

# **Alabama State Collaborative Workshop on Walkable Communities**

**Friday, June 16th, 2017; 9:00 am - 4:00 pm  
Alabama Department of Economic and Community Affairs  
401 Adams Avenue, Montgomery, AL 36104**

## **Final Report and Recommendations**

### **Recommendations in Brief:**

#### **Recommendation #1:**

Develop a Statewide Physical Activity and Nutrition Plan

#### **Recommendation #2:**

Develop messaging about  
the benefits of walking and walkable communities

#### **Recommendation #3:**

Create an online educational tool to help  
communities plan and obtain funding for pedestrian projects

#### **Recommendation #4:**

Build political will for making  
active transportation a high priority

**Ian Thomas, America Walks  
Gary Toth, Project for Public Spaces**

# Executive Summary

This report summarizes the Alabama State Collaborative Workshop on Walkable Communities, held June 16th, 2017 in Montgomery, and provides recommendations for next steps towards increasing walking and expanding walkable communities in Alabama.

The workshop and several months of prior planning were facilitated by America Walks and the Project for Public Spaces. The local planning team consisted of staff with the Alabama Department of Economic and Community Affairs (ADECA), Department of Public Health (ADPH), Department of Transportation (ALDOT), United Way of Central Alabama, AARP of Alabama, and Lakeshore Foundation. Specific workshop goals were developed (see p. 4) that focused on collaboration, education, capacity-building, and committing to next steps.

Forty-five stakeholders - representing state agencies, statewide non-profits, and local communities - attended the workshop. In a morning session, senior administrators with ALDOT, ADECA, and ADPH, made strong commitments to a collaborative initiative to expand walkable communities in Alabama. Small-group discussions later in the morning and afternoon revealed consensus about the many benefits of walkable communities, identified key assets and existing programs that could contribute to a collaboration, and settled on several specific action items.

Here are our recommendations for next steps and the organizations that have agreed to take the lead on each one:

1. Develop a Statewide Physical Activity and Nutrition Plan (United Way and Obesity Task Force)
2. Develop messaging about the benefits of walking and walkable communities (Lakeshore Foundation and NCHPAD)
3. Create an online educational tool to help communities plan and obtain funding for pedestrian projects (Alabama Cooperative Extension System and Regional Planning Commission of Greater Birmingham)
4. Build political will for making active transportation a high priority (AARP of Alabama and local communities)

*Ian Thomas and Gary Toth*



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# Workshop Goals



The Alabama State Collaborative Workshop on Walkable Communities brought together government agencies and private-sector stakeholders to start a long-term collaborative planning process for increasing walking and expanding walkable communities in Alabama.

Hosted by the Alabama Department of Economic and Community Affairs (ADECA), and coordinated by a planning team that included the Department of Public Health (ADPH), Department of Transportation (ALDOT), United Way of Central Alabama, AARP of Alabama, and Lakeshore Foundation, the workshop's specific goals were to:

1. Strengthen collaboration between ALDOT, ADPH, ADECA, and other partners
2. Develop a shared understanding of the benefits of walkable communities, especially for disadvantaged populations and people with disabilities
3. Learn about the funding process and hear from local mayors about their walkability initiatives
4. Provide feedback on the draft State Bicycle and Pedestrian Plan
5. Commit to a collaborative action plan, moving forward

The workshop was funded by the U.S. Centers for Disease Control and Prevention and the American Public Health Association, and facilitated by Ian Thomas, State and Local Program Director with America Walks and Gary Toth, Senior Director for Transportation Initiatives with Project for Public Spaces.

This report summarizes the presentations made, discussions held, and ideas generated during the workshop, and includes the facilitators' recommendations for next steps for the partnership.

# Workshop Participants

## State/Regional Government Agencies

### Alabama Department of Economic and Community Affairs (ADECA)

- Anita Archie, Deputy Director\*\*
- Crystal Davis, Community Services Unit Chief
- William Robbins, Recreation and Conservation Programs Specialist
- Jim Plott, Communications Manager

### Alabama Department of Public Health (ADPH)

- Dr. Thomas Miller, State Health Officer\*\*
- Molly Killman, Director, Nutrition and Physical Activity Division
- Laurie Eldridge-Auffant, Disability and Health Program Director, Nutrition and Physical Activity Division
- Samille Jackson, School Health Coordinator

### Alabama Department of Transportation (ALDOT)

- Don Arkle, Chief Engineer (representing John Cooper, Director)
- Rebecca Fulks, Statewide Bicycle & Pedestrian Coordinator, Transportation Planning and Modal Programs Bureau, Special Programs Section
- Waymon Benifield, Administrator, ALDOT Safety Programs and Transportation
- Ray Pugh, Safety Management Planner
- Cheyenne West, Public Information Officer
- Randy Stroup, Acting Bureau Chief, Modal Programs
- LaTara Burton, Environmental Manager
- David Bollie, Assistant Division Engineer - County Trans
- Sonya Baker, Assistant Bureau Chief, Metro Planning & Transit

### Regional Planning Commission of Greater Birmingham

- Scott Tillman, Director of Planning and Operations
- Michael "Kaz" Kaczorowski, Principal Planner
- Lindsay Puckett, Principal Planner

### Central Alabama Regional Planning Commission

- Phoenix Robinson, Planner I / GIS Tech
- Howard Johnson, Planner II

### Montgomery Metropolitan Planning Organization

- April Delchamps, City of Montgomery/Montgomery MPO

*\*\*Department Directors were invited for the 9:30 - 10:30 am time frame*

## **Private-Sector Non-Profit Organizations**

### United Way of Central Alabama

- Nick Sims, Assistant VP, Early Childhood Education and Healthy Communities
- Ryan Parker, Community Engagement Specialist
- Rachael Leonard, Safe Routes Coordinator

### AARP of Alabama

- Candi Williams, State Director
- Anne Hails, Associate State Director of Community Outreach
- Dorothy Dorton, Associate State Director of Community Outreach

### Lakeshore Foundation

- Amy Rauworth, Director of Policy and Public Affairs
- Allison Tubbs, Project Coordinator, National Center on Health, Physical Activity and Disability

### Alabama Cooperative Extension System

- Mitch Carter, Environmental Assessor
- Alicia Powers, Extension Specialist/Community Health Coordinator
- Ruth Brock, Extension Specialist

### Other Organizations

- Hannah Craft, Executive Director, West Central Alabama Area Health Education Center
- Lita Waggoner, Intern, West Central Alabama Area Health Education Center
- Mercedes Lightfoot, Youth Mental Health Instructor, West Central Alabama Area Health Education Center
- Kathe Briggs, Director, East Alabama Medical Center
- Carolyn Buck, Red Rock Ridge and Valley Trail Coordinator, Fresh Water Land Trust
- Wynell Bell, Grant Coordinator, Poarch Band of Creek Indians

## **Local Government Representatives**

### The Alabama Conference of Black Mayors

- Vickie Moore, Executive Director

### City Officials:

- Beth Kenward, District 5 Commissioner, City of Dothan
- Alison Frazier, Engineering Manager, City of Auburn
- Jonathan Smith, Planning Director, Town of Pike Road
- Scott Parker, City Engineer, City of Opelika
- Lisa Thrift, Community Development, City of Opelika

# Welcome and Introductions

The morning session started with a welcome from Anita Archie, Deputy Director of ADECA, who then introduced the facilitators for the workshop - Ian Thomas of America Walks and Gary Toth of Project for Public Spaces.

