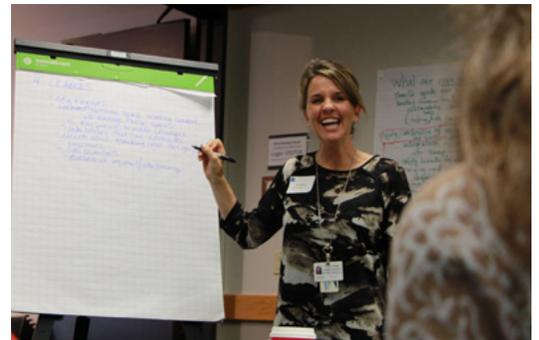


# Connecting the Dots Between Health and Transportation in the Linn-Benton Region

## Workshop Report

February 4, 2016



Prepared By:



Prepared For:

In partnership with:  
Oregon Cascades West Council of Government  
Benton County Health Department  
Linn County Health Department



# Acknowledgments

This report is based on information from a variety of stakeholders throughout the region and has benefited from the input of many contributors and reviewers. The hard work of a dedicated core team included Theresa Conley, Tatiana Dierwechter, Sara Hartstein, Erin Sedlacek, Stephanie Millar, Heather Gramp and Karen Levy. Evan Manvel was the lead agency contract administrator and Theresa Conley was the local government contact.

This project is partially funded by a grant from the Transportation and Growth Management (“TGM”) Program, a joint program of the Oregon Department of Transportation and the Oregon Department of Land Conservation and Development. This TGM grant is financed, in part, by federal Moving Ahead for Progress in the 21st Century (“MAP-21”), local government, and the State of Oregon funds. The contents of this document do not necessarily reflect views or policies of the State of Oregon.

## Workshop Planning Team

Mitch Anderson	Evan Manvel
Robyn Bassett	Sean McGuire
Constance Beaumont	Stephanie Millar
Chris Bentley	Charlie Mitchell
Ali Bonakdar	Frank Moore
Phil Bors	Rocio Munoz
John Bosket	Jim Owens
Nicole Charlson	Jean Palmateer
Andy Chuinard	Patricia Parsons
Theresa Conley	Amy Ramsdell
Tatiana Dierwechter	Erin Sedlacek
Charlie Fautin	Jessica Seifert
Leah Fisher	Lisa Sherf
Heather Gramp	Laurie Starha
Valerie Grigg Davis	Mark Volmert
Sara Harstein	Phil Warnock
Karen Levy	Meredith Williams
Lee Lazaro	Greg Wilson

## Workshop Logistics Team

Theresa Conley  
Tatiana Dierwechter  
Sara Hartstein  
Erin Sedlacek  
Karen Levy  
Evan Manvel

