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Executive Director, SANDAG

SANDAG

BOARD OF DIRECTORS
POLICY AGENDA

Friday, July 8, 2011
10 a.m. to 12 noon
SANDAG Board Room
401 B Street, 7th Floor
San Diego

AGENDA HIGHLIGHTS

- REGIONAL PLANNING AND PUBLIC HEALTH

PLEASE TURN OFF CELL PHONES DURING THE MEETING

YOU CAN LISTEN TO THE BOARD OF DIRECTORS MEETING BY VISITING OUR WEB SITE AT WWW.SANDAG.ORG

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The 18 cities and county government are SANDAG serving as the forum for regional decision-making.
SANDAG builds consensus, makes strategic plans, obtains and allocates resources, plans, engineers,
and builds public transit, and provides information on a broad range of topics pertinent to the
region's quality of life.

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This agenda and related staff reports can be accessed at www.sandag.org under Meetings. Public comments regarding the agenda can be forwarded to SANDAG via the e-mail comment form available on the Web site. E-mail comments should be received no later than 12 noon, two working days prior to the Board of Directors meeting. Any handouts, presentations, or other materials from the public intended for distribution at the Board of Directors meeting should be received by the Clerk of the Board no later than 12 noon, two working days prior to the meeting.

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1. PUBLIC COMMENTS/COMMUNICATIONS/MEMBER COMMENTS

Public comments under this agenda item will be limited to five public speakers. Members of the public shall have the opportunity to address the Board on any issue within the jurisdiction of SANDAG that is not on this agenda. Other public comments will be heard during the items under the heading “Reports.” Anyone desiring to speak shall reserve time by completing a “Request to Speak” form and giving it to the Clerk of the Board prior to speaking. Public speakers should notify the Clerk of the Board if they have a handout for distribution to Board members. Public speakers are limited to three minutes or less per person. Board members also may provide information and announcements under this agenda item.

REPORTS (2)

+2. REGIONAL PLANNING AND PUBLIC HEALTH (Second Vice Chair Jim Janney, Regional Planning Committee Chair; Stephan Vance) DISCUSSION

Through the federally funded grant known as Healthy Works, SANDAG and the County Health and Human Services Agency have established a unique relationship that provides an opportunity for the two agencies to collaborate on identifying policies and initiatives that address how local and regional planning can have a positive impact on public health. A progress report on the implementation of the Healthy Works grant will be presented, followed by a discussion of the opportunities to address public health through regional planning.

3. CONTINUED PUBLIC COMMENTS

If the five speaker limit for public comments was exceeded at the beginning of this agenda, other public comments will be taken at this time. Subjects of previous agenda items may not again be addressed under public comment.

4. UPCOMING MEETINGS INFORMATION

The next Board Business meeting is scheduled for Friday, July 22, 2011, at 9 a.m. The next Board Policy meeting is scheduled for Friday, September 9, 2011, at 10 a.m.

5. ADJOURNMENT

+ next to an agenda item indicates an attachment
REGIONAL PLANNING AND PUBLIC HEALTH

Introduction

Over the last 12 months, SANDAG has been working collaboratively with the County of San Diego Health and Human Services Agency (HHSA) and other partners on the Healthy Works℠ Program. The project is being funded by a $16 million grant from the Centers for Disease Control and Prevention (CDC) through the federal American Recovery and Reinvestment Act of 2009 (ARRA). The grant was awarded to HHSA in March 2010 and is intended to address rising obesity rates in the San Diego region by promoting physical activity and good nutrition at the local and regional level through policy, systems, and environmental change.

The role of SANDAG on the project includes the implementation of six tasks: (1) enhancements to transportation models and planning tools; (2) healthy communities and active transportation grants to local agencies; (3) policy development; (4) safe routes to school planning and program funding; (5) active commuter promotion; and (6) regional bike plan implementation and promotion. A more detailed description of the tasks is presented in Attachment 1 to this report.

Discussion

All tasks for the Healthy Works Program must be completed by March 2012, and SANDAG is on schedule for completing its six tasks by that deadline. Below is a brief status update on each of the six tasks:

1. Health Impact Assessment and Forecasting – Staff is working with a consultant to map key built environment conditions in the region that affect health outcomes. This task also will add a health component to the CommunityViz sketch planning tool and the activity-based regional transportation model.

2. Healthy Communities Campaign – The Board of Directors approved a total of 12 grants for local jurisdictions and tribal governments in March 2011. Grant agreements were executed in April for all but one grant to the City of Vista, which was subsequently declined, and those projects are currently underway.

3. Regional Comprehensive Planning Policies – Staff is working with the Public Health Stakeholder Group¹ to develop recommendations for integrating public health principles into regional policies. These recommendations will be presented to the Regional Planning Committee for review in September 2011.

¹ The Public Health Stakeholder Group is a working group formed when the Healthy Works℠ grant was approved to ensure that the activities undertaken were informed by appropriate public health experts.
4. **Safe Routes to School (SRTS)** – The Board of Directors approved a total of 12 grants to local jurisdictions, school districts, and community-based organizations in March 2011. Grant agreements were executed in April, and all projects are currently underway. Staff also is seeking input from stakeholders to draft recommendations for a regional SRTS Strategic Plan. In addition, SANDAG staff is participating in the newly formed SRTS Coalition which is being led by the California Department of Public Health.

