physical Activity and Health Branch

E-mail: csk3@cdc.gov

Web: https://www.cdc.gov/physicalactivity