Ian and Gary reviewed the workshop goals and agenda, and then invited each participant to introduce herself or himself, and describe why walking and/or walkable communities are important to her/him. Here are the responses:

- *Health benefits*
- *Create destinations*
- *Focus on health*
- *Comprehensive transportation system*
- *Access to school/work*
- *Increase physical activity/safety*
- *Access for people with disabilities*
- *It's fun, quality of life*
- *Important to local communities*
- *Chronic disease prevention/weight control*
- *Conservation*
- *Exercise, recreation, enjoyment*
- *Congestion relief*
- *Health/access/transit/safety*
- *Lifestyle health, meditation*
- *Transportation for people without access to cars*
- *Access for elderly*
- *Safety, built environment*
- *Economic development/housing*
- *People w/ limited resources*
- *Learn about community by walking*
- *People first*
- *Attract millennials*
- *Walkability leads to behavior change*
- *Only 3% kids walk/bike to school*
- *Social connections*
- *Crash prevention, saves lives/communities*
- *Interaction with your "space"*
- *Walk to school*
- *Walking is a right*
- *Sense of community/place*
- *Quality of transit system*
- *Trails = quality of life*

## **Presentation:**

### ***Best Practices in Collaborating for Walkable Communities***

In this session, each facilitator gave a 15-minute presentation designed to illustrate the importance of expanding walkable communities in Alabama and explain why health and transportation sectors (and other partners) must collaborate to make this happen.

Ian outlined the Surgeon General's Call to Action on Walking and Walkable Communities, which was issued on 8th September, 2015 and establishes the following goals:

1. Make Walking a National Priority
2. Design Communities that Make It Safe and Easy to Walk for People of All Ages and Abilities
3. Promote Programs and Policies to Support Walking Where People Live, Learn, Work, and Play
4. Provide Information to Encourage Walking and Improve Walkability
5. Fill Surveillance, Research, and Evaluation Gaps Related to Walking and Walkability

He presented data showing that the cost of health care as a percentage of Gross Domestic Product is rising unsustainably, and that medical services and education have only a small impact on health outcomes. Because the built environment is the most important factor in determining health behaviors, and since public health agencies have little influence over the environment, they must partner with others - notably transportation and planning.

Next, Gary gave a history of twentieth-century transportation planning in the U.S.. Due to the American "love affair with the automobile," federal and state transportation agencies were instructed (and generously funded) to design and build a massive national highway system that was intended to enable private cars to travel quickly and efficiently throughout the country, connecting every region, and even penetrating into dense inner cities.

Over several decades, it has become apparent that there are serious drawbacks to what is now seen as an over-reliance on the automobile - health, safety, pollution, quality of life, cost, etc. Public health professionals, with their experience in community engagement and data analysis, can assist transportation planners and engineers in moving towards a more multi-modal future. Redesigning communities so they are safe, convenient, and attractive for people to walk to nearby destinations is a critical component of this new approach.

This session also included examples of effective collaboration between Transportation and Health Departments in other states. Information about the partnerships in Minnesota, Oregon, Massachusetts, North Carolina, Montana, Arkansas, Kentucky, Colorado, Iowa, Georgia, and Pennsylvania is provided in Appendix 2.



## Panel Discussion with ADPH, ALDOT, and ADECA Senior Administrators



After the opening presentation, senior administrators with ADPH, ALDOT, and ADECA were invited to respond to the proposal to facilitate a multi-sector collaboration to promote walking and walkable communities.

Dr. Thomas Miller, State Health Officer with ADPH started by emphasizing the diversity of health benefits of walking and the high potential participation in the activity. He reported that in Alabama, only 45% of

adults attain the recommended level of physical activity, while about 32% get none at all and 67% are overweight or obese. Dr. Miller concluded his opening comments by asserting that ***"ADPH is 100% behind this initiative."***

Don Arkle, Chief Engineer with ALDOT represented Director John Cooper, who was unable to attend. Mr. Arkle explained that ALDOT's principal purpose is to operate a statewide transportation system for vehicles, with various functional classifications of roads but generally focusing on high traffic volumes and high speeds. However, he stated that the agency is ***"open to new designs in cities"*** and would like to see ***"local communities take the lead"*** in those efforts. Mr. Arkle pointed out that ALDOT has no control over land use adjacent to roads, and this is a major factor in roadway function and design.

ADECA Deputy Director Anita Archie spoke about the economic impact of walking and walkability. She stated that that ***"tourism supports walkability and quality of life"*** and that trail systems are developing throughout the state as a result of local leadership and changes in the "economic development mindset." Finally, Deputy Director Archie emphasized the importance of collaboration and ***committed ADECA to assist with planning and coordination of this initiative.***

Following these opening comments, the three administrators responded to questions from the facilitators and audience, and participated in a panel discussion. Key points included:

- Partnerships are essential.
- The Obesity Task Force is already doing some of this work.
- Funding and technical assistance are available through the federal Congestion Mitigation and Air Quality (CMAQ) program.
- Other funding is available through the Recreational Trails Program (RTP) and land conservation programs.

## **Small-Group Discussions: *Asset-Mapping Exercise***

The purpose of the next session was to capture information about all of the assets available to the collaborative effort to expand walkable communities in Alabama. With three major state agencies, numerous regional and local government representatives, and a dozen private-sector stakeholders in the room, it was important to understand the various programs, partnerships, data, and expertise that exist already.

One nationally-recognized program, which is based in Alabama, is Lakeshore Foundation's *National Center for Health, Physical Activity, and Disability* (NCHPAD). Focused on building healthy, inclusive communities, NCHPAD works across the U.S. to expand accessibility and inclusion of people with disability in existing and future public health promotion programs. Amy Rauworth, Director of Policy and Public Affairs with Lakeshore Foundation, provided an overview of NCHPAD's work.

Key points from Amy's presentation included:

- 31.5% of adults in Alabama have some kind of disability;
- Adults with disabilities are 3 times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities;
- Breaking down silos, committing to inclusive practices, and adopting universal design strategies are key to improving outcomes;
- Truly walkable communities are inclusive communities that provide mobility options for people of all abilities;
- NCHPAD has numerous resources to contribute to the collaboration, including its "*How I Walk*" campaign.

Following Amy's presentation, worksheets were distributed and participants wrote down individual responses to the following five questions:

1. Why is walkability important to my organization?
2. What desired outcomes or organizational goals do we have in this area?
3. What assets, strengths, and expertise does my organization bring to a partnership focused on walkable communities?
4. What existing programs, partnerships, and data can we contribute to this partnership?
5. What barriers and challenges do we face, with which other partners can help us?

After 15 minutes of individual work, each of the six tables nominated a chair and a scribe, and participants shared their responses with each other, discussed implications for the work of the collaboration, and recorded all of the information on flipchart sheets. Finally, Gary and Ian invited each table to report out to the entire room, and facilitated a full-group discussion. A summary of the output from this session is provided below.

## 1. Why is walkability important to my organization?

### Table 1:

- *Access and connectivity*
- *All ages have the option to access for transportation*
- *Fewer cars = less emissions = safer environment and less road congestion*
- *Comprehensive transportation network*
- *Help establish outside partners*
- *Closing gaps for walking needs*

### Table 2:

- *Form of transportation*
- *Relieves congestion, improves air quality*
- *Easy activity (public health), outdoor activity/nature*
- *Community building*
- *Low cost*

### Table 3:

- *United Way: health, transportation*
- *ALDoT: transportation for all users (cyclists, pedestrians, drivers)*
- *ADPH: health and safety, injury prevention, reduces chronic disease, reduces pollution*
- *WCAAHEC: quality of life, reduces chronic disease, increases performance*

### Table 4:

- *Quality of life*
- *Create choices/options*
- *Increases safety, access to safe physical activity*
- *Economic impact*
- *Performance measures*

### Table 5:

- *Health*
- *Cost-effective*
- *Reduces vehicle emissions*
- *Connectivity of neighbors*
- *Increases social interactions*
- *Prolongs life expectancy*
- *Economic development*

### Table 6:

- *Fosters inclusion and access*
- *“Pedestrian” includes all individuals with and without disabilities*
- *Connectivity to all segments of city/community*
- *Supports healthy lifestyles, increases physical activity*