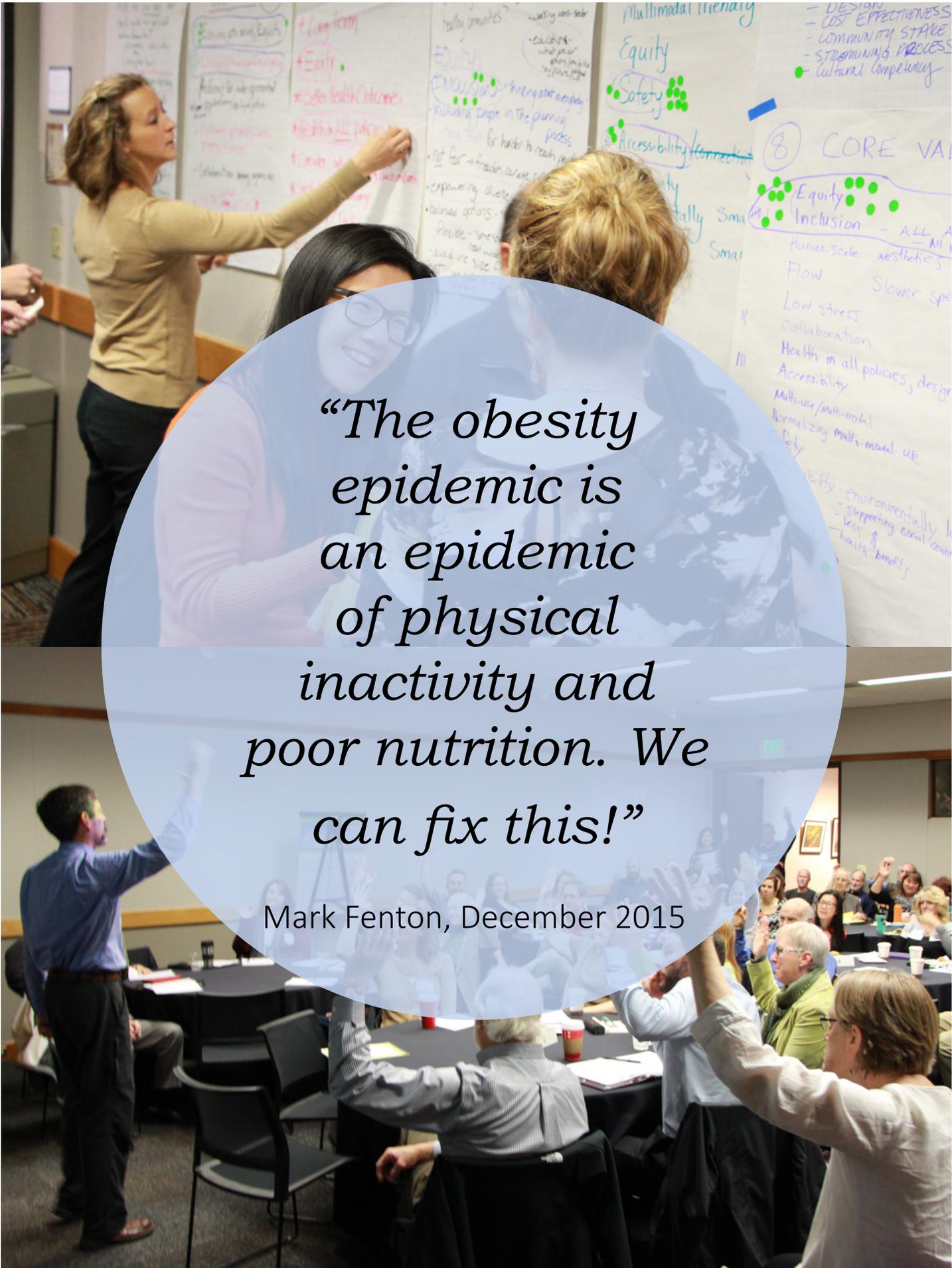
## Consultants

Mark Fenton, Tufts University  
Joe Dills, Angelo Planning Group  
Laura Krull, Angelo Planning Group

*Photos courtesy of Evan Manvel, Department of Land Conservation and Development*

# Contents

<input type="radio"/>	<b>Introduction</b>	<b>Page   1</b>
	<ul style="list-style-type: none"><li>● Overview</li><li>● Purpose</li><li>● What is a Healthy Community and Why Build Them?</li><li>● An Emerging Partnership</li></ul>	
<input type="radio"/>	<b>Planning the Workshop</b>	<b>4</b>
	<ul style="list-style-type: none"><li>● Initiating the Idea</li><li>● Acquiring Funding and Resources for the Workshop</li><li>● Crafting a Workshop Plan</li></ul>	
<input type="radio"/>	<b>Workshop Summary and Outcomes</b>	<b>11</b>
	<ul style="list-style-type: none"><li>● Site Visits</li><li>● Keynote Address</li><li>● Morning Workshop</li></ul>	
<input type="radio"/>	<b>Next Steps</b>	<b>20</b>
	<ul style="list-style-type: none"><li>● Prepare and Adopt Core Values</li><li>● Identify and Initiate Pilot Projects</li><li>● Establish Dedicated Staffing</li><li>● Continue the Partnership</li></ul>	
<input type="radio"/>	<b>Appendices</b>	<b>23</b>
	<ul style="list-style-type: none"><li>● Appendix A: Stakeholder Interview Summary</li><li>● Appendix B: Workshop Meeting Plan</li><li>● Appendix C: Keynote Address Presentation</li><li>● Appendix D: Workshop Small Group Verbatim Notes</li><li>● Appendix E: Facilitator Guide</li><li>● Appendix F: Planning Processes Handout</li><li>● Appendix G: Workshop Agenda</li><li>● Appendix H: Workshop Flyer</li><li>● Appendix I: Workshop Attendees</li></ul>	



*“The obesity epidemic is an epidemic of physical inactivity and poor nutrition. We can fix this!”*

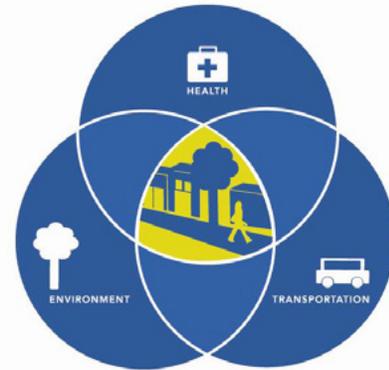
Mark Fenton, December 2015

# Introduction

## Overview

On December 8 and 9, 2015, approximately 100 community members and leaders from Linn and Benton Counties came together to learn about, discuss, and lay a path toward building healthy communities. They were inspired by presentations by, and interactions with, Mark Fenton, a national expert in integrating community health, transportation planning, and community design. They reflected on the diverse needs and opportunities of the many communities that make up the Linn-Benton region, and also the common values and issues that connect the area. Community members explored:

- What are the **core values** that should guide our goal to build healthy communities?
- What **follow-up actions** are needed to form and sustain a broad commitment to building healthy communities?
- What are **the barriers** that need to be overcome to implement the follow-up actions?
- Who should **lead, convene and coordinate** this effort?



## Purpose

This report describes the process, participants, and outcomes from the *Connecting the Dots between Health and Transportation* workshop planning and events. Next steps are suggested, as the workshop was just a step in defining how healthy communities will be implemented over time and in many different ways in the Linn-Benton region. We hope other communities who are interested in connecting the dots between health and transportation can learn from this report as well.



## What is a Healthy Community and Why Build Them?

---

The Centers for Disease Control and Prevention provides a good summary of the case for building healthy communities and captures many of the themes expressed by participants in the *Connecting the Dots between Health and Transportation* workshop. They wrote:

*Health is a state of complete physical, mental, and social well-being and not merely the absence of infirmity. A healthy community ... is one that continuously creates and improves both its physical and social environments, helping people to support one another in aspects of daily life and to develop to their fullest potential. Healthy places are those designed and built to improve the quality of life for all people who live, work, worship, learn, and play within their borders – where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options.*

*A healthy community environment encompasses aspects of human health, disease, and injury that are determined or influenced by factors in the overall environment. Examining the interaction between health and the environment requires studying not only how health is affected by the direct pathological impacts of various chemical, physical, and biologic agents, but also by factors in the broad physical and social environments, which include housing, urban development, land use, transportation, industry, and agriculture.*

