

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 mass transit (e.g., low socioeconomic status (SES), elderly, homeless, those with disabilities or chronic health conditions) for travel to destinations such as work, school, the grocery or doctors' appointments. Those working on health equity in active transportation should also 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 low-SES neighborhoods.
2. Provide for sufficient, safe, connected, accessible natural green spaces for children and youth.
3. Support community-based, collaborative land use and planning processes that support health equity and public health.

Recommended Partners:

• public health planners (e.g. county, city, municipal, private) • rural or municipal planning organizations • local or regional transportation engineers • school officials • law enforcement • community groups • community coalitions • parks and recreation staff • health organizations (e.g. hospitals) • local businesses • local civic groups • elected officials • neighborhood associations • community members that represent the population at greatest risk for health disparities related to safe, accessible opportunities for physical activity • community members who represent those with disabilities

Intervention Examples (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 and included this as a goal within their adopted Active Transportation Plan.
- B. A neighborhood worked with their local municipality to reduce average vehicle speed in the neighborhood by using traffic calming techniques in a busy area served by four bus stops to reduce traffic fatalities. 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 approves a new pedestrian plan that strengthens standards (e.g., sidewalk characteristics, street pattern, and connectedness pertaining to all existing pedestrian routes in the county and specifies a goal for the number of new miles of sidewalk to be built).
- D. A city approves 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 uses) for redevelopment or new development within the city limits that supports walkable, active community environments.
- E. A rural community adopts a plan that will improve a local park. They also make 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 allows more residents to use a newly surfaced track.

Related Programs:

North Carolina Division of Public Health's, Community and Clinical Connections for Prevention and Health Branch will collaborate 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 and NC Vision Zero,
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 and/or 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. Implementation Resource Guide

www.cdc.gov/physicalactivity/community-strategies/beactive/implementation-resource-guide.html

- E. National Center on Health, Physical Activity and Disability – Resources –
www.nchpad.org/Select~Resources
- F. A Practitioner's Guide for Advancing Health Equity
cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-section1.pdf
- G. 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
- H. At the Intersection of Active Transportation and Equity
www.saferoutespartnership.org/sites/default/files/pdf/At-the-Intersection-of-Active-Transportation-and-Equity.pdf

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 American Planning Association Planning Training Manual
<http://apa-nc.org/resources/>
- E. North Carolina Metropolitan and Rural Planning Organizations
<https://connect.ncdot.gov/municipalities/InteragencyLeadership/Goals/MPO-RPO%20Map.pdf>
- F. North Carolina Department of Transportation Complete Streets
www.completestreetsnc.org/

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