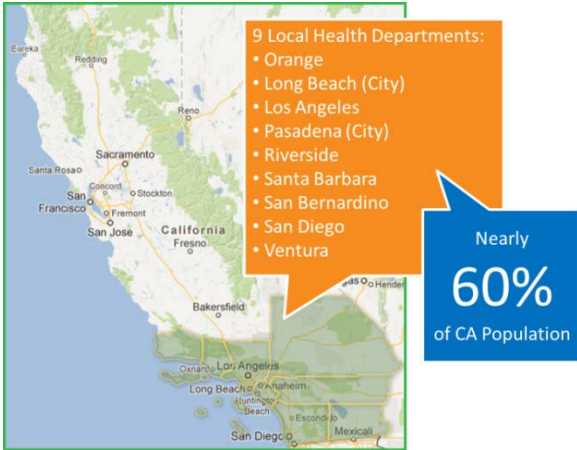


Guidance for Active Transportation Program Cycle 3 Question 5: Health Benefits

The Public Health Alliance of Southern California (Alliance) is a collaborative of nine local health departments whose

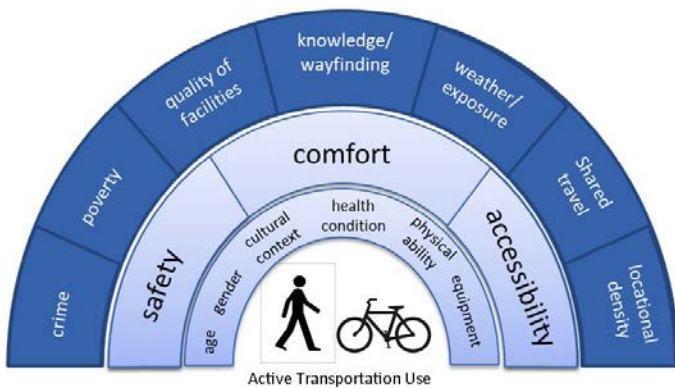
members have a collective statutory responsibility for the public health of 60% of California's population. The Southern California Public Health Departments participated in Cycle 1 and 2 of the Active Transportation Program as partners and reviewers of applications in both the Statewide and the Local funding competitions. We have a great interest in the development of plans, programs and projects that have been designed to maximize health co-benefits, and have created the following guidance for applicants and reviewers to present the data sources and approaches to assist in health promoting proposal design.



Health and Active Transportation - Why it matters:

[Extensive research](#) demonstrates how community design influences health. We always hear that we need to 'eat less, and exercise more' if we want to improve our health – that an individual is responsible for his or her health. But for

many people, the lack of active transportation infrastructure, concerns about safety from crime and traffic, and lack of places to go, like parks, make it virtually impossible to not only achieve recommended physical activity goals, but access important places, goods, and services that influence health.



Public Health professionals know that we can't do it alone; we must partner with engineers, planners, and the community to create environments that support opportunities to engage in healthy behavior. We look forward to working with applicants to ensure that your proposed Active Transportation Program (ATP) project maximizes benefits to public health by not only

addressing local barriers to engaging in active transportation, but also opportunities to address other community health concerns.

ATP Cycle 3 Question 5: Disadvantaged Communities and Health Recommendations

The ATP Cycle 3 application has been re-structured so that applicants seeking points for disadvantaged community (DAC) status must explain how the DAC is being benefitted throughout the application, including question 5. Given the strong connections between socioeconomic status and health outcomes, proposals that are designed to maximize benefits to DACs are also projects that are most likely to assist in improving health outcomes.



Question 5 requires applicants claiming DAC benefit to “provide health data specific to disadvantaged communities.” The guidance

below can be applied to obtain health status data at a level of specificity that will assist both DAC and non-DAC status applicants.

ATP Cycle 3 Question 5: Targeting Health-Vulnerable Users

For any geography, the greatest public health benefits of active transportation programs, plans and projects come from enabling populations that are currently inactive to *become* active as part of their daily routine by overcoming safety, connectivity and social barriers. There are also additional population benefits that may accrue as people change their behavior, such as environmental benefits from reduced vehicle miles traveled. However, we recommend a focus on your target population, rather than discuss the larger societal benefits. While other parts of the application ask you to identify barriers and what your proposal will do to address them, question 5 should be targeted to more specifically address the *health characteristics and vulnerabilities* of your community. A meaningful answer to question 5 will require you to identify *who* in your community is currently experiencing poor health, and to articulate *how* your proposal has been designed to specifically assist those health vulnerable *potential* users in the safe and comfortable adoption of active modes.

5a: “Health Status of Users”: What are the health vulnerabilities of the target community?