## 2. What desired outcomes or organizational goals do we have in this area?

### Table 1:

- *Safe, accessible walkability*
- *Those who can't afford a car have access*
- *Not being forced to drive to get everywhere*
- *Increase physical activity*
- *Prevent chronic diseases*

### Table 2:

- *Urban trails*
- *Bike trails/sidewalks*
- *Travel from one location to another*
- *Work with communities (locals)*
- *Collaborative efforts*
- *Quality of life*

### Table 3:

- *United Way: promote local policies to improve sidewalks*
- *ALDoT: safety, access and mobility for cyclists, peds and vehicles*
- *ADPH: access, walkability to schools, reduce air pollution, increase physical activity outdoors*
- *WCAAHEC: improve health in underserved and rural areas, connect communities to resources*

### Table 4:

- *Connectivity and multimodal networks*
- *Encouraging alternative transportation*
- *Equity*

### Table 5:

- *Healthy communities*
- *Completing plan for walkability activities*
- *Recreational opportunities for residents*
- *Updating existing infrastructure*
- *Grant writing (CARPDC) & management*
- *Data collection and analysis (ALDoT, CARPDC)*
- *GIS data*

### Table 6:

- *Healthier communities*
- *Reduce obesity/chronic disease*
- *Change perspectives*

### **3. What assets, strengths, and expertise does my organization bring to a partnership focused on walkable communities?**

#### Table 1:

- *Research, policy and communication of AARP membership*
- *Planning, software, public involvement tools*
- *Relationships with mayors and city councils*
- *Engineering and planning services, safety awareness*
- *Public speaking, funding assistance, and grant writing*

#### Table 2:

- *Provide health data/strategies*
- *Knowledge of federal programs, standards and specifications*
- *Land acquisition (oversight)*

#### Table 3:

- *United Way: community convener*
- *ALDoT: building roadways, construction*
- *ADPH: epidemiologists, research, marketing, education, partnerships, funds to support*
- *WCAAHEC: connecting organizations to resources*

#### Table 4:

- *MPO: funding, experts, complete streets knowledge*
- *University extension in every county, access to rural communities*
- *Cities: Local organizations, political will*
- *Crash/safety DATA!*

#### Table 5:

- *Chronic absentee program*
- *TAP program through ALDoT*
- *Other federal programs: SRTS, HSIP, SHSP, LWCF, Recreation Trails Program, CBDG*
- *Walkable economic hubs*
- *Crash reduction, safe communities*
- *Improving multi-modal transportation*
- *Data: traffic, crash, planning*

#### Table 6:

- *Sense of community - "love where you live"*
- *Strong network of partnerships (for most)*
- *Data, GIS services*
- *Experience*
- *The citizens*
- *Leadership buy-in*
- *Expertise*

#### **4. What existing programs, partnerships, and data can we contribute to this partnership?**

##### Table 1:

- *U.S.E.T.*
- *state/local/non-profit partnerships*
- *Safety committee at ALDoT*
- *Crash data*

##### Table 2:

- *Transportation alternative programs*
- *Transit programs (bike racks/sidewalks)*
- *MPOs/regional ALDOT provide availability to locals (guidance)*
- *industry/corporate connections/partners*
- *Local churches/host events*

##### Table 3:

- *United Way: aging population, safe routes to school*
- *ALDoT: Statewide Bicycle/Pedestrian Plan (currently in draft form) - Mobile opening Bankhead Tunnel for cyclists*
- *ADPH: other state orgs, CDC state physical activity plan, data, partnerships*
- *WCAAHEC: Sumter County partnership and coalition, needs assessment data*

##### Table 4:

- *Community planning*
- *Feasibility study*
- *Bike/ped plans*

##### Table 5:

- *Technical (ALDoT)*
- *Ability to facilitate grants (ADECA, ALDoT)*
- *Community input and involvement (United Way)*
- *Flexibility and social services (United Way)*
- *AL Corps of Engineers*
- *National trails system*

##### Table 6:

- *Morehouse College*
- *ADECA, ALDoT*
- *Grant funding-federal highway grants*
- *Get Moving AL*
- *CDC funding*
- *City and community support*
- *In-kind*

## 5. What barriers and challenges do we face, with which other partners can help us?

### Table 1:

- *Funding*
- *Competing priorities*
- *Safety outreach*
- *Public involvement outreach*

### Table 2:

- *Politics, fund-limits*
- *Planning regulations, zoning issues*
- *Realistic cost of design*
- *Flexibility at local level*

### Table 3:

- *Money, staffing*
- *Knowing the needs*
- *Push from government is missing*
- *Cultural factors*
- *Community involvement*
- *Maintenance costs*

### Table 4:

- *Design needs to be quicker*
- *Aging infrastructure*
- *Project hold-ups (land acquisition)*
- *Lack of funding, political will*
- *Low population density*

### Table 5:

- *Funding*
- *Need stronger advocates*
- *Getting good legislation*
- *Other priorities*
- *Speed of implementation*

### Table 6:

- *Funding/manpower*
- *Lack of leadership commitment*
- *Competing priorities*
- *Promotion (how to attract people, currently low utilization)*
- *Involvement of younger generations*

## **AARP Lunchtime Session: *Alabama Local Leaders Panel and Walkability Audit***

AARP of Alabama sponsored lunch for workshop participants and presented a session consisting of a panel discussion and walkability audit.

First, State Director Candi Williams and Associate State Director of Community Outreach Anne Hails provided an overview of AARP's Livable Communities Program, which seeks to enable senior citizens to "age in place" by creating "age-friendly communities" that are safe and walkable. Through this program, AARP of Alabama has worked with local officials in many communities throughout the state to create walking groups, enact complete streets policies, and implement pedestrian safety improvements.

The following community leaders, who have worked with AARP over recent years, were then invited to discuss their programs and answer questions from the audience:

- Vickie Moore, Executive Director, Alabama Conference of Black Mayors
- Beth Kenward, District 5 Commissioner, City of Dothan
- Alison Frazier, Engineering Manager, City of Auburn
- Jonathan Smith, Planning Director, Town of Pike Road
- Lisa Thrift, Community Development, City of Opelika

After the Local Leaders Panel Discussion, everyone was given a copy of AARP's *Walk Audit Tool Kit* ([aarp.org/walk-audit](http://aarp.org/walk-audit)) and the 5- minute video, *CACF Walk Audit with Mark Fenton* (<https://vimeo.com/117808385>) was played. Ian provided an overview of the purpose and process of a Walkability Audit and re-organized all of the workshop participants into six new, diverse groups, each of which had a mix of people, professional backgrounds, etc.

Each group was given a map containing a different 1-mile walking loop starting and ending at the ADECA building and 45 minutes to complete a walkability audit. In de-briefing after the walks, it became apparent that a variety of different walking conditions exist in downtown Montgomery, from the wide sidewalks of the central business district to the high-speed vehicle ramps accessing Interstate I-85, to the decaying infrastructure in low-income neighborhoods east of the State Capitol.





## **ALDOT Presentation: *Draft Statewide Bicycle and Pedestrian Plan***

To kick off the afternoon program, Statewide Bicycle and Pedestrian Coordinator with ALDOT Rebecca Fulks gave a presentation about the Statewide Bicycle and Pedestrian Plan, which is currently being developed.

The purpose of the plan is to establish a vision for bicycling and walking as modes of transportation in Alabama, and help guide investment in bicycle and pedestrian facilities that maximize available funding. ALDOT has identified homeless persons and low-income workers as the largest users of bicycle and pedestrian transportation and focused on working with local communities to provide connectivity and continuity.