*Since 1900, life expectancy in the United States has increased by approximately 40 years. Only seven of those years can be attributed to improvements in disease care while the rest are the result of improved prevention efforts (such as immunizations) and improved environmental conditions, including sanitation and water. The link between the nation's health and the environment is unmistakable.<sup>1</sup>*

---

*Roughly only 20% of Americans get their daily recommended amount of physical activity.*

Centers for Disease Control and Prevention  
<http://www.cdc.gov/physicalactivity/data/facts.htm>

---

<sup>1</sup>Centers for Disease Control and Prevention, Healthy Places web site, <http://www.cdc.gov/healthyplaces/about.htm>



## An Emerging Partnership

---

There is a broad spectrum of partners interested in building healthy communities in the Linn-Benton region. The primary participants of the workshop are listed below; for a full list of participants, see Appendix I.

### Workshop Planning Team Organizations

- Oregon Cascades West Council of Government (lead for coordination)
- Benton County Health Department
- Benton County Public Works
- Corvallis Public Works
- Corvallis Area Metropolitan Organization (CAMPO)
- InterCommunity Health Network Coordinated Care Organization (IHN-CCO)
- Linn Benton Health Equity Alliance
- Linn County Department of Health Services
- Oregon Department of Land Conservation and Development (DLCD)
- Oregon Department of Transportation (ODOT)
- Oregon Health Authority (OHA)

### Sponsors

- Benton County
- Linn Benton Health Equity Alliance
- Linn County
- Oregon Cascades West Council of Government (OCWCOG)
- Oregon State University
- Oregon Transportation And Growth Management Program (TGM)



# Planning the Workshop

## Initiating the Idea

Beginning in February, 2015, the Oregon Cascades West Council of Governments (OCWCOG), in close partnership with Linn and Benton County public health partners, worked to determine the interest and capacity to host a workshop in the region. OCWCOG formed a workshop planning team consisting of the partner agencies listed on page 3.

After assessing initial interest, the workshop planning group recognized a shared commitment to raising awareness about the link between transportation and health, and strengthening sector alignment and coordination across the two-county region. Scoping discussions identified the following initial issues and relevant planning processes:

### ISSUES

- 1. A general lack of awareness/understanding** of the link between transportation and health and the associated opportunities for cross-sector coordination.
- 2. Variability in infrastructure, capacity and resources to foster cross-sector planning.** Improving coordination and communication across jurisdictions can lead to numerous opportunities for information sharing and peer exchange.
- 3. Numerous transportation planning efforts currently or soon to be underway in the region.** These are often staffed by separate agencies, sometimes with overlapping scope and goals, and community partners are often unaware of each other's respective planning efforts. (See sidebar for a partial list of projects).
- 4. Coordination of health services** may be contingent on the available of transportation to access service.
- 5. Public input and outreach is fragmented** and community leaders or interested residents must navigate numerous competing opportunities to provide input into key transportation planning decisions.

### System Planning Processes

- City of Corvallis Transportation System Plan and Transit Development Plan
- Corvallis Area Scenario Analysis of Greenhouse Gas Emissions
- Highway Safety Study – Corvallis to Hwy 20
- City of Millersburg Transportation System Plan
- City of Philomath Transportation System Plan
- City of Lebanon Transportation System Plan
- Albany Area MPO Regional Transportation Plan and Transit Development Plan
- Linn County Transportation System Plan
- Linn County and Benton-Lincoln County Coordinated Public Transportation-Human Service Transportation Plan updates
- Benton County Transportation System Plan update
- Benton County Strategic Plan, 2012 Community Health Assessment and 2013-18 Community Health Improvement Plan
- City of Corvallis 20/20 Visioning Process
- Corvallis Climate Change Adaptation Planning process (Benton County, City of Corvallis, Corvallis Sustainability Coalition, and other partners)

### Project Planning Processes

- Albany to Corvallis multi-modal trail
- Bailey Branch line in southern Benton County
- 53rd Street Roundabout in Corvallis
- OR 34/US 20 South Bypass project



## Acquiring the Funding and Resources for the Workshop

The OCWCOG applied for, and received, a grant from the Oregon's Transportation and Growth Management (TGM) Outreach Program in May 2015. The TGM program is a collaboration between Oregon Department of Land Conservation and Development (DLCD) and Oregon Department of Transportation (ODOT). The Outreach Program offers grants, technical assistance, workshop opportunities and public presentations to local governments, with the goal of expanding transportation choices of Oregonians while strengthening the economic vitality and livability of Oregon communities. The workshop funding also supported goals of ODOT and the Oregon Health Authority, Public Health Division to work together to identify, develop and promote connections between public health and transportation. The agencies share common missions and shared interest in four areas: improved safety, encouraging physical activity, reducing air pollution, and mobility for vulnerable populations.

The TGM funds provided the following resources:

- Funding for a **national expert Mark Fenton** to participate in the workshop
- Funding for **consultant Angelo Planning Group (APG)** to assist with the planning and facilitation of the workshop

The OCWCOG contributed significant staff time to the project, serving as the coordinator for the Workshop Planning Team.



## Crafting the Workshop

---

### LOGISTICS TEAM

Planning for the workshop began with formation of a Logistics Team to work with OCWCOG and the project consultants. As a subset of the larger Workshop Planning Team, the Logistics Team included staff from ODOT, DLCD, OCWCOG, the Linn Benton Health Equity Alliance and the Benton and Linn County Health Departments. The Logistics Team led the detailed planning for the workshop. APG and the Logistics Team held a kick-off call and collaborated on interview questions to be posed as part of the stakeholder interviews.