The following table provides examples of potential target geographies, tools, and indicators to identify potential health vulnerabilities of the target community. We strongly encourage you to think holistically about your population and mix and match sources to gain a clearer picture of the needs of the target community and the potential opportunities to create a multi-beneficial project. In addition to the data sources below, we also strongly encourage you to reach out to your targeted community directly, and to use the feedback of residents to inform your understanding of health vulnerabilities and needs.

| Target Geography | Recommended Tool | Recommended Health Indicators | Example statement related to health vulnerability and Proposal Development |
|---|---|--|--|
| School-based project (Safe Routes) | California Department of Education Physical Fitness Report “Fitnessgram” http://data1.cde.ca.gov/dataquest/dataquest.asp (Click on “Physical Fitness Test” in the question 2 dropdown menu.) | <ul style="list-style-type: none"> • Aerobic Capacity: [% in Healthy Fitness Zone, % Needing Improvement, % Needing Improvement – Health Risk] • Body Composition: [% in Healthy Fitness Zone (Healthy Weight), % Needing Improvement (Overweight), % Needing Improvement - Health Risk (Obese)] | This project will specifically work to improve the health of the % of students whose health “needs improvement” based on the CA DOE Fitness testing by addressing the following built environment/ cultural challenges in the school boundary... |
| School-based project (Safe Routes) | School-based survey | <ul style="list-style-type: none"> • Time walking/biking • Time playing outside • Barriers to outside play • Parent-identified health concerns | This project will work to address the following parent-identified health concerns by... |
| Neighborhood-level (census tract) | California Health Disadvantage Index http://phasocal.org/ca-hdi/ | <ul style="list-style-type: none"> • Overall HDI Score • Years of life lost • Population with a disability • Asthma hospitalizations | Based on the California Health Disadvantage Index score of XX, the target neighborhood is faced with the following health vulnerabilities... |
| Neighborhood-level (census tract) | CalEnviroScreen Population Characteristics: | <ul style="list-style-type: none"> • Age (% of population under 10 or over 65) | The high number of elderly (and/or young) residents in this |

| Target Geography | Recommended Tool | Recommended Health Indicators | Example statement related to health vulnerability and Proposal Development |
|--|---|---|--|
| | http://oehha.maps.arcgis.com/apps/MapSeries/index.html?appid=6e5df08a61984e29a90e7d67236ef233 | | neighborhood is correlated with other forms of health vulnerability. We are ensuring our project serves the special needs of this age group by... |
| Community-level (zip code) | <p>Health Department Dashboards</p> <p>http://www.ochealthiertogether.org, there are -</p> <p>http://www.thinkhealthla.org</p> <p>http://www.shaperivco.org</p> <p>http://www.healthysanbernardinocounty.org/</p> <p>http://www.healthmattersinvc.org/</p> <p>http://www.livewelllongbeach.org/</p> <p>http://www.healthypasadena.org/</p> <p>California Health Interview Survey – Neighborhood Edition: http://askchisne.ucla.edu</p> | <ul style="list-style-type: none"> • Obesity Rate • Adults with diabetes • Adults with likely psychological distress • Self-reported health, good to fair | <p>The obesity rate in the community to be served is XX%, as compared to a statewide average of XX%.</p> <p>Though obesity has a range of causes, increasing physical activity in the obese population can improve health. This plan will specifically address physical inactivity in the obese population by...</p> |
| Corridor/ Program/Plan encompassing multiple communities | In the case of a large-scale corridor project, program or plan, we recommend narrowing the scope of your question 5 response to focus either on a limited geographic area with poor health outcomes (see above) or to a distinct target population (e.g. the elderly, students, or others) whose health outcomes you wish to improve. | | |
| Council District or other sub-city designation | <p>Example:</p> <p>http://healthyplan.la/the-health-atlas/</p> | <p>Identify vulnerable neighborhoods or populations based on:</p> <ul style="list-style-type: none"> • Age • Socioeconomic status • Disability, need for special accommodation • Health vulnerability | Though this proposal crosses multiple communities, we have specifically considered how we might improve health outcomes within (x geography, x demographic category) |
| Countywide Community Health Assessment/ Community Health Improvement Plan | <p>The County’s Community Health Assessment establishes priorities for improving health for specific demographic groups, and sometimes within distinct geographic communities. This can be a helpful guide for prioritizing projects.</p> | | <p>The County Community Health Improvement Plan identified (<i>goal here</i>) a priority for health improvement. Our plan/project targets will help move the needle in this area through the following strategies:</p> |

5a. Health-related metrics NOT recommended for inclusion:

- **Traffic related collision/ injury.** Though motor vehicle collisions involving people walking and bicycling are a top source of traumatic injury and death, we feel that the applicant should adequately address traffic safety and collisions in question 3 of the ATP application. While we encourage you to bring public health lens and evidence to question 3, we recommend that you do not duplicate your response here.

