Best Practices in Collaborating for Walkable Communities

Alabama State Collaborative Workshop
Friday, June 16th in Montgomery, AL
Local Planning Team
Workshop Goals

1. Strengthen collaboration between ALDOT, ADPH, ADECA, and other partners

1. Develop a shared understanding of the benefits of walkable communities, especially for disadvantaged populations and people with disabilities

1. Learn about the funding process and hear from local mayors about their walkability initiatives

1. Provide feedback on the draft State Bicycle and Pedestrian Plan

1. Commit to a collaborative action plan, moving forward
Workshop Agenda

9:00 am: Welcome and introductions
9:30 am: Presentation: Best Practices in Collaborating for Walkable Communities
10:00 am: Panel discussion with ALDOT, ADPH, and ADECA senior administrators

10:30 am: Break

10:45 am: Small discussion groups: Asset-Mapping Exercise

12:00 pm: Lunch (courtesy of AARP)
12:15 pm: Lunch session: Alabama Local Leaders Panel
1:00 pm: Walkability audits

2:00 pm: ALDOT presentation: Draft State Bicycle and Pedestrian Plan
2:15 pm: Small discussion groups: Strategic Planning Activity
3:30 pm: Commitments for next steps

4:00 pm: Close
Problem #1: Sedentary Lifestyles
Problem #1: Sedentary Lifestyles

Adult Obesity

- 15%–20%
- 20%–25%
- 25%–30%
- 30%–35%
- ≥35%
Problem #2: Generational Car Culture

In 1969, 50% of American children walked to school

In 2006, just 15% walked to school
Problem #2: Generational Car Culture

In 1969, 50% of American children walked to school. In 2006, just 15% walked to school.

The graph shows the percentage of U.S. children (6-11) who bike or walk to school and the percentage of overweight or obese children over time.

- In 1970, 50% of children walked to school, and 8% were overweight or obese.
- In 2000, 15% of children walked to school, and 30% were overweight or obese.
- In 2006, just 15% walked to school.
Problem #3: Health Care Costs
Problem #3: Health Care Costs

National Health Care Expenditures as a Percentage of GDP

$3 trillion
Problem #4: Unsafe Streets
Problem #4: Unsafe Streets

Pedestrian fatality risk at different collision speeds

- Age of Pedestrian:
  - 14 or younger
  - 15 - 24
  - 25 - 44
  - 45 - 64
  - 65 or older

Percent Killed

Estimated Vehicle Travel Speed, in MPH
Surgeon General’s Call to Action on Walking and Walkable Communities

8th September, 2015

**Goal 1.** Make Walking a National Priority

**Goal 2.** Design Communities that Make It Safe and Easy to Walk for People of All Ages and Abilities

**Goal 3.** Promote Programs and Policies to Support Walking Where People Live, Learn, Work, and Play

**Goal 4.** Provide Information to Encourage Walking and Improve Walkability

**Goal 5.** Fill Surveillance, Research, and Evaluation Gaps Related to Walking and Walkability
Surgeon General’s Call to Action on Walking and Walkable Communities
8th September, 2015

Goal 1. Make Walking a National Priority

Goal 2. Design Communities that Make It Safe and Easy to Walk for People of All Ages and Abilities

Goal 3. Promote Programs and Policies to Support Walking Where People Live, Learn, Work, and Play

Goal 4. Provide Information to Encourage Walking and Improve Walkability

Goal 5. Fill Surveillance, Research, and Evaluation Gaps Related to Walking and Walkability
Behavior and Environment

“It is unreasonable to expect people to change their behavior ... when so many forces in the environment conspire against such change”

Institute of Medicine
A Problem for Public Health

“How can we change the *built environment* ...

so the *healthy choice* is the *easy choice*?”
How are Health and Transportation Collaborating in Other States?

Oregon: Memorandum of Understanding

Massachusetts: Healthy Transportation Compact and Healthy Transportation Policy Directive

North Carolina: Statewide Bicycle and Pedestrian Plan

Arkansas: Communities Leading the Way

Kentucky: Pedestrian Planning Assistance to Communities

Montana: Framework of Aligning Principles

Minnesota: Interagency Agreement and Statewide Pedestrian Plan
Montana:
Collaborative Framework
Of Aligning Principles

1. Safety
2. Mobility and Access
3. Economic Vitality
4. Quality of Life
5. Health and Environment
6. Equity

Partners:
Montana Dept. of Public Health and Human Services
Montana Department of Transportation
Montana Department of Commerce
Bike Walk Montana
Minnesota: Interagency Agreement
Panel Discussion

• Don Arkle, Chief Engineer (representing John Cooper, Director), Alabama Department of Transportation

• Dr. Thomas Miller, State Health Officer, Alabama Department of Public Health

• Kenneth Boswell, Director, Alabama Department of Economic and Community Affairs
Small Discussion Groups: Asset-Mapping Exercise

1. Why is walkability important to my organization?

1. What desired outcomes or organizational goals do we have in this area?

1. What assets, strengths, and expertise does my organization bring to a partnership focused on walkable communities?

1. What existing programs, partnerships, and data can we contribute to this partnership?

1. What barriers and challenges do we face, with which other partners can help us?
AARP Lunch Session:
Alabama Local Leaders Panel

- AAA
- BBB
- CCC
Walkability Audits

TABLE 1:
Nick Sims
Molly Killman
Cheyenne West
William Robbins
Phoenix Robinson
Mitch Carter
Scott Parker

TABLE 2:
Candi Williams
Anne Hails
Samille Jackson
LaTara Burton
April Delchamps
Ruth Brock
Beth Kenward

TABLE 3:
Allison Tubbs
Waymon Benifield
Sonya Baker
Michael Kaczorowski
Rachael Leonard
Lita Waggoner
Alison Frazier

TABLE 4:
Amy Rauworth
Laurie Eldridge-Auffant
Randy Stroup
Jim Plott
Howard Johnson
Alicia Powers
Wynell Bell
Lisa Thrift

TABLE 5:
Tom Schmid
Rebecca Fulks
Scott Tillman
Ryan Parker
Hannah Craft
Carolyn Buck
Vickie Moore

TABLE 6:
Ian Thomas
Ray Pugh
Crystal Davis
Lindsay Puckett
Dorothy Dorton
Kathe Briggs
Jonathan Smith