

Healthy Communities Strategy #8: Active Transportation

Incorporate active transportation infrastructure (e.g., sidewalks, paths, bicycle routes, public transit) goals that connect everyday destinations (e.g. homes, schools, worksites or parks) into jurisdiction-wide plans without such goals and/or support the implementation of active transportation goals in existing plans.

Expected Outcomes:

- Increased number of new or existing jurisdiction-wide plans with active transportation (in this context, active transportation includes walking, biking and public transit) goals adopted, and/or
- Increased number of active transportation goals included in jurisdiction-wide plans implemented.

Health Equity Planning Principals:

To address health equity in transportation, consider the unique needs of vulnerable populations who may be dependent upon walking, biking, and public transit (e.g., low socioeconomic status (SES), elderly, homeless, persons with disabilities and/or chronic health conditions, etc.) for travel to destinations such as work, school, parks, grocery stores, or doctors' appointments. When addressing health equity in active transportation strategies, communities should provide opportunities for members of these vulnerable populations to participate in the planning and decision-making processes. Where applicable, projects should:

1. Prioritize enhancement of active transportation infrastructure in low-SES neighborhoods.
2. Provide for sufficient, safe, connected, and accessible natural green spaces for all.
3. Support community-based, collaborative land use and planning processes that support health equity and public health.

Recommended Partners:

• local planning departments (e.g., regional, county, city/ municipal, rural) • local and/or regional transportation engineers • school officials • law enforcement • community groups/coalitions including impacted members from vulnerable populations • parks and recreation staff • health organizations (e.g. hospitals) • local businesses • local civic groups • elected officials • neighborhood associations • key stakeholders representing racial and ethnic minority populations

Intervention Examples [Note: a few of these examples may include construction work (e.g., paving) for which Healthy Communities funds cannot be used]:

- A. A city identified a need to create a walking route between destinations of cultural and economic activity that are divided by a locked parking lot that prohibits public and pedestrian access. The community included this as a goal within their adopted Active Transportation Plan.
- B. A neighborhood worked with their local municipality to reduce traffic fatalities by reducing the average vehicle speed in a busy area serviced by four bus stops, by implementing traffic calming techniques. This improved access to buses during the day, which connected residents to community destinations, and created a safer and pedestrian-friendly environment.



- C. A county approved a new pedestrian plan which includes recommendations for new and enhanced facilities that promote active transportation (e.g., expanding sidewalk access, implementing ADA-compliant ramps, improved crosswalks, the additional of multi-use trails and bike lanes, etc. with the goal of increasing the number of miles of activity-friendly routes).
- D. A city approved a Complete Streets Policy and an updated zoning code that specifies standards (e.g., building mass and scale, type of streets or blocks, and a mix of land uses) for redevelopment or new development within the city limits that supports walkable, active community environments.
- E. A rural community adopted a plan that will improve a local park. They also made improvements to the route that connects it to a nearby residential area using signage and a new entrance for better access.
- F. A city obtained grant funding to revitalize an old road connecting the middle and high schools that had been blocked off for years. This new pathway opened a safe route to school and provided residents with a newly surfaced track.

Related Programs:

The Community and Clinical Connections for Prevention and Health Branch collaborates with state and local partners to **establish activity-friendly routes that connect everyday destinations to increase safe, accessible physical activity** by:

1. Supporting multi-modal transportation networks that safely accommodate access and travel for all users through the implementation of the NC Complete Streets policy, NC BikePed Plan, NC Vision Zero, and the Great Trails State Plan,
2. Providing support to municipalities to enhance current or develop new wayfinding systems implemented into jurisdiction-wide plans or policies designed to increase walking,
3. Supporting school systems' development of siting policies that increase walking and biking to and from school,
4. Supporting targeted pedestrian, bicycling, and community design improvements to increase the connectivity between where people live, learn, play, and pray with access to healthy food and places for physical activity, and
5. Supporting the implementation of county and municipal master and land use plans.

Recommended Tools/ Resources:

- A. The Community Guide Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design
www.thecommunityguide.org/findings/physical-activity-built-environment-approaches
- B. Connecting Routes + Destinations: Implementing the Built Environment Recommendation to Increase Physical Activity
www.cdc.gov/physicalactivity/community-strategies/beactive/index.html
- C. Fact Sheet: Supporting Health Equity Through the Built Environment
www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/EH/BCCDC_equity-fact-sheet_web.pdf



- D. National Center on Health, Physical Activity and Disability – Resources – www.nchpad.org/Select~Resources
- E. A Practitioner’s Guide for Advancing Health Equity cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-section1.pdf
- F. Step it Up! The Surgeon General’s Call to Action to Promote Walking and Walkable Communities www.hhs.gov/sites/default/files/call-to-action-walking-and-walkable-communities.pdf
- G. At the Intersection of Active Transportation and Equity www.saferoutespartnership.org/sites/default/files/pdf/At-the-Intersection-of-Active-Transportation-and-Equity.pdf
- H. The Planner’s Playbook: A Community-Centered Approach to Health Equity <https://www.changelabsolutions.org/product/planners-playbook>
- I. PHRASES (Public Health Reaching Across Sectors) Toolkit - a web-based toolkit to help public health leaders effectively communicate the value of public health to potential partners and decision makers in other sectors <https://www.phrases.org/tools/>

North Carolina Resources:

- A. Eat Smart, Move More NC, Programs and Tools, Local and State Government www.eatsmartmovemorenc.com/resources/government/
- B. Move More Walk Now Engage Your Community <https://movemorewalknownc.com/engage-your-community>
- C. North Carolina Guide to Incorporating Health Considerations into Comprehensive Plans www.eatsmartmovemorenc.com/resource/north-carolina-guide-to-incorporating-health-considerations-into-comprehensive-plans/
- D. North Carolina Metropolitan and Rural Planning Organizations <https://connect.ncdot.gov/projects/planning/Pages/MPO-RPO.aspx>
- E. North Carolina Department of Transportation Complete Streets <https://connect.ncdot.gov/projects/BikePed/Pages/Complete-Streets.aspx>

Data Sources:

- A. Social Determinants of Health by Regions <http://nc.maps.arcgis.com/apps/MapSeries/index.html?appid=def612b7025b44eaa1e0d7af43f4702b>
- B. County Physical Activity and Nutrition Data Profiles www.communityclinicalconnections.com/data
- C. PLACES: Local Data for Better Health <https://www.cdc.gov/places/>

