COMPLETE STREETS 301
PUTTING PEOPLE FIRST

Complete Streets for healthy living

Webinar begins at 1:00 p.m. ET

Smart Growth America
Improving lives by improving communities
National Complete Streets Coalition
Trust for America’s Health
Complete Streets for healthy living

December 5, 2019
1:00 PM ET
Emily Schweninger, MPH
Deputy Director of Thriving Communities

@CompleteStreets
Coalition members
1,500+ policies passed nation-wide
Complete Streets build healthy communities
Health benefits of Complete Streets
Connecting physical inactivity and chronic disease

Leisure time physical inactivity

Age-adjusted diabetes prevalence

Source: CDC (2013)
Opportunity for physical activity
We need safer streets for people
Pedestrian fatalities have been steadily increasing. 2016 and 2017 were the most deadly years since 1990.
We need safer streets
Systemic disparities

Source: Gibbs et al. (2012)

High income neighborhoods
(average household income >$57k)

Low income neighborhoods
(average household income <$45k)

<table>
<thead>
<tr>
<th>% of streets</th>
<th>High income neighborhoods</th>
<th>Low income neighborhoods</th>
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<tbody>
<tr>
<td>89%</td>
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<tr>
<td>49%</td>
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National Complete Streets Coalition
Systemic disparities

Source: Gibbs et al. (2012)

High income neighborhoods (average household income >$57k)

- Sidewalks: 89%
- Lighting: 75%

Low income neighborhoods (average household income <$45k)

- Sidewalks: 49%
- Lighting: 51%
Systemic disparities

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<td>Sidewalks</td>
<td>89% (average household income &gt;$57k)</td>
<td>49% (average household income &lt;$45k)</td>
</tr>
<tr>
<td>Lighting</td>
<td>75%</td>
<td>51%</td>
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<tr>
<td>Crosswalks</td>
<td>13%</td>
<td>7%</td>
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Source: Gibbs et al. (2012)
Systemic disparities

Source: Gibbs et al. (2012)

High income neighborhoods
(average household income >$57k)

Low income neighborhoods
(average household income <$45k)

% of streets

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<td>7%</td>
</tr>
<tr>
<td>Traffic calming</td>
<td>8%</td>
<td>3%</td>
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Source: Gibbs et al. (2012)
People die while walking at much higher rates in lower-income communities.

Based on income of census tracts where fatalities occur.

*Source: SGA (2019)*
U.S. Obesity Rates Reach Historic Highs – Racial, Ethnic, Gender and Geographic Disparities Continue to Persist

Report calls for sugary drink taxes, expanded SNAP and WIC Nutrition support programs and a built environment that encourages physical activity
Adam Lustig, MS  
Manager, Promoting Health and Cost Control on States  

@HealthyAmerica1
Complete Streets for Better Health

Daphne Delgado
Senior Manager
Government Relations

Adam Lustig
Manager
Promoting Health and Cost Control in States (PHACCS)

Trust for America’s Health
@HealthyAmerica1
Trust for America’s Health (TFAH)

Independent, non-partisan, public health & prevention focus, including:

- Data/research for action
- Health-promoting policies
- Strong public health system
- Informed policymakers
THE STATE OF OBESITY IN 2019
Adult Obesity Still Increasing

Percent of Adults and Youth with Obesity, 1988–2016

- Percent of Adults (Age 20+) with Obesity: 18.5% in 1988–1994, 39.6% in 2015–2016
- Percent of Youth Age 2-19 with Obesity: 11.8% in 1999–2000, 19.8% in 2015–2016

Adult Obesity Rates by State, 2018

- States with <25% obesity rate
- States with 25% – <30% obesity rate
- States with 30% or more obesity rate

Source: NHANES

Source: TFAH analysis of BRFSS data
Racial and Ethnic Disparities in Obesity

Source: NHANES
Trends in Childhood Obesity

- Obesity rate in children more than tripled between 1976 and 2016
- Children who are overweight or have obesity are more likely to have obesity as adults
- Increasing our focus on the first 1,000 days of life is critical to encouraging healthy nutrition habits
Multiple Consequences

• Health
  – 100 M adults (40% of US) have prediabetes or diabetes
  – 80,000 new cancer cases in 2015 from poor diet & obesity

• Economic
  – $215 B in annual medical expenses & reduced economic productivity

• National Defense
  – 1 in 3 adults ineligible to serve in the military
  – $1 B spent on obesity related issues each year
Despite Increased Need, National Funding Lags For ALL of Public Health

CDC Program Funding
Adjusted for inflation, FY 2010-19

↓ 10% over past decade

Note: Appropriately comparing funding levels in FY 2018 and FY 2019 requires accounting for the transfer of funding for the Strategic National Stockpile from the CDC to the Assistant Secretary for Preparedness and Response in FY 2019, and excluding one-time lab funding in FY 2018.

Data were adjusted for inflation using the Bureau of Economic Analysis’s implicit price deflators for gross domestic product.