### STAKEHOLDER INTERVIEWS

Stakeholder interviews took place on October 20, 2015 in Corvallis and Albany. Two additional interviews were conducted by telephone on October 27 and 30. Interviewees included:

- Charlie Fautin, Benton County Health Department Deputy Director
- Josh Wheeler, Benton County Director of Public Works
- Karen Levy, Linn Benton Health Equity Alliance and Brigetta Olson, Willamette Neighborhood Housing Services (together)
- Kim Whitley, InterCommunity Health Network Chief Operations Officer
- Frank Moore, Linn County Department of Health Services Health Administrator
- Mike Adams, Sweet Home Public Works Director
- Phil Warnock, Transportation Programs Manager, Oregon Cascades West Council of Governments

## STAKEHOLDER INTERVIEWS

The interviews included six questions intended to identify important issues, describe unique needs of the variety of jurisdictions and partners, and help inform the direction for workshop presentations and discussion. The interview questions are listed below, followed by common responses heard.

What projects or program has your organization been involved in that included collaborations and connections related to transportation and health?

Benton County participants mentioned Healthy Kids Healthy Communities, Tunison Park in Corvallis, South 3rd Street transportation improvements (Corvallis), and the planning for the proposed Corvallis-to-Albany Path. Linn County participants cited non-emergency transportation such as Rideline and shuttle bus system, and the All Lands Collaboration in Sweet Home. Highlights from the mentioned projects included:

- Increased collaboration between the Benton County Health Department and the Corvallis Parks and Recreation Department due to a grant that funded a specialist who worked part time in both departments;
- The Health Department resources and support to help local residents work with park planners and officials to improve Tunison Park;
- County, state and federal governments collaborated to increase pedestrian and hiking connections with the All Lands Collaborative in Sweet Home and East Linn County.
- Coordination between local residents, businesses and the Benton County Health Department to do a Health Impact Assessment on a high traffic road; and
- A missed opportunity for collaborative planning through making the health-transportation connection with the Corvallis-Albany path.

Please describe your organization's priorities or focus as they related to providing healthy transportation options or access to community services.

Organization priorities centered around public health and community development and included: health in all policies, safety, access to health services, and ensuring underserved populations are at the table.

---

*“One of the biggest public health interventions was making the bus system free.”*

Community Member

What needs and opportunities do you see for healthier transportation options in this region, current or future? Are there needs and opportunities relating to how people get to health care services?

Interviewees emphasized collaboration and projects that required departments to work together. Needs included: access for all (in terms of income, age and ethnicity), creating structure in the public process to build relationships with the community, access to care and services, regional connectivity and Spanish-language transit materials, such as maps and schedules. Opportunities included: better integrating public transport to provide access to care, services, and other necessities like food, tangible projects that bring people representing diverse interests and agencies together, increased local economic development boosting pedestrian traffic, and creating a central repository for outreach and marketing materials.

What barriers (e.g. institutional, policy, etc.) do you see that will need to be addressed in order to create and sustain healthy transportation options and access to community services for all residents?

Interviewees cited three barriers most. First, funding, both in the amount of money available and the restrictions that can come with various funding streams. Second, different stylistic approaches among fields and departments, and how on-going collaboration can overcome this barrier. Third, involvement of Latino communities is lacking in some current projects.

Regarding the December 9 workshop, what would be the ideal outcome from your perspective?

Many interviewees emphasized the need to ensure the workshop would include next steps, and was not a “one and done” event. Other key outcomes identified included finding a common group and shared vision, identifying one to two tangible projects that partners can collaborate on and show shared benefits, and increased coordination around and awareness of transportation’s health impacts.

Looking beyond the workshop, what follow-up actions do you see for the OCWCOG and its partners to take as they work to promote healthy communities through transportation planning and programming?

Overall, there was an emphasis on the need for a central group, organization or individual that was able to see the bigger picture and help all the agencies identify all the pieces at play. The OCWCOG was identified as a good organization for this role because it includes representation from many jurisdictions.

The full summary of the stakeholder interviews is attached in Appendix A.

---

# “Physically locating public health and parks department staff together fostered collaboration.”

---

Community Member

## THE WORKSHOP PURPOSE

The workshop planning team determined the workshop purpose to be:

“The purpose of the *Connecting the Dots between Health and Transportation* workshop is to bring together practitioners and stakeholders in the fields of health, transportation, and community design in Linn and Benton Counties to:

- **increase awareness** among transportation, land use, and public health professionals of the links between health, community design, and transportation;
- **identify communication, coordination, and collaboration opportunities** for local transportation, land use planning, and public health officials;
- **identify resources available** for community engagement, with a view to ensuring equity for diverse groups, including senior citizens and people with disabilities, in transportation planning and decisions;
- **identify policy issues**, insofar as they relate to active transportation, health, and community design, that warrant consideration by local policy makers and community coalitions; and
- **identify appropriate follow-up actions** for the OCWCOG and its partners to take as they work to improve health through active transportation.”





## THE WORKSHOP STRUCTURE

The workshop had two parts:

1. December 8 – Site visits and evening community keynote address by Mark Fenton
2. December 9 – Morning workshop with practitioners and stakeholders

**On December 8**, Mark Fenton and representatives of DLCD and OCWCOG made site visits to venues in Albany and Corvallis to orient Fenton, prompt discussion with local partners and community groups, and inform the evening presentation. In the evening, Fenton gave a keynote address focused on the **“Why” of building healthy communities**, using photos and examples from the Linn-Benton area and other parts of the nation. A question and answer session followed. Eighty people attended.