Rebecca reported that a long list of stakeholders have been consulted, including:

- City and County Officials
- Community Development Authorities
- Economic Development Boards
- Safety Organizations
- Transportation Planners
- Transit Organizations
- Chambers of Commerce
- Real Estate Developers
- Non-Profit Organizations serving Senior Citizens
- Non-Profit Organizations serving Impoverished People
- Healthcare Professionals
- Hiking, Walking, and Bicycle Clubs
- Bicycle Shops
- Veterans Organizations
- Faith Based Organizations

Public input was collected via electronic newsletters, an online survey, five in-person regional workshops, and one virtual workshop - leading to the following recommendations:

1. Increase bicycle and pedestrian facilities for transportation disadvantaged people
2. Coordinate with local jurisdictions about planning, design, construction and maintenance of bicycle and pedestrian facilities
3. Prioritize improvements and programs to reduce crashes involving bicycles and pedestrians
4. Increase access and connections to goods and services, and shared use path networks

ALDOT has now drafted a plan to implement these recommendations with a focus on identifying potential *Bicycle and Pedestrian Corridors* for improvement. Most recently, public involvement meetings have been held in eleven communities to accept feedback on the draft plan.

Rebecca concluded her presentation by inviting workshop participants to provide further feedback on the draft plan.

## **Small-Group Discussions: *Collaborative Strategic Planning Activity***

To start the next session, Ian delivered a presentation titled, *Montana's Framework of Aligning Principles*.

During a 2015 State Collaborative Walkability Workshop facilitated by Gary and Ian in Helena, Montana, stakeholders from the public health, transportation, commerce, and advocacy sectors identified six common principles central to increasing walking and expanding walkable communities. They were:

1. Safety
2. Mobility and Access
3. Economic Vitality
4. Quality of Life
5. Health and Environment
6. Equity

Since that workshop, this framework has been used by several other states to develop strategic action plans and so it was put to work in Alabama. With workshop participants sitting in their new, more diversified groups, each table nominated a chair and a scribe, and selected three of Montana's *Aligning Principles* to focus on.

Worksheets were distributed and each individual answered the following questions about each of the three selected *Aligning Principles*:

1. How does [Principle X] align with my organization's vision, mission, and values?
2. What strategies related to walking and walkability does/could my organization implement in the area of [Principle X]?
3. How might my organization work in collaboration with others to expand the impact of these strategies?

Following a moderated discussion at each table, Ian and Gary facilitated a report-out to the entire room, and the following input on organizational alignment, strategic action steps, and collaboration opportunities was compiled for the six *Aligning Principles*.

### **Aligning Principle #1: Safety**

#### **1. How does *Safety* align with my organization's vision, mission, and values?**

- *If you're safe you're healthy*
- *Top priority for ALDOT - design and enforcement*
- *Top priority - improves lives in AL*

2. What strategies related to walking and walkability does/could my organization implement in the area of **Safety**?

- *Bike/pedestrian safety education*
- *MPO requires safety planning and reporting*
- *AHEC/United Way look at safety/access to get to school and resources*
- *Freshwater Land Trust looks to guide safety features on trails*
- *Research, partnerships, communication, education, and policy*
- *More frequent inspection of facilities*
- *Safety audits*

3. How might my organization work in collaboration with others to expand the impact of these strategies?

- *Advocacy*
- *Lobby/advocate*
- *Public involvement*
- *Identify champions*
- *Organize coalitions*
- *Program development*
- *Seek input from program/local sponsors*
- *Provide meeting space*

**Aligning Principle #2: Mobility and Access**

1. How does **Mobility and Access** align with my organization's vision, mission, and values?

- *ADA requirements*
- *Transportation alternatives*
- *Access to physical activity for everyone*
- *Access to schools, jobs, medical care*
- *Foster independence*
- *Performance-based planning*
- *Improves lives of people with disabilities (also QoL)*
- *Provides efficient transportation network*

2. What strategies related to walking and walkability does/could my organization implement in the area of **Mobility and Access**?

- *Walk audits*
- *Focus groups and trainings*
- *Coalition development*
- *Education and advocacy*
- *Policy and research*
- *Zoning and planning ordinances*
- *Regional planners*
- *Funding (LRTP and TIP)*

3. How might my organization work in collaboration with others to expand the impact of these strategies?

- *United Way 2-1-1*
- *Provide list of ideas*
- *Grassroots/local planning*
- *Bringing all stakeholders to the table*
- *Outreach and education*
- *Training and grants*
- *Prioritize and fund*

**Aligning Principle #3: Economic Vitality**

1. How does **Economic Vitality** align with my organization's vision, mission, and values?

- *MPO: access to goods and services*
- *AHEC: education, healthcare and jobs for all (especially rural areas, blackbelt)*
- *Economic development stems from transportation system*
- *Access to food, parks/recreation places*
- *Healthy economy*

2. What strategies related to walking and walkability does/could my organization implement in the area of **Economic Vitality**?

- *Expand number of health care professionals*
- *Improve sidewalks and trails*
- *More walking initiatives*

3. How might my organization work in collaboration with others to expand the impact of these strategies?

- *Utilize public involvement*
- *Host a Complete Streets workshop*
- *Health department promotes need*
- *Education/outreach*
- *Data*

**Aligning Principle #4: Quality of Life**

1. How does **Quality of Life** align with my organization's vision, mission, and values?

- *MPO looks at livability principles*
- *United Way (equity = access for everyone)*
- *Attract and retain economic development*
- *Increase physical activity and reduce obesity*
- *Healthy walkers = improved lives of Alabamians*
- *Empowerment and independence*

2. What strategies related to walking and walkability does/could my organization implement in the area of **Quality of Life**?

- *Activating public spaces*
- *Nurturing advocates to build community capacity*
- *AHEC: educational/walking programs increase quality of life*
- *FLT: healthy environments create healthy/vibrant communities*
- *Infrastructure improvements*
- *Structure of competitive grant process*
- *Outreach*

3. How might my organization work in collaboration with others to expand the impact of these strategies?

- *Challenge communities to consider walkability*
- *Collaborate with communities to improve utilization*
- *Program development, advocacy, and funding*
- *Seek public input*

**Aligning Principle #5: Health and Environment**

1. How does **Health and Environment** align with my organization's vision, mission, and values?

- *Eliminate disparities*
- *Reduce chronic disease*
- *Decrease healthcare costs*
- *Healthy employees/incentives*
- *Align health and productivity*
- *Improve safety*

2. What strategies related to walking and walkability does/could my organization implement in the area of **Health and Environment**?

- *MPO: CMAQ funds (!) for improved air quality*
- *DOT: transports people to essential services and preserve environment*
- *United Way: core mission, access to health care and resources*
- *AHEC: increase access to health services in communities*
- *Freshwater Land Trust - conservation of land, waterways*
- *Locations of county health departments and access for use*
- *Annual air quality reporting and monitoring, ozone awareness program*
- *Policy, systems, and environment change*
- *Promotion, education, training, and workshops*
- *Grassroots resources and special events*
- *Fitness facilities*
- *Tactical urbanism*
- *Assessments*

3. How might my organization work in collaboration with others to expand the impact of these strategies?

- *Education and seminars*
- *This workshop is an example*
- *Partnerships and coalitions*
- *Reach out to members*
- *Underserved populations*
- *ALL are welcome! :)*

**Aligning Principle #6: Equity**

1. How does **Equity** align with my organization's vision, mission, and values?

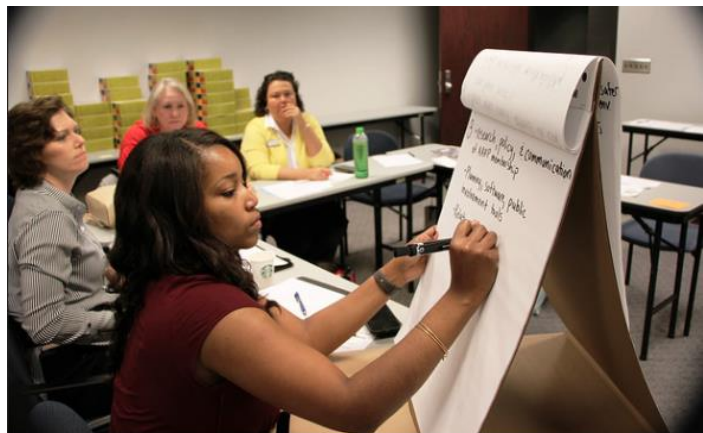
- *Address health inequities*
- *Put a face to the issue*
- *Focus on ALL areas of town (economic equity)*
- *Focus on underserved and rural populations*
- *Focus on people with disabilities*
- *Equitable allocation of funding (challenge: matched funds)*
- *Lack of city engineers/funding for maintenance in small communities*
- *Equity of urban and rural trail*
- *Balance benefit and burden*

