Evidence Based Approaches to Preventing Chronic Disease: Complete Streets

NYS PREVENTION AGENDA TRAINING FOLLOW UP WEBINAR

MARCH 13, 2014
Webinar Guidelines

- Please designate one person at the computer
- Adobe Features you will use today:
  - Chat Box
  - Polls
- Today’s session is being recorded
Welcome!

- Today you will hear a presentation and have the opportunity to ask questions.

- Please refer to the Complete Streets Fact Sheet for more information.

- Find this fact sheet plus other resources and materials at nyspreventschronicdisease.com
Partners and Sponsors

- New York State Department of Health
- University at Albany, School of Public Health, Center for Public Health Continuing Education
- New York Academy of Medicine
  - Designing a Strong and Healthy New York Obesity Prevention Coalition and Policy Center (DASH-NY)

The planners, moderators, and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

No commercial funding has been accepted for this activity.
Today’s Objectives

• Determine how to tailor your Complete Streets pitch (and key talking points) when engaging partners across multiple sectors.

• Identify Complete Streets demonstration projects that you can get started on right away.

• Develop strategies to measure progress implementing Complete Streets projects and policies.
Today’s Speaker

- Mark Fenton, M.S., National Consultant; Adjunct Associate Professor at Tufts University's Friedman School of Nutrition Science and Policy
Complete Streets: Making Them Happen!

- New York Dept. of Health

March 2014

A very chilly walk audit in Albany (Jeff Olson photo)
Four core topics:

A. How do we get started? What are good initial steps & demonstration projects?
B. How do we pay for these?
C. How do we measure success? What are our benchmarks?
D. How do we make the case to resistant elected & appointed officials?
The premise of Complete Streets:

• Anytime we touch a street (build, repair, maintain) we take into account all users of all ages & abilities:
  – Pedestrians.
  – Bicyclists.
  – Transit.
  – Motor Vehicles.

• Very few, specific exemptions.
Typical phases of CS policy implementation.

i. Passage of a policy resolution or executive order.

ii. Adoption of DPW/engineering policy.

iii. Adoption of detailed roadway design standards or guidelines.

iv. Execute first steps, demo projects.

v. Planning & engineering (staff, consultants) routinely consider peds, bicycles, & transit in absolutely every project (including routine maintenance).
Q2: Where are you now?
Q3: What barriers or resistance are you facing (explicitly or even subtly)?
A. First step ideas.

1. Convene work group; *interdisciplinary*.
2. Lead walk audits.
3. Take a CS inventory.
4. Move or add lines during painting.
5. Paint some high visibility crosswalks.
6. Reverse diagonal parking.
7. Pave the shoulder on a rural road.
8. Paint sharrows or a bike lane; signage.
9. Add curb extensions; e.g. paint, curbing material, planters.
10. Build a parklet.
11. Bike parking stall.
12. Install a roundabout.
13. Add median islands.
14. Do a road diet!
1. CS work group:

- Enviro advocates
- Neighborhoods
- DPW
- Planning
- AHA
- ADA
- ACS
- Health
- Vision
- Elected
- Bike/Ped Advocate
- Rec.
- Trails
- Planning
- Parks
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2. Lead walk audits on candidate Complete Streets in the community.

3. Create an inventory of street “completeness.”
Inventory to include (y/n?) existence of sidewalk, shoulder, bike lane, vehicle lane widths . . .
4. Paint missing lines.
4. Or move them.
5. Paint some high visibility crosswalks.
6. Diagonal parking increases on-street capacity, but . . .

But reverse angle:
- Less severe collisions.
- Pedestrians off road.
- Safer for bikes.

York, PA
7. Pave shoulders on rural roads; part if not entire shoulder.

First priority: routes to schools, parks, housing, shopping centers.
Reasons for shoulders?

- **Safety:** Vehicle recovery zone; accommodate driver error; space for evasive maneuvers; clearance for avoiding crossing peds & bikes; space for disabled vehicles, . . .
- **Capacity:** Easier exiting from travel lanes to side streets; greater effective turning radius for trucks; space for mail delivery & bus stops, . . .
- **Maintenance:** Structural support to lane edge; storm water discharge is further from lane; space for maintenance operations & signs, snow storage, & painting of fog lines. (Michael Ronkin)
8. Add sharrows or a bicycle lane; also signs if appropriate.

Sharrow (shared use arrow)
9. Add curb extensions . . . paint, curbing, planters, . . .

Shorten crossings, improve sight lines, slow turning cars.
10. Build a parklet (or a few of them).
11. Install bicycle parking; stalls can be in curb extensions!
12. Round-about; often to replace 4-way stop.
“Phase 1” roundabout, Bluffton, SC
13. Install medians where no turns are possible on center lanes.

Include pedestrian crossings where appropriate; ideally offset.
14. Lane re-alignments

• Often called road diets, 5 or 4 lanes down to 3.

• Can reduce collisions & severity.
• Improves conditions for ped & cyclists.
• During routine paving?

Urbana, IL; before & after.
B. But how do we pay?

i. Many of the first 14 steps have either very low cost; or negligible marginal (incremental) cost over business as usual; check % increase.

E.g. Look at current paving, painting, & maintenance budgets.)
ii. Consider full benefits before discounting “costly” improvements or policies:

E.g. “Complete street improvements cost too much!”

True benefits:
• Fewer collisions, ↓ emergency response costs.
• More walking, cycling to school, reduced ‘hazard’ bussing, school transport costs.
• Healthier employees, lower insurance costs.
• Better quality of life, social equity, local business health, tax benefits.
• Higher employee and business retention.
ii. Health Economic Assessment Tools; H.E.A.T. for Bicycling and Walking (WHO)

- Estimate/meas. # ped/bike trips
- Avg. trip length

Other defaults adjustable:
- average days walked
- % of round trips
- years to full impact . . .