**On December 9**, the team convened a 3-hour workshop to focus on the **“How” of building healthy communities**. This session, intended for professionals and stakeholders in the fields of public health, health care, transportation, and community development, had 73 participants.

See Workshop Summary and Outcomes section on page 11 for more information about the outcomes of each part of the event.

## THE MEETING PLAN

Stakeholder interviews and collaborations with the Logistics and Workshop Planning team provided feedback for preparing the annotated meeting plan. The components of the plan are listed below. See Appendix B for the full text of the meeting plan.

- Workshop purpose
- Date, venue, timeline, including a “day-of” timeline
- Staffing and roles
- Greeting and seating
- Informational handouts
- Annotated agenda
- Detailed description of the small group work
- Description of the reports out session and dot exercise
- Set up details and materials list

# Workshop Summary and Outcomes

## Site Visits

Prior to the workshop, members of the Logistics Team briefed Mark Fenton on a range of issues of concern, provided photos of local conditions, and provided relevant planning studies. On December 8, Fenton visited sites in Albany and Corvallis to supplement that information with first-hand observations and discussions with local stakeholders. After touring Millersburg, Fenton traveled to Albany and met with Familias Activas, a local group that has been active in community participation in the Latino community. In Corvallis, Fenton met with community partners in South Corvallis, including the Corvallis Mayor, a Corvallis City Councilor, and representatives from Willamette Neighborhood Housing Services, Organizacion de Latinas Unidas, Benton County, and OCWCOG. Benton County provided an interpreter for this portion, and this discussion was followed by a walk to identify assets and opportunities. Finally, Fenton visited Oregon State University to see key pedestrian conflict locations and discuss campus-focused transportation issues.

### ALBANY

Fenton toured Albany to see a range of local transportation projects and issues, visiting:

- 14th & Geary- library and shopping area (pedestrian access);
- 99E and Waverly (location of community concern);
- Dave Clark Trail an adjacent affordable housing developments, utilizing Crime Prevention through Environmental Design (CPTED);
- Roundabout at Main and SE Salem Rd; and
- OR 99E towards Tangent; Hwy 34 (safety concerns, construction of multi-use path).

### CORVALLIS

Fenton met in South Corvallis to identify assets and opportunities and toured:

- South Corvallis on 99E;
- Western and 35th, Oregon State University campus (key pedestrian conflict); and
- 26th and Campus Way, Oregon State University campus (bicycle/pedestrian congestion between classes).



### Familias Activas

- Drivers cards are the most important transportation issue, and the lack of legal ability to drive can have a ripple effect on families and individuals. In the past, individuals were able to legally acquire driver’s cards, but those are slowly expiring and people who were accustomed to driving no longer can. They must choose between driving illegally to get to work, medical appointments, or other services, or find another means. Family lives are disrupted by the need to juggle driving responsibilities, finding different ways to get where they need to, or finding neighbors who can help with emergency transportation. Transit is often unreliable or does not go where it is needed, further disadvantaging individuals who cannot drive. Individuals may end up late to doctor appointments. The loss of driver’s cards creates additional, ongoing stress on individuals who are faced with the choice of driving illegally or finding another means.
- It can be difficult for parents to participate in their children’s education, or to volunteer at the school, because background checks are required.
- To get families out and active, parks need to include restrooms and drinking fountains. Smoking and dog waste at parks also lessen their attractiveness or ability to use for those with asthma.
- Two opportunities regarding transit included increased transit coverage and frequency, including coverage near West Albany High School and improved distribution and use of Spanish-language transit information.
- Improved pedestrian connectivity and lighting will make walking a safer and more viable option and improve access to transit; for example, at Queen and Waverly, and Waverly and 21<sup>st</sup>. One parent has a difficult time bringing her child to the school bus, and eventually a neighbor invited them to walk through their property to access the bus stop on Waverly.
- There is a cultural inclination for Latinos to not check the weather, so they may not be prepared for walking in the rainy season. Also, there is no local weather report in Spanish.

### South Corvallis

- Speed and safety are ongoing concerns along 99W in South Corvallis. 99W splits the neighborhoods and separates people from the school, parks, stores and needed services. There is only one direct connection to the rest of the city – 99W over the river.
- Ideas for South Corvallis:
  - » Retrofitting/Road diets: Use visual cues to slow traffic (traffic calming). A complete streets policy can also help with this.
  - » Create a plan for 99W considering increased industrial, residential growth, and concepts for South Corvallis centers. Create an economic improvement district or do community organizing.
  - » Rapid flashing beacons to improve safety.
  - » Willamette Neighborhood Housing Services grant for healthy community planning.
  - » Potential to transfer 99W to the City of Corvallis.

# Keynote Address

Mark Fenton gave his keynote address on the evening of December 9 at the LaSells Stewart Center on the campus of Oregon State University in Corvallis. The hour-long presentation, “Connecting the Dots on Some Long Walks,” was followed by a question and answer period. Eighty people attended the presentation.

Slides from the presentation are attached in Appendix C. A video tape of the meeting was also made, and is available (as of February 4, 2016) at <http://www.ocwcog.org/SectionIndex.asp?SectionID=118>.

Key points from the presentation:

## Risk Factors

There are three behavioral risk factors that put people in hospitals that are preventable:

- Tobacco use
- Physical inactivity
- Poor nutrition

Inactivity is a huge risk factor for community health, but is not widely recognized by the public.