- **Attempts to quantify health outcome benefits of specific projects.** The complex nature of most health outcomes makes it very

challenging to accurately estimate the health benefits associated with a single built environment improvement (such as a new bike lane or an improved sidewalk). *Rather than investing time and energy in attempting to calculate health benefits using limited tools and research, we recommend you focus on refinements to your proposal that will ensure access by and for health vulnerable users, as described above.*

5b. Promoting healthy communities and providing outreach to health vulnerable users.

After identifying health-vulnerable populations within the target area, a strong response to question 5 will provide strategies for lowering the barriers that may exist for those populations' safe use and engagement with the proposed active transportation project, program or plan. The following chart provides data sources and indicator recommendations for potential barriers that may exist, alongside example strategies that can be applied to address these barriers within the scope of your project. This list is not exhaustive, and we encourage you to consider strategies that may have arisen from outreach discussions with your target community.

| Barrier | Populations that may be especially sensitive to this barrier | Data on Barrier | Example strategies to address |
|--|---|--|---|
| Perception of crime/ lack of safety | All users, but especially youth, women, elderly, and disabled. | Local Public Safety/Police Department. In addition to actual crime data, it can also be constructive to look at data regarding <i>perception</i> of safety, which can be as big an impediment to active transportation as reported crime. | <ul style="list-style-type: none"> • (Infrastructure) Conduct crime prevention through environmental design (CPTED) analysis of project design (e.g., assessing pedestrian-scale lighting) • (Non-Infrastructure) Incorporate CPTED assessment into outreach campaign. |
| Extreme heat/ exposure in travel | Users currently in poor health or with chronic conditions, elderly, children, disabled. | http://www.calepa.ca.gov/UrbanHeat/Maps/default.htm "Urban Heat Island Effect" provides http://phasocal.org/ca-hdi/ "Percentage of Population without Tree Canopy" is a strong indication of lack of shade/ susceptibility to urban heat island effects | <ul style="list-style-type: none"> • (Infrastructure) Incorporation of urban greening strategies, shelters, and places to rest into design • (Non-Infrastructure) Incorporate assessment of shade/ heat issues into outreach/route design decisions |
| Social and linguistic isolation/ disconnect with active modes | Recently arrived immigrants, migrant workers, minority populations | Linguistic Isolation from CalEnviroScreen http://oehha.maps.arcgis.com/apps/MapSeries/index.html?appid=6e5df08a61984e29a90e7d67236ef233 Social Cohesion, CHIS NE http://www.askchisne.ucla.edu/ | <ul style="list-style-type: none"> • Maps, signage, wayfinding materials and project promotion in dominant language(s) for area or 'icon'-based • Culturally competent outreach and engagement using appropriate languages, and addressing culturally relevant concerns |
| Physical disability | Disabled populations, groups with one or more chronic condition, elderly. | County Dashboard Data on chronic conditions http://phasocal.org/ca-hdi/ "Population with a Disability" | <ul style="list-style-type: none"> • (Non-Infrastructure/Plans) Identify specific problem areas/barriers through outreach to populations that may experience physical, visual and hearing impairments • Review design, consider specific accommodations that will improve access for users of all fitness and mobility levels: signal timing, button/ramp positioning, grade considerations, signage and wayfinding specific to disabled users. |
| Lack of health-promoting | All potential users | Consider whether the following essential services are accessible, and how access | <ul style="list-style-type: none"> • Modify routes, and ensure good access pathways to healthy destinations |

| Barrier | Populations that may be especially sensitive to this barrier | Data on Barrier | Example strategies to address |
|--|--|--|--|
| destinations accessible through active transportation | | might be improved: <ul style="list-style-type: none"> • Full service grocery • Farmer's Market • Park/ Rec Centers • Medical Facilities • Schools • Libraries • Daycare facilities Please refer to the following web resource for guidance on conducting this analysis. | <ul style="list-style-type: none"> • Use on-the ground assessment and intercept survey to identify issues |
| Poverty/ low income | All potential users | Please refer to case study and example here: http://phasocal.org/atp-resources/ | |

Additional Resources:

An additional resource guide explaining how incorporating the social determinants of health can improve the use and benefit of your Active Transportation Plan proposal can be found <http://phasocal.org/atp-resources/>

The page also contains resources on:

- Using the California Health Disadvantage Index to identify barriers to health in your community
- The link between built environment features and health
- Tools for addressing social determinants in your community