Statistical $ value of life-years saved.

On-line tool: www.heatwalkingcycling.org
iii. Policy – begin by changing routine practices & procedures.

- Multi-modal Transportation Analysis vs. Traffic Impact Analysis (MMTA vs TIA)
- Require mitigation for all four modes. E.g. . . .

- Turn lanes, signal.
- Transit shelter, path to entrance.
- Bike lane, sharrows, bike parking.
- Sidewalk, trail link; benches, trees.

WalMart, Brockport NY
iv. Update guidelines, design requirements.

• Create new preferred roadway cross-sections & profiles. (E.g. allow 9.5’-10’ travel lanes on low speed neighborhood streets.)
iv. Update guidelines, design requirements.

- Expand the hierarchy. Not just local, collector, arterial . . .
- E.g. trails, alleys, “wooners,” flexible streets.
- Consider boulevards, parkways.

Salt Lake City
Institutionalize CS! E.g. Nashville, TN Metropolitan Planning Organization (MPO)

- All transportation projects assessed on the impacts to pedestrian, bicycle, & transit travel, not just motor vehicles.

- Higher funding priority (better scores) for those that have greater ped, bike, & transit score.
C. How to set benchmark targets & schedules?
<table>
<thead>
<tr>
<th>Activity/Goal</th>
<th>Lead/partners</th>
<th>Time frame</th>
</tr>
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<tbody>
<tr>
<td>Convene team</td>
<td>You/team</td>
<td>3 mos.</td>
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<tr>
<td>Walk audits</td>
<td>Sponsors (school, seniors, CBD)</td>
<td>6 mos.</td>
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<tr>
<td>Comp St. inventory</td>
<td>You, DPW, schools, seniors, businesses</td>
<td>6-12 mos.</td>
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<td>Move/add lines in painting</td>
<td>DPW, planning, electeds</td>
<td>6-12 mos.</td>
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<tr>
<td>High visibility crosswalks</td>
<td>DPW, planning, electeds</td>
<td>6-12 mos.</td>
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<td>Reverse diagonal parking</td>
<td>Planning, business district, econ dev.</td>
<td>12-18 mos.</td>
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<td>Pave shoulders</td>
<td>DPW, Parks &amp; Rec, schools.</td>
<td>12-18 mos.</td>
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<td>Paint sharrows, bike lanes</td>
<td>Planning, DPW, advocates</td>
<td>6-18 mos.</td>
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<tr>
<td>Curb extensions</td>
<td>Planning, public safety, businesses</td>
<td>12-24 mos.</td>
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<td>Parklets</td>
<td>Businesses, public safety, planning.</td>
<td>6-24 mos.</td>
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<tr>
<td>Bike parking - racks - stalls</td>
<td>Businesses, school CBD, planning, DPW</td>
<td>6-12 mos.</td>
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<td>12-24 mos.</td>
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<tr>
<td>Round-about</td>
<td>Planning, DPW, public safety</td>
<td>18-36 mos.</td>
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<td>Median islands</td>
<td>Planning, DPW, neighborhoods</td>
<td>12-36 mos.</td>
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<tr>
<td>Road diet/lane reduction</td>
<td>Planning, DPW, businesses</td>
<td>18-36 mos.</td>
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<tr>
<td>Population covered</td>
<td>Public health</td>
<td>1-36 mos.</td>
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<tr>
<td>Roads covered</td>
<td>DPW</td>
<td>1-36 mos.</td>
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</table>
Proposed measures from DoH are very long term:

1. % of youth & adults who obtain recommended levels of physical activity. (3~5 years)

2. % of youth & adults who are overweight or obese. (5~20 years)

* #1 must include routine transport & functional physical activity, not just leisure/recreational PA. Transport mode shift (% of walk, bike, transit trips) is a related measure.
D. How about hesitant community leaders?
Three words:

• Economics
• Economics
• Grandchildren . . .
On Common Ground
Nat’l Assoc. of Realtors; Summer 2010; www.realtor.org

The Next Generation of Home Buyers:
• Taste for in-town living.
• Appetite for public transportation.
• Strong green streak.
• Plus, Americans are driving less overall!
Study of street redesigns in NYC:

• Pre- and post-project measurement of retail revenue.
• E.g. pedestrian plazas, bike paths, redesigned intersections, BRT . . .
• Improvement areas exceeded borough & control area averages.

Benefits to developers, realtors, investors, local governments.

- Less infrastructure in compact development.
- Walkability premium on real estate sales.
- Flexibility & choice.
Beneficial to . . .

- Creative economy, productivity, innovation.
- Competitive for hiring & retaining employees.
- Strong retail sales, offers customers transport choices.
The conundrum:

- Many communities embraced the “big box” approach to retail growth.
- But many 1st & 2nd generation strip malls & boxes are under-performing . . .

Or more simply: Which contributes more to economy in the long run? Where do employers want to locate to lower healthcare costs & increase employee retention?
Olshansky et.al., “A Potential Decline in Life Expectancy . . .”

*New Eng. J. of Med.*, March 17, 2005
Additional Resources

- http://www.pedbikeinfo.org/
- http://nacto.org/
- http://streetmix.net/
- http://www.smartgrowthamerica.org/complete-streets

This presentation, along with materials and recordings from the in-person trainings will all be available at:
- http://www.nyspreventschronicdisease.com
Thank You!

Questions?

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