Three numbers describe the physical inactivity epidemic 30, 20, 365:

- “30” – 30 minutes of exercise a day, 5 days a week, is recommended
- “20” – roughly 20 percent of the population meets this recommendation
- “365” – 365,000 deaths per year due to physical inactivity and poor nutrition, second only to tobacco

In the last 30 years 20 percent of the population has been getting 30 minutes a day of physical activity; that figure hasn’t changed, suggesting that traditional approaches have been ineffective.



1 in 4

keynote address attendees were engaged citizens or members of advocacy groups

80

residents, students and professionals attended the keynote address

## Changing the Conversation

It is important to change how communities think and talk about health:

- The obesity epidemic is actually an epidemic of physical inactivity and poor nutrition.
- Current programming is ineffective. How should the conversation actually start?
- How does the physical setting help/hurt the epidemic?

How can our day to day environment be another factor for 'stickiness'?

- Studies have shown that exercise participation may increase in the short term with programming, but in the long term behavior stays the same. This behavior change doesn't 'stick' with current methods. Other cues need to direct individuals towards the change (family, friends, institutional, infrastructure, community design, policy).

There needs to be a foundation (infrastructure, policy etc.) for the other cues to work:

- This worked with tobacco. Policies limited where people could smoke and then it became socially unacceptable to smoke.
- How can the same be done with physical inactivity?
- Building gyms in the workplace or in apartment buildings isn't enough, physical activity needs to be a part of daily life (such as active transportation).

## Four Elements of Healthy Design

- Mix of land use
- Active transit network
  - » Build transportation trails, both for recreational use (long bike rides or walks) and commuters.
  - » Build trails for where people will actually go.
  - » Trails are important to users and non-users because one less car is a benefit to everyone.
- Site design
  - » Will the destination reward an individual for biking? What destination characteristics exist and do they reward drivers or pedestrians/bicyclists?
  - » Functional attributes (trees, benches, bike parking etc.).
- Safety and access
  - » Engineering can make marked improvements.
  - » Lane reductions from 5 or 4 lanes down to 3 can improve traffic flow; with an added benefit to pedestrians and bikes.

## The Next Generation

Schools are an important starting point to build the next generation through programming at a young age:

- **Safe Routes to School:** develop safe walking and biking routes to school for children.
- **Walking school buses:** parents walk a designated route and have kids join along the way.
- **Dismissal design:** Staggered student dismissal can alleviate congestion caused by parents picking kids up and encourage taking the bus and walking. One school implemented a five minute safety delay at dismissal where students who were being picked up by their parents had to wait while the kids who walked and were bused were released. The kids didn't like being held longer at school and then asked their parents to walk or ride the bus.

## What's Next?

How can communities start the conversation about healthy communities?

**Speak up** (on the physical inactivity and poor nutrition epidemic), **act up** and **step up**.

The 2015 Surgeon General's Report on walking also recognizes the importance of walkable communities<sup>2</sup>. The report had two call to actions:

- Promote physical activity
- Build more walkable world, whether urban, suburban or rural

<sup>2</sup>*Step it Up! The Surgeon General's Call to Action on Walking and Walkable Communities*



# Morning Workshop

The morning workshop began with introductory remarks and a short presentation by Mark Fenton that expanded on the evening presentation. His presentation focused on case studies from other areas and how the Linn-Benton region might move forward to build healthy communities.

Small group discussion followed. Participants were broken into nine groups of seven to nine participants including a facilitator and recorder. The participants were pre-assigned to groups so that groups had a mix of professionals in different fields. Groups were also organized by area, either Linn, Benton or regional/mix so that each group had a common understanding of local issues. Each group brainstormed and discussed responses to each of four discussion questions. They then identified which of the responses were of most importance, indicating those as “circled” responses on the easel pad notes.

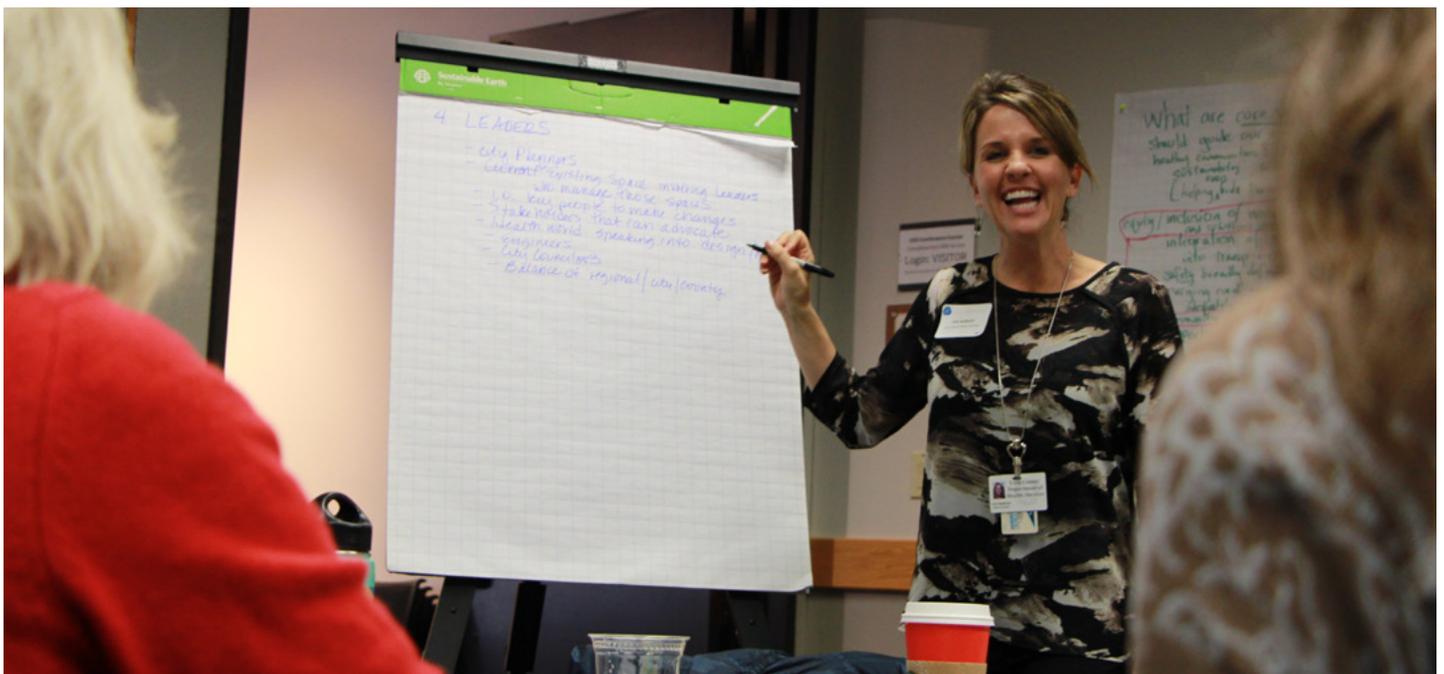
After the small group work, the sheets were taped to the workshop walls and the groups reported their key points. Each group identified its top 1-2 ideas from each question it wanted to nominate for the dot exercise, which were circled on the easel-pad notes. Individuals were then given five dots and asked to identify ideas that participants thought were the highest priority for follow-up action. Participants were asked to spend at least one dot on a core value, two dots on the top ideas from the report-outs and the remaining two anyway they liked.