2. What strategies related to walking and walkability does/could my organization implement in the area of **Equity**?

- *Safe routes to school*
- *Provide resources to underserved areas*
- *Bike rodeos in low-income communities, donate bikes and helmets*
- *Promote access for all including people with disabilities*
- *Targeted outreach and program adaptations*
- *Programs, policies, and advocacy in all areas*
- *"Commute Smart" program*
- *New development incentives*
- *Federal guidelines*
- *Public input*

3. How might my organization work in collaboration with others to expand the impact of these strategies?

- *Lakeshore (ADA experts)*
- *Cultivating local community leaders and advocates*
- *Partnerships and education*
- *Provide resources and materials*



## **Final Session: *Commitments for Next Steps***

Gary facilitated the final session of the day.



The goal of this session was to review all of the discussions that had taken place, identify a few specific action items to tackle over the next 12-24 months, and solicit commitments from organizations and individuals to lead those efforts, with the support of the entire collaborative.

The following four action items were agreed upon.

### Action Item #1: Develop a Statewide Physical Activity and Nutrition Plan

- Individual lead: Nick Sims
- Lead agencies: United Way of Central Alabama, ADPH, and the Obesity Task Force
- Expand focus to include the built environment by recruiting new partners from this workshop (planners, transportation professionals, etc.)

### Action Item #2: Develop messaging about the benefits of walking and walkable communities

- Individual lead: Amy Rauworth
- Lead agencies: Lakeshore Foundation and National Center on Health, Physical Activity, and Disability (NCHPAD)
- Develop an "elevator speech" and comprehensive messaging campaign about the benefits of walkable communities

Action Item #3: Create an online educational tool to help communities plan and obtain funding for pedestrian projects

- Individual lead: Ruth Brock
- Lead agencies: Alabama Cooperative Extension System and Regional Planning Commission of Greater Birmingham
- Online resource should consist of a map of ALDOT contacts, easy-to-use information about planning, funding, and building projects, and a short video - must include a rural focus
- Utilize the League of Municipalities Conference as a resource

Action Item #4: Build political will for making active transportation a high priority

- Individual lead: Anne Hails
- Lead agencies: AARP of Alabama and local communities
- Make the case to the State Legislature that active transportation projects should be a higher priority - need to align messaging among ALDOT, local elected officials, and other partners (see Action Item #2)

## **Review and Recommendations**

### **Workshop Review**

This was a well-attended workshop that accomplished its goals and inspired a high level of commitment from participating organizations (especially those in the non-profit sector) to start work on some tangible action items.

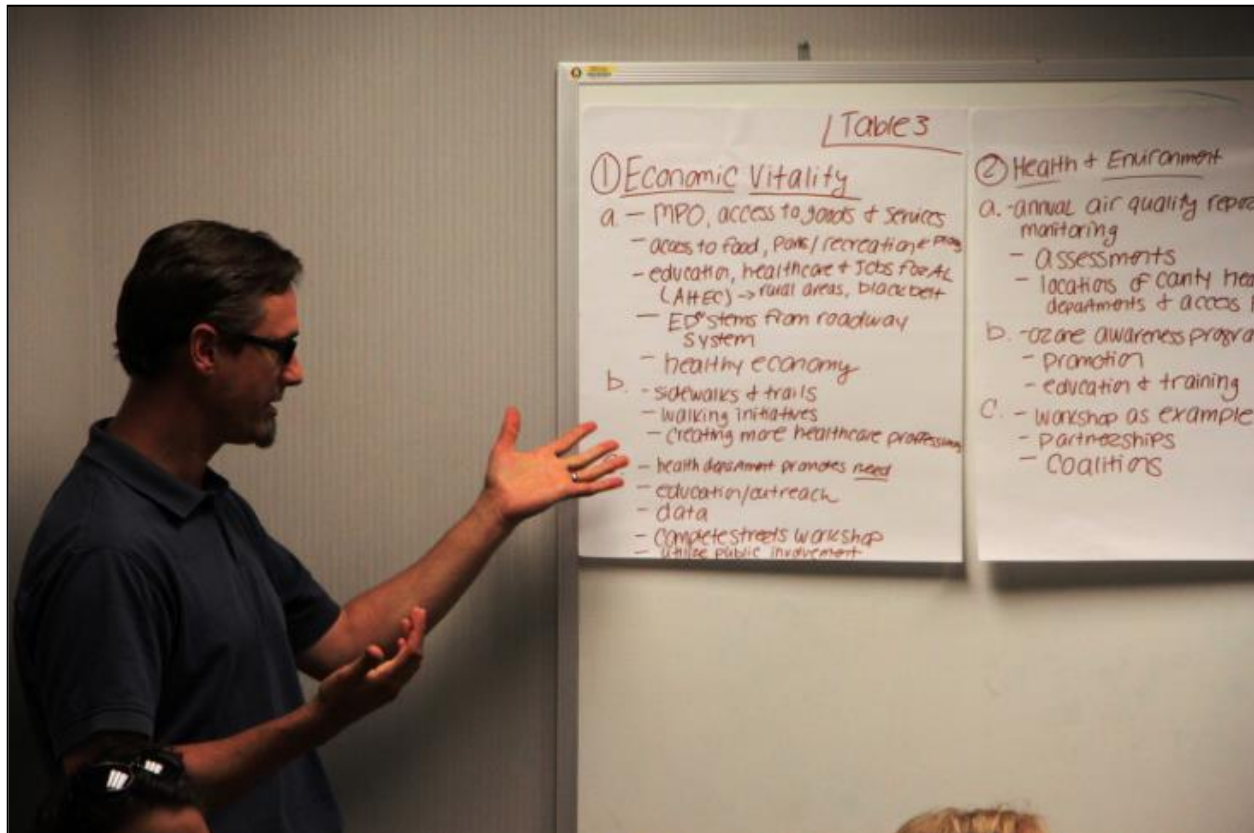
The original workshop goals were to:

1. Strengthen collaboration between ALDOT, ADPH, ADECA, and other partners
2. Develop a shared understanding of the benefits of walkable communities, especially for disadvantaged populations and people with disabilities
3. Learn about the funding process and hear from local mayors about their walkability initiatives
4. Provide feedback on the draft State Bicycle and Pedestrian Plan
5. Commit to a collaborative action plan, moving forward

In the opening session, participants described why walking and walkable communities are important to them. In doing so, they identified a wide range of inter-connected benefits to public health and safety, quality of life for everyone (including persons with disabilities and those in poverty), mobility and transportation, local economic development, preservation of natural resources, and more.



Early in the workshop, senior administrators with ALDOT, ADECA, and ADPH, all made commitments to a collaborative initiative to expand walkable communities in Alabama. Don Arkle, Chief Engineer with ALDOT, indicated that the agency is "open to new designs in cities;" Deputy Director Anita Archie committed ADECA to assisting with planning and coordination; and Dr. Thomas Miller, State Health Officer with ADPH, stated that "ADPH is 100% behind this initiative."



The first small-group discussion session revealed significant consensus among the state agencies and non-profit organizations that walkable communities are highly desirable because they improve public health, access and equity, and quality of life. Key assets and existing programs identified included safety data, physical activity promotion efforts, national best practices in accessibility, skills in education and messaging, built environment planning/design expertise, advocacy capacity, and funding. Participants identified barriers and challenges, such as a lack of policy knowledge and the absence of funding, that can be addressed by deploying assets from other organizations.