Source: CDC annual operating plans

More Needs To Be Done

• Major recommendations themes:
  – Prevention is key
  – Funding is important
  – Focus on long-term meaningful partnerships involving multiple sectors
  – Focus on communities bearing brunt of the epidemic with resident leadership
More Needs To Be Done – Strategically

Increase Healthy Options
- Empowered communities
- Strategic partnerships
- Entrepreneurship
- Behavior change, knowledge & skills
- Healthy behaviors promotion

Reduce Deterrents to Healthy Behaviors
- Unhealthy product promotions
- Higher costs of healthy foods
- Threats to personal safety
- Discrimination
- Social exclusion

Improve Social & Economic Resources
- Anti-hunger programs
- Economic development
- Legal services
- Education & job training
- Housing subsidies & tax credits

Build Community Capacity
- Food retail
- Schools & worksites
- Built environment
- Parks & recreation
- Transportation

Adapted from Dr. Shiriki Kumanyika’s equity obesity prevention framework developed for the National Academies of Sciences, Engineering, and Medicine
Focus on Social Determinants (vs. social needs)

Address Social Determinants
- Policy-level intervention
- Change underlying social & economic conditions of a community
- Adopt laws, policies, and regulations to create healthy living conditions

Address Social Needs
- Individual-level intervention
- Address the need of individual people or patients
- Screen for social factors and connect to direct support or services
Federal Policy Recommendations

• Expand CDC’s State Physical Activity & Nutrition (SPAN) program to all states

• Increase CDC’s REACH and other programs that target disparities

• Strengthen and expand SNAP & WIC - support for low-income families/individuals

• Prioritize safe active transportation options in all transportation reauthorization efforts, like TAP.

• Add active transportation options to Highway Safety Improvement Program
RECENT FEDERAL EFFORTS
INCREASED PHYSICAL ACTIVITY CAN IMPROVE HEALTH, QUALITY OF LIFE, AND REDUCE HEALTHCARE COSTS

A national initiative led by CDC to help 27 million Americans become more physically active by 2027
For More Information on CDC’s Initiative

www.cdc.gov/ActivePeopleHealthyNation

Facebook.com/CDCEatWellBeActive

@CDCObesity
#ActivePeople

ActivePeople@cdc.gov
What is the Promoting Health and Cost Control in States (PHACCS) Initiative?

• Focuses on state-level policies that promote health and control cost growth

• Looks beyond health care in an effort to foster cross-sector collaboration, recognizing impacts in other sectors can improve health
Goals & Related Policies

**Goal 1: Support the Connections Between Health & Learning**
1. Universal Pre-Kindergarten
2. School Nutrition Programs

**Goal 2: Employ Harm-Reduction Strategies to Prevent Substance Misuse Deaths and Related Diseases**
3. Syringe Access Programs

**Goal 3: Promote Healthy Behaviors**
4. Smoke-Free Environments
5. Tobacco Pricing
6. Alcohol Pricing

**Goal 4: Promote Active Living & Connectedness**
7. Complete Streets

**Goal 5: Ensure Safe, Healthy, and Affordable Housing for All**
8. Housing Rehabilitation Loan & Grant Programs
9. Rapid Re-Housing

**Goal 6: Create Opportunities for Economic Well-Being**
10. Earned Income Tax Credit
11. Paid Family Leave
12. Earned Sick Leave
13. Ban the Box (Fair Hiring Protections)
Complete Streets

Complete streets are a transportation network that addresses the needs of all road users including pedestrians, bicyclists, motorists and transit riders, regardless of age or ability.
**Complete Streets Benefits**

**Health Benefits**
- Increase activity and make being active easier
- Lower rates of overweight and obesity
- Reduced vehicle collisions
- Increased accessibility

**Economic Benefits**
- Avoid healthcare costs associated with hypokinetic diseases
- Have the potential to benefit a community economically
- Usually not additive costs

29 states and D.C. have adopted Complete Streets policies with mandatory requirements.
Wide-Spread Recognition and Requirements Don’t Necessarily Lead to Wide-Spread Adoption

• Survey data from 2015 indicates that policy diffusion has been limited to less than 3% of all relevant MPOs despite the adoption of formal policies
• Lack of political will & costs (real or perceived) are cited as the most common barriers
• Only 20% cited public health as an explicit goal of the policy

Source: Fields B, Tolford and Longoria T. Evaluation of Complete Streets Policy Implementation by Metropolitan Planning Organizations: From Policy to Implementation
State-level Action Can Lead to Local Improvements
Grandview, WA

- Redesigned elements included:
  - Widened sidewalks
  - Benches
  - Pocket parks
  - Trees
  - Parking rearrangements
  - Narrowed streets
- As a result of the redesign, businesses experience growth and development

The Critical Role of Multi-Sector Partnerships: Baton Rouge Sustainable Transportation Action Committee

Background:

• Joint partnership of the Center for Planning Excellence (CPEX) and AARP Louisiana (2012)
• Sought to adopt Complete Streets policy in East Baton Rouge Parish
• Formed a multi-sector working group to establish shared priorities
• As of 11/17, includes 26 local organizations and 14 individual members

Source: Center for Planning Excellence - https://www.cpex.org/stac
The Critical Role of Multi-Sector Partnerships: Baton Rouge Sustainable Transportation Action Committee

Key Aspects to Success

- **Data** – Paired transportation and health data to identify areas of high need
- **Collaboration** - Convened local Dept’s of transportation, planning commission, state agencies, Council members, and local stakeholders to establish priorities
- **Community outreach** – Ensured community voice was captured while helping build grassroots support for CS policies
Understanding the Role of Public Health in the Complete Streets Policy Process

• Public health stakeholders can play a key role in the design and evaluation of complete streets initiatives
• PH brings specialization in equity, health and physical activity
• Coalition building, provision of technical assistance, data analysis and community engagement are long-held strengths of the PH community

For More Information

• Full text of *The State of Obesity 2019* available at: www.tfah.org/StateOfObesity2019
  • Please contact Daphne Delgado, Senior Government Relations Manager, ddelgado@tfah.org

• Full text of the PHACCS report available at: https://www.tfah.org/report-details/promoting-health-and-cost-control-in-states/
  • Please contact Adam Lustig, Manager, PHACCS, alustig@tfah.org
Questions?

Type them in the chat box at the bottom left corner of your screen.
COMPLETE STREETS
301
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Coming up:
Equitable Complete Streets principles in Safe Routes to School
Thursday, January 30 1:00- 2:00p