73

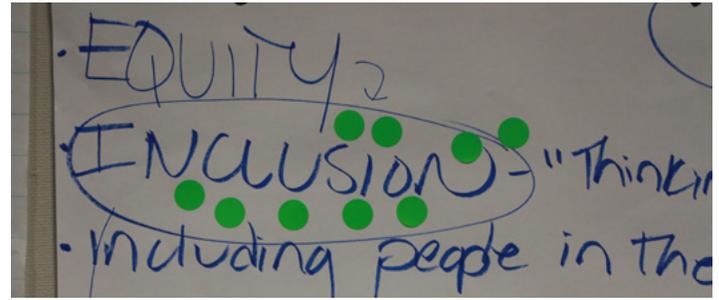
professionals  
participated

34

agencies and  
organizations were  
represented







What follow-up actions are needed to form and sustain a broad commitment to building healthy communities? Include collaborations that integrate health, transportation and/or community design, and a few actions that are short term (1-2 year timeframe).

**Demonstration and pilot projects** were prioritized the highest by the participants, who placed 33 percent of the dots (35 of 103 dots) on these types of follow-up actions. Example pilot projects included SW 3<sup>rd</sup> Street in South Corvallis and a bike round-about on the Oregon State University campus. Additionally, participants prioritized **walk audits in neighborhoods as pilot projects**. The audits were described as “active transportation audits,” encompassing all modes of travel and across a broad spectrum of land uses- schools, churches, shopping areas, and “everywhere” as expressed by one group.

**Policy changes** were also commonly identified as key follow-up actions (27 of 103 dots). An example of a policy change cited by the groups is the adoption of **Urban Street Design Guide, published by the National Association of City Transportation Officials (NACTO)** by local jurisdictions.<sup>4</sup>

**Community engagement and collaboration** were also discussed and prioritized for follow-up actions (17 and 15 dots, respectively). Participants discussed engagement approaches and principles, as opposed to specific projects. These included: building community support as the path to building political support; engaging the community in ongoing efforts; promoting multi-discipline and inter-agency collaboration; and, connecting the dots between topics such as healthy food, affordable housing and transit.

<sup>4</sup> For further information on NACTO standards, please see <http://nacto.org/publication/urban-street-design-guide/>

---

*“We need to have more institutionalized bridging of relationships with the community.”*

Community Member



What are the barriers that need to be overcome to implement the follow-up actions just discussed?

The identified barriers centered around four topics: **behavior/attitude** (17 of 51 dots); **politics** (14 dots); **engagement** (11 dots); and, **infrastructure** (9 dots). The barriers participants identified most often were political will, culturally sensitive involvement, and attitudes and perceptions.

Participants were blunt about barriers related to attitudes and politics. For attitudes, they identified: perceptions that stem from stigmas; a lack of understanding of public perceptions; preexisting conceptions; and, apathy. Regarding political barriers, participants noted that there was work to do with some local officials who have not been “responsive” to health and transportation issues. They noted there were regulatory and statutory barriers to overcome, specifically in some land use and city codes. Polarization and traditional funding silos were also identified, with mention of how state and federal politics can block collaboration.

As noted in earlier questions, a large number of participants wanted to make sure that engagement was culturally sensitive, particularly with diverse populations and people with different communication challenges. Infrastructure-related barriers included the existing transportation system, disconnects between community partners, and affordable housing being distant from work destinations.

Starting from the premise that a broad partnership of diverse interests should work together to build healthy communities in the Linn-Benton area, who should lead, convene and coordinate this effort?