Following the local leaders panel, walkability audits, and presentation of ALDOT's draft *Statewide Bicycle and Pedestrian Plan*, the afternoon discussions laid the groundwork for collaboration in the areas of safety, mobility and access, economic vitality, quality of life, health and environment, and equity. Expanding partnerships and increasing collaboration between state agencies and individual communities were endorsed by every group.

## Recommendations for Next Steps

During the final session, workshop participants identified four specific action items, and these form the basis of the recommendations for next steps for collaboration:

1. Develop a Statewide Physical Activity and Nutrition Plan
2. Develop messaging about the benefits of walking and walkable communities
3. Create an online educational tool to help communities plan and obtain funding for pedestrian projects
4. Build political will for making active transportation a high priority

America Walks plans to stay engaged with the Alabama team - to continue to evaluate the effort, to provide ongoing technical assistance, possibly to facilitate another event.

### Recommendation #1: Develop a Statewide Physical Activity and Nutrition Plan

Several states have developed and formally adopted *Statewide Physical Activity Plans* or *Statewide Physical Activity and Nutrition Plans*. Others are in the process of doing so.

For example, Georgia started to explore this idea early in 2016. When America Walks committed to facilitating a *Georgia State Collaborative Workshop on Walkable Communities* (which was held in Atlanta, GA in August, 2016) one of the goals of the workshop was to "Engage partners in Georgia DPH's proposal to develop a Statewide Physical Activity Plan." During the workshop, participants provided feedback on specific questions about the plan and, following the workshop, Georgia Department of Public Health (DPH) committed to establishing a task force and developing a plan.

Therefore, we recommend Alabama follow the lead of Georgia and develop a Statewide Physical Activity Plan or Physical Activity and Nutrition Plan. In fact, this process is already underway through the work of the Obesity Task Force, United Way of Central Alabama, and Alabama Department of Public Health. Other participants in the June, 2017 workshop (planners, transportation professionals, etc.) should also be included so that the plan addresses the way the built environment influences physical activity in any state.

We suggest this team start by collecting input from stakeholders on questions such as:

1. Why does Alabama need an Statewide Physical Activity and Nutrition Plan and what would make it successful?
2. Which agencies, organizations, and communities have established goals or policies related to wellness and physical activity?
3. What existing data and other resources can contribute to development of the Statewide Physical Activity and Nutrition Plan?

The team should study the National Physical Activity Plan ([www.physicalactivityplan.org](http://www.physicalactivityplan.org)) and reach out to the Georgia team.

## Recommendation #2: Develop messaging about the benefits of walking and walkable communities

The importance of developing consistent and effective messaging and communications was discussed several times during the workshop.

In building support for change, it is necessary to explain why the status quo is not working, communicate how a new approach will correct the problems, and counter myths that will be promulgated by special interests that oppose the change. Walkable communities offer numerous diverse benefits to residents and visitors, in the areas of public health and safety, quality of life for everyone, mobility and transportation, and local economic development. An "elevator speech" and comprehensive messaging campaign describing these benefits, with supporting evidence and anecdotes, will build community demand for change.

Therefore, we recommend the establishment of a Messaging team to agree upon a unified set of messages that can be disseminated across the state. Lakeshore Foundation and NCHPAD have already committed to taking the lead on this action item. Other partners with communication programs and expertise - such as AARP, Cooperative Extension, ADECA, and ADPH - should also be part of this team. They could use tools such as AARP's Livability Index ([www.livabilityindex.aarp.org/](http://www.livabilityindex.aarp.org/)) to assemble metrics and create messages that emphasize livability and local economic impact benefits of walkable communities.

The Messaging team might decide to work for 6 months to develop a pilot communications campaign and then work with stakeholders from multiple sectors including health, equity, economic development, transportation, planning, etc., to disseminate these initial materials and test the response. This Outreach team consist of state agencies and organizations with well-established statewide communications networks, including Alabama Cooperative Extension System and AARP.

Having tested an initial communications campaign, the team should revise the messaging, as needed, and then systematically develop and deliver presentations, email marketing, social media, targeting local communities.

## Recommendation #3: Create an online educational tool to help communities plan and obtain funding for pedestrian projects

A common theme throughout the workshop was that many local communities do not know how to work with their regional planning agencies and ALDOT to develop plans and find funding for walkable community improvements.

Therefore, we recommend the creation of an online educational tool that provides this information and guidance in an easily digestible format. There should be a short video to explain the purpose of the site, a map of ALDOT's regional offices and the metropolitan and regional planning commissions with contact information, and easy-to-use resources for planning, funding, and building projects. The tool should also include a rural focus.

Alabama Cooperative Extension System and the Regional Planning Commission of Greater Birmingham have already volunteered to coordinate the design and creation of this tool. They will need assistance from ALDOT and other metropolitan and regional planning commissions in developing the content, and the League of Municipalities Conference might be a good opportunity to learn more about the needs of communities from local officials.

We suggest this team study Kentucky's *Pedestrian Planning Assistance for Communities* program (see Appendix 2). This collaborative training program is offered to communities by the Kentucky Transportation Cabinet and the Kentucky Department for Public Health, who wish to learn how to develop local pedestrian plans. More than fifty plans have been adopted by local elected bodies since 2013 and this has led to walkable community projects being funded and built in many of these cities.

The team developing in Alabama's online educational tool, should consider whether to include some elements and/or resources from the Kentucky program.

#### Recommendation #4: Build political will for making active transportation a high priority

Expanding walkable community projects in Alabama will require additional funding and the State Legislature controls the transportation budget.

Therefore, we recommend members of the Alabama team develop an advocacy campaign designed to build political will for making active transportation a high priority. AARP of Alabama as stepped forward to lead this action item - in addition to a well-established lobbying operation in Montgomery, AARP also has a statewide network of highly-engaged volunteers and advocates.

This team, which might also include local elected officials and other membership and professional organizations such as the Alabama Chapter of the American Public Health Association, should work with the Messaging team (see Recommendation #2) to align messages for legislators with those for communities and other audiences in the state.

A key component of this campaign should be some kind of economic impact calculation of the benefits of walkability in local communities. Pedestrian projects cost a lot less than highway projects and the return on investment is enormous.

#### Recommendation for a Steering Committee

To coordinate all of these projects, we recommend the creation of a Steering Committee that makes a commitment to hold regular meetings and track progress on implementation of the four recommendations. We suggest the same agencies and organizations that planned the workshop (ADPH, ALDOT, ADECA, United Way, Lakeshore Foundation, NCHPAD, and AARP) serve on the Steering Committee.

## Appendix 1: Workshop Evaluation

The following evaluation was administered at the end of the workshop. 31 responses were received from the 45 participants (69% response rate). Responders were asked to indicate whether they "strongly agree," "agree," "are neutral," "disagree," or "strongly disagree" with each of seven statements about the workshop.

### Statement 1: "I liked the general format of the workshop."

Responses:

- Strongly agree: 11
- Agree: 19
- Neutral: 1
- Disagree: 0
- Strongly disagree: 0

Comments:

- *It was really nice to be able to get outside with a hands-on activity.*

### Statement 2: "I have increased my understanding of ways to collaborate to promote walkable communities."

Responses:

- Strongly agree: 14
- Agree: 12
- Neutral: 5
- Disagree: 0
- Strongly disagree: 0

Comments:

- *I believe I have learned a lot about what other organizations do and made numerous contacts that can help my agency's mission.*

Statement 3: "I feel inspired to work with partners to increase walking and expand walkable communities in Alabama."