It was very important to the participants that a dedicated staff position be created to lead and coordinate this effort. The lead staff would promote collaboration between a broad spectrum of partners, and serve in a central and facilitator role. Similarly, participants identified the need for a framework for collaboration in order to create linkages and efficiency. Ideas included a regional and local dedicated staff person, a “stealth” team, a broad stakeholder group and a balance of regional, city and county staff. There was input that a backbone organization such as OCWCOG, the MPOs, the Sustainability Coalition and the Regional Healthy Communities Steering Committee, should be involved.

# Next Steps

This section describes potential next steps for implementing the workshop outcomes. The ideas described below were developed from a review of the workshop outcomes and a post-workshop debrief that included the Logistics Team and Mark Fenton. They are preliminary ideas to be further discussed, refined into action, and evolved by local partners in the Linn-Benton Region. The four primary next steps are:

- Prepare and Adopt Core Values
- Identify and Initiate Pilot Projects
- Establish Dedicated Staffing
- Continue the Partnership

## Prepare and Adopt Core Values

Local partners should prepare and adopt a “Statement of Core Values for Building Healthy Communities in the Linn-Benton Region” (working title). This statement would be adopted by resolution by as many governmental and stakeholder partners who are willing to “sign on” to building healthy communities. The Logistics Team, with input from the full Workshop Planning Team, is the appropriate group to lead the preparation of the statement and draft resolution.

The Core Value Statement should mirror the core values prioritized in the workshop: equity, safety, health, and sustainability. The resolution should include “whereas” statements that reference the benefits of healthy communities, recognize the value of the collaboration that occurred at the workshop, and assert that a common set of core values will help guide many different implementation efforts toward coordinated actions and outcomes. The “be it resolved” portion of the resolution would:

- (1) pledge support of the Statement of Core Values;
- (2) commit to consider the core values in appropriate policies, programs, and projects; and
- (3) commit to a collaborative approach to building healthy communities.

Regarding adoption, an initial adoption could occur by the Oregon Cascades West Council of Governments, with subsequent individual adoptions by appropriate governments and other partners. For some of the elected officials and board members who will be asked to adopt the resolution, it will be their first in-depth discussion on the topic. Background information (such as this report) should be provided, and peer leaders should be involved in the dialogue. In addition to educating the participants, the adoption meetings will be an opportunity to identify issues and follow-up actions. Along these lines, Fenton suggested that the adoption of the resolution could be accompanied by specific policy or regulatory changes as well (e.g. adoption of NACTO street standards, sustainable land use policies, human-centered design and placemaking policies).



## Identify and Initiate Pilot Projects

Three types of potential pilot project actions are described below. These pilot projects are actions that can be accomplished relatively quickly, and should be viewed as first steps and “quick wins.” It is important that the pilot projects lead to future projects. To this end, local partners should:

- (a) identify future pilot projects that build off of the success of the initial pilot projects; and,
- (b) adopt protocols to review all appropriate land use, transportation, housing and transit project and programs so that their scopes and goals are consistent with the healthy community core values.

### SELECT TWO OR THREE LOW COST PILOT PROJECTS TO ACCOMPLISH IN THE NEXT YEAR

In his workshop presentations, Fenton described low cost projects to support active transportation. An example is an intersection improvement to narrow the pedestrian crossings with paint and/or temporary bollards instead of rebuilding the intersection. Transportation-related pilot projects from Fenton included:

- Specific curb extensions (paint, bollards)
- Road diets
- Bike facilities (parking, lanes)
- Crosswalks
- Median Islands

### CONDUCT A PROJECT AND PROCESS INVENTORY, AND REVIEW THE SCOPES OF WORK FOR OPPORTUNITIES TO INTEGRATE HEALTH INTO THEIR EFFORTS IN A PROACTIVE FASHION

The range of projects reviewed should be comprehensive and include:

- Transportation projects, including Transportation System Plans
- Water, sewer, and utility projects
- Housing projects, including reaching the most challenged residents and identifying opportunities for multi-modal accommodations
- Transit projects, focusing on increased frequency, duration, and quality of service

### LAUNCH A SPECIFIC SERIES OF WALK AUDITS AND COMMUNITY EVENTS RELATED TO BUILDING HEALTHY COMMUNITIES

The goal is to engage the community in a way where participants get out of the meeting room and “take a walk.” These activities should have a focus on low income and underserved populations.



## Establish Dedicated Staffing

An evaluation should be prepared to identify options for establishing dedicated staffing. The OCWCOG is an appropriate partner to coordinate this effort, working with its member governments.

The evaluation could take the form of a “prospectus” for establishing one or more Healthy Communities staff coordinator position(s) in the region. The prospectus will describe the roles and responsibilities of staff under the different options, costs and revenue sources, and pro and con considerations. The team should set a goal of completing the evaluation and adopting an approach by July 1, 2016.

## Continue the Partnership

The success of the actions described in this report will depend in large part on continuing and sustaining the collaboration between the implementing partners in the region. The Logistics Team and Workshop Planning Team were an excellent start to the creating an enduring and broad-based partnership. Those teams should engage in determining the most appropriate ways to continue the partnership, and how elected officials and stakeholder leaders and might also have a forum to stay engaged. New stakeholders, such as local foundations, should be engaged. In the workshop debrief, Fenton offered several ideas for continuing the partnership:

- Create a regional “stealth” team, or perhaps two county stealth teams, to continue the work that the Logistics Team has started. The phrase “stealth team,” as used here, means a small core group of staff partners who have been empowered by their organizations to lead, coordinate and manage implementation efforts.
- Establish specific action teams associated with implementation goals, such as:
  - » Specific pilot projects
  - » Adoption of Complete Streets policies and design guidelines
  - » Establishment of a process for coordinated review or notification so that any transportation or development project coming through the system considers health impacts.