Responses:

- Strongly agree: 15
- Agree: 13
- Neutral: 3
- Disagree: 0
- Strongly disagree: 0

Comments:

- *Change starts at the local level.*
- *The workshop provided a new excitement to getting involved in walking and providing walking facilities.*

Statement 4: "The facilitators were knowledgeable and responsive."

Responses:

- Strongly agree: 21
- Agree: 10
- Neutral: 0
- Disagree: 0
- Strongly disagree: 0

Comments:

- *Very good instructors*
- *Great presentations*

Statement 5: "The *Best Practices in Collaborating for Walkable Communities* presentation and panel discussion with agency directors were informative and engaging."

Responses:

- Strongly agree: 11
- Agree: 17
- Neutral: 3
- Disagree: 0
- Strongly disagree: 0

Comments:

- *It was good to have leadership support, but most of the real information can be provided by staff who actually do the work.*

Statement 6: “The small-group *Asset-Mapping Exercise* helped establish the foundation for a successful collaborative statewide initiative.”

Responses:

- Strongly agree: 12
- Agree: 17
- Neutral: 2
- Disagree: 0
- Strongly disagree: 0

Comments:

- 

Statement 7: “The lunchtime *Alabama Local Leaders Panel* provided valuable examples of successful projects in individual communities.”

Responses:

- Strongly agree: 10
- Agree: 15
- Neutral: 3
- Disagree: 1
- Strongly disagree: 0
- N/A: 2

Comments:

- *Good!*
- *I wish we would have been able to hear more from the members of the panel.*
- *Not a lot of new information offered*

Statement 8: “The walkability audit was enjoyable, educational, and invigorating.”

Responses:

- Strongly agree: 12
- Agree: 14
- Neutral: 4
- Disagree: 0
- Strongly disagree: 0
- N/A 1

Comments:

- *Outstanding!*
- *This was one of my favorite part of the workshop*
- *Very informative perspective - good idea to go outside to do the audit*
- *I definitely learned about the downtown, which is great now that I work here*

Statement 9: “The small-group *Strategic Planning Activity* helped build momentum for further collaboration.”

Responses:

- Strongly agree: 6
- Agree: 17
- Neutral: 5.5
- Disagree: 0.5
- Strongly disagree: 0
- N/A 2

Comments:

- *Suggestion: discuss walkability in rural communities and how to make it happen*
- *Too late in the day (and on Friday) - need more time to think through action plan items. Perhaps it could be done after the Summit at a later date*
- *Not enough time to discuss, used priority areas from another state, didn't really help to uncover areas to work together, don't feel like it helped to accomplish workshop objectives*
- *Difficult sometimes with different agendas and personalities*



## Appendix 2: Collaborations between Transportation and Health Departments in Other States

Based on research conducted during the last two years, about 20 states are actively engaged in collaborations between the Health and Transportation Departments to expand walkable and livable communities throughout their states.

The following summary highlights recent and ongoing work in some of the most active states: Oregon, Minnesota, Massachusetts, and North Carolina, who have pioneered this work for many years, along with Montana, Arkansas, Kentucky, and Colorado, where America Walks has hosted state collaborative workshops in recent years.

### Oregon: Memorandum of Understanding

In 2013, Oregon Department of Transportation (ODOT) and the Oregon Health Authority, Public Health Division (OHA-PHD) established a Memorandum of Understanding (MOU), in which both parties agreed to “communicate, coordinate and collaborate on activities that support their mutual goal to improve the link between public health and transportation policies and programs in Oregon.”

Both groups recognize that transportation is intrinsically linked with health and that social determinants of health, such as living conditions and travel behaviors, are a key factor in the overall health of the population. The MOU identifies that ODOT and OHA-PHD will work together to meet Oregonian’s mobility and health needs through:

- Shared communication and planning
- Shared encouragement of active transportation
- Collaborative research and data analysis
- Leverage resource and funding opportunities

Further research is currently underway to obtain additional information from the Oregon Department of Transportation (ODOT) and the Oregon Health Authority, Public Health Division:

- What was the collaborative process?
- Did the Memorandum of Understanding "stick?"
- Has a "cost-benefit analysis" been conducted?

Answers to these questions will be provided in the final draft of this report.

### Reference:

- *Health and Transportation White Paper (Oregon Bicycle and Pedestrian Plan)*, <http://www.oregon.gov/ODOT/TD/TP/BikePed/HealthWhitePaper.pdf>

## **Minnesota: Inter-Agency Agreement and Statewide Pedestrian System Plan**

In 2014, following the creation of an inter-agency agreement between the Minnesota Department of Transportation (MnDOT) and the Minnesota Department of Health (MDH), the two agencies developed the Minnesota Statewide Pedestrian System Plan.

Goals of the plan:

- Gain a better understanding of pedestrian needs and challenges
- Develop and prioritize recommendations for new projects, policies, and programs
- Provide recommendations to clarify roles and responsibilities of partners

Process for plan development:

- Stakeholder Visioning (August 2014)
- Project Advisory Committee (25 stakeholder groups)
- Minnesota Walks: Current & Future Steps Towards a Walkable Minnesota
- Public outreach and engagement

References:

- *Minnesota Statewide Pedestrian System Plan*, Minnesota Departments of Transportation and Health - <https://www.dot.state.mn.us/peds/plan/>
- *Minnesota Walks* toolkit - <https://www.dot.state.mn.us/peds/plan/pdf/minnesota-walks-2016.pdf>

## **Massachusetts: Healthy Transportation Compact and Healthy Transportation Policy Directive**

Massachusetts may have been the first state to legislate collaboration between its health and transportation agencies. As far back as 2009, the State Legislature established a Healthy Transportation Compact, which "Directs the Massachusetts Department of Transportation (MassDOT) to partner with other agencies and consider health in transportation."

Later - in 2013 - MassDOT established the Healthy Transportation Policy Directive with the following goals:

- To formalize commitment to transportation networks that serve all mode choices
- To ensure all MassDOT projects provide customers safe, comfortable, healthy transportation options
- To achieve designated mode shift goal

Reference:

- *Healthy Transportation Policy Directive*, Massachusetts Dept. of Transportation - <http://www.massdot.state.ma.us/Portals/0/docs/GreenDOT/DirectiveHealthyTransportation.pdf>

## **North Carolina: Statewide Bicycle and Pedestrian Plan**

North Carolina's Bicycle and Pedestrian Plan - WalkBikeNC - was adopted in 2013.

The 18-month collaborative process included the following partners:

- NC Department of Transportation
- NC Department of Health and Human Services
- NC Department of Environment and Natural Resources
- NC Department of Commerce
- Blue Cross and Blue Shield of North Carolina Foundation
- Davis Wealth Management Foundation.

The five principles of the plan are:

1. Mobility: Expand walking and biking network
2. Safety: Improve safety for walking and bicycling
3. Health: Embrace health and wellness in transportation decisions
4. Economy: Foster robust economic growth
5. Environment: Encourage stewardship

### Reference:

- *WalkBikeNC*, <http://www.walkbikenc.com>

## **Montana: A Collaborative Framework for Walkable Communities**

A workshop was held on Wednesday, August 12th, 2015 in Helena, Montana, in partnership with Montana Department of Public Health and Human Services, Montana Department of Transportation, Montana Department of Commerce, and Bike Walk Montana.

Prior to the workshop, the four partner organizations drafted a "Collaborative Framework for Walkable Communities" based on the following six "Aligning Principles:"

1. Safety: Walkability reduces fatal and serious injuries in Montana communities, by improving the safety of pedestrians and all road users.
2. Mobility and Access: Walkable communities provide mobility and access to services, education, employment, and social opportunities for all Montana residents.
3. Economic Vitality: Walkable communities are economically vibrant and resilient because they align with current and future trends in the preferences of Montana residents and tourists.
4. Quality of Life: Walkable communities contribute to Montana's quality of life through healthier lifestyles, expanded commuting options, and easier access to recreational and social opportunities.
5. Health and Environment: Walkable communities improve the health and well-being of Montana residents by encouraging active lifestyles and a healthy environment.
6. Equity: Walkable communities equitably support the lives and lifestyles of Montana residents of all ages, abilities, income levels, races, and national origins.

The following three workshop goals were established:

1. Strengthen relationships between Departments of Health, Transportation, and Commerce, and Bike Walk Montana;
2. Explore benefits of increased collaboration, communication, and coordination between agencies in promoting walking and walkable communities;
3. Present draft "Collaborative Framework" to agency directors, request feedback, and seek support for continuing collaborative process.

Between 6-10 staff from each of the three agencies participated in the workshop, along with members of Bike Walk Montana and other groups. After lunch, Directors Mike Tooley (Transportation), Richard Oppen (Public Health and Human Services), and Meg O'Leary (Commerce) received a presentation from their own staff plus Bike Walk Montana Executive Director Melinda Barnes, about the proposed "Collaborative Framework for Walkable Montana Communities," that had been developed and refined earlier in the day. All three Agency Directors expressed support for continuing the collaborative effort and Director O'Leary asked, "What can senior administrators do to help remove barriers?"

The key next step for the three state agencies was to hold individual meetings with their Directors to discuss future plans.

### **Arkansas: Local Communities Lead the Way**

America Walks coordinated a Workshop on Collaboration for Walkable Arkansas Communities on Tuesday, August 25th, 2015 in Little Rock, AR. The partnership between the Arkansas Department of Health (ADH) and Arkansas Highway and Transportation Department (AHTD) was the primary focus of this workshop, along with engagement of local officials.

The following goals were agreed upon by the planning team, which consisted only of ADH and AHTD staff:

1. Strengthen relationship between Arkansas Department of Health (ADH) and Arkansas State Highway and Transportation Department (AHTD)
2. Develop shared understanding of the benefits of walkable communities between ADH, AHTD, and other partners
3. Develop Action Plan for providing Technical Assistance to communities to develop Bicycle and Pedestrian Plans

The entire morning session was for Health and Highway/Transportation agency staff only. Participation consisted of six ADH staff including the Deputy Director, and ten AHTD staff including the Chief Operating Officer and the Chief Engineer.

Facilitators Ian Thomas and Gary Toth gave an opening presentation titled "Collaboration for Walkable Communities," on national health care expenditures, importance of the built environment, a history of transportation planning in the U.S., and the need for health and transportation sectors to collaborate to solve serious health, safety, and cost problems.

There followed a small-group discussion titled "ADH and AHTD: Where is the Common Ground?" during which the public health and transportation teams separately evaluated their own strengths and challenges in this work, and then identified ways to support each other effectively.

In the afternoon, staff from other state agencies, metropolitan planning organizations, statewide non-profit groups, the Arkansas Coalition to Prevent Obesity and local elected officials joined the workshop. Four small-town mayors participated in a panel discussion focused on individual walkability projects they are leading in their own communities:

- Mayor Rick Elumbaugh (Batesville, AR)
- Mayor Jill Dabbs (Bryant, AR)
- Mayor Frank Hash (El Dorado, AR)
- Mayor Chip Johnson (Hernando, MS)

In the final session, the group started to develop a statewide plan to provide planning assistance to communities to promote walking and walkable design. One of the outcomes of the workshop was that local communities are currently leading the way in Arkansas, and that there are important next steps state agencies can take to support their efforts.

### **Kentucky: *Pedestrian Planning Assistance for Communities Training***

Kentucky's public health and transportation agencies have been working closely together to improve walkability for several years.

Through the Physical Activity Committee of the Partnership for a Fit Kentucky, the Kentucky Transportation Cabinet and the Kentucky Department for Public Health have developed a robust collaborative program in which they reach out to local communities and deliver training in how to develop local pedestrian plans. More than fifty plans have been adopted by local elected bodies since 2013 and this has led to walkable community projects being funded and built in many of these cities.

With that background in mind, the goals for the Kentucky workshop were:

1. Expand partnership and increase impact of existing pedestrian planning and implementation efforts
2. Increase communities' access to effective resources and funding for pedestrian planning and implementation

During the morning session, managers and staff from the Kentucky Department of Public Health (KDPH) and Kentucky Transportation Cabinet (KYTC) discussed their innovative *Pedestrian Planning Assistance for Communities* training program. This program guides local officials and community residents through the process of gathering public input about pedestrian safety and access needs in their community, and developing a formal Pedestrian Plan that is adopted by the City Council or County Board, thereby making projects within these plans "shovel-ready" for implementation as and when funding becomes available.

The challenge for KDPH and KYTC is to build awareness of the benefits of walkable community planning and create more demand for the training among communities throughout the state. To address this challenge, the workshop brought together other state agencies and organizations, educated them about walkability and the *Pedestrian Planning Assistance for Communities* program, and solicited their help in building awareness and demand for this program in communities throughout the state.

Other organizations in attendance included:

- Kentucky Injury Prevention Research Center
- Kentucky Department of Aging and Independent Living
- Kentucky Environmental Education Council
- University of Kentucky Transportation Research Center
- Foundation for a Healthy Kentucky
- Kentucky Youth Advocates

Two of the most engaged partners were Kentucky Main Streets, who have staffed offices in 44 communities, and Kentucky AARP, who have 460,000 members and hundreds of volunteers throughout the state. Both of these organizations committed to becoming trainers for the program and using their communications networks to building awareness and increasing demand.

More information about Kentucky's Pedestrian Planning Assistance for Communities training:

- Webinar: <http://americawalks.org/pedestrian-planning-for-communities-a-transferable-training-and-implementation-program-from-kentucky/>
- Toolkit: [http://www.fitky.org/wp-content/uploads/sites/2/2016/04/PLAN-Document\\_042816.pdf](http://www.fitky.org/wp-content/uploads/sites/2/2016/04/PLAN-Document_042816.pdf)

## **Colorado:**

A State Agency Collaborative Workshop was hosted by the Walk Colorado Working Group on Thursday, September 10th, 2015 in Denver, CO.

The goals for this workshop were to:

1. Document existing collaborations among state agencies, organizations, and communities, that support walking and walkable community design
2. Identify opportunities and barriers regarding increased collaboration, communication, and coordination of walkable community advocacy, planning and implementation activities
3. Strengthen relationships among all partners and develop additional goals, strategies, and action steps for the "Walk Colorado Collaborative Action Plan"
4. Establish next steps for the "Walk Colorado Partnership"

The Walk Colorado Working Group consists of three state government agencies and three non-profit organizations:

- Colorado State Department of Public Health and Environment (CDPHE)
- Colorado Department of Transportation (CDOT)
- Colorado State Department of Local Affairs (DOLA)
- Colorado Health Foundation
- Colorado Municipal League
- Walk Denver

In the morning, the six Walk Colorado Working Group members participated in a "Collaboration Multiplier" asset-mapping exercise, based on the following questions:

1. Why is walkability important to my organization?
2. What desired outcomes or organizational goals do we have in this area?
3. What assets, strengths, and expertise does my organization bring to a partnership focused on walkable communities?
4. What existing programs, partnerships, and data can we contribute to this project?
5. What barriers and challenges do we face, with which other partners can help us?

In the afternoon, other partners joined the workshop, including the Injury Prevention and Chronic Disease Units of CDPHE, Safe Routes to School and Traffic Safety Divisions of CDOT, State Office of Tourism, State Department of Education, the Governor's Office, AARP, the Sonoran Institute, Urban Land Institute, Great Outdoors Colorado, LiveWell Colorado, Walk2Connect, and the Fort Collins Partnership for Age-Friendly Cities.

Small-group discussions and report-outs were held around the following three questions:

1. How is my group promoting walkability?
2. What assets, strengths, expertise, and programs do we bring?
3. How do we generate excitement about walkability?

The output from these discussions will further inform the Walk Colorado Collaborative Action Plan.