5. **Active Commuter Transportation Campaign** – The SANDAG iCommute program successfully organized a bike to work month in May 2011 that included 42 outreach and education events. For the 2011 Bike to Work Day, iCommute organized 75 pit stops throughout the region, including the first border pit stop serving binational participants. More than 6,000 cyclists and 57 employers participated in various events. iCommute also is implementing the Walk Ride and Roll Campaign to support walking and bicycling to schools.

6. **Regional Bicycle Plan Implementation** – Staff is in the process of developing a regional bikeway corridor and wayfinding signs plan in consultation with member jurisdictions. The signs are expected to be installed before the end of the year.

As mentioned above, for the policy development task, SANDAG is working with the Public Health Stakeholder Group to develop recommendations for a Health Policy Framework for the San Diego region (Framework). The purpose of the Framework is to define specific goals, policy objectives, and recommended actions for integrating health principles in local and regional policies, plans, programs, and funding decisions. An outline of the Framework is presented in Attachment 2 to this report.

The Framework would address a range of built environment characteristics that affect specific health outcomes. Many of these characteristics are already addressed in the 2004 Regional Comprehensive Plan (2004 RCP). These include: urban form, transportation, housing, healthy environment, economic prosperity, social equity and environmental justice, and public facilities. These connections, between the design of the built environment and public health can be strengthened and expanded in the next update of the RCP to provide a more comprehensive yet focused policy direction to build healthy communities in the San Diego region.

The Healthy Works program provides SANDAG with an opportunity to receive technical assistance from nationally recognized experts in a variety of fields, including the relationship between the built environment and health. Taking advantage of that opportunity, Mr. Mark Fenton has been invited to make a presentation to the Board of Directors on community design, walkability, and health. Mr. Fenton is a nationally recognized expert on this subject and regularly consults with local and regional agencies on public health, planning, and transportation. He is a former host of the “America’s Walking” series on PBS television, and an adjunct associate professor at the Friedman School of Nutrition Science and Policy at Tufts University. A brief description on Mr. Fenton’s experience is included in Attachment 3.

Mr. Fenton’s presentation provides an opportunity for the Board of Directors to engage in an initial discussion on the broad subject of planning, policy and public health, and to consider potential approaches to improving health outcomes in the region that could be incorporated in future regional planning efforts. Among the issues that could be discussed are:
• How could a Health Policy Framework support existing regional smart growth policies and programs to encourage the development of walkable, mixed use communities that provide more transportation choices?

• How would addressing public health through the built environment support regional policies and programs that help the region meet its greenhouse gas reduction goals?

• How can regional policies and programs support local efforts to meet community objectives for improved public health outcomes?

The development of a regional Health Policy Framework should be based on a thorough understanding of existing conditions, and on a broad-based discussion of public health issues and opportunities, and on priorities that are relevant at both the local and regional levels. This presentation initiates that discussion.

Next Steps

Over the next few months, staff will work with the Public Health Stakeholder Group to develop recommendations for a proposed draft Framework for review and discussion by the relevant working groups at SANDAG, and by the Regional Planning Committee and the Board of Directors. Under the SANDAG contract with County HHSA for the Healthy Works program, this Framework should be completed before the end of the grant period in March 2012.

GARY L. GALLEGOS
Executive Director

Attachments: 1. Communities Putting Prevention to Work Fact Sheet
              2. Healthy Works Program – A Proposed Health Policy Framework
                 for the San Diego Region
              3. Résumé of Mark Fenton

Key Staff Contact: Stephan Vance, (619) 699-1924, sva@sandag.org
Communities Putting Prevention to Work (CPPW) is a $372 million nationwide grant program to combat obesity and tobacco use. The County of San Diego’s Health and Human Services Agency (HHSA) applied for this grant and was awarded $16.1 million under the obesity control component of the program by the Centers for Disease Control and Prevention.

The County of San Diego HHSA partnered with SANDAG to implement the components of the program related to regional planning, active transportation, and safe routes to school. This work is supported by $3 million in grant funds.

Program Schedule
The grant programs are a component of the federal American Recovery and Reinvestment Act effort to provide economic stimulus funds. As such, the program must be completed within two years under the following proposed schedule.

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>CPPW award notification</td>
<td>March 2010</td>
</tr>
<tr>
<td>Executed contract between County and SANDAG</td>
<td>August 2010</td>
</tr>
<tr>
<td>SANDAG work commences</td>
<td>August 2010</td>
</tr>
<tr>
<td>Pass-through grants awarded</td>
<td>March 2011</td>
</tr>
<tr>
<td>Grant funded projects completed</td>
<td>February 2012</td>
</tr>
<tr>
<td>Grant program completed</td>
<td>March 2012</td>
</tr>
</tbody>
</table>

There are several opportunities for local agencies to get involved in the program. CPPW will fund four pass-through grant programs to local agencies and non-profits. A public health stakeholder group with local agency staff participation also has been formed to support SANDAG with implementation of the grant programs.

Grant Funded Projects and Opportunities
Health Impact Assessment and Forecasting
Utilizing consultant assistance and SANDAG staff, this work will:

> Develop a GIS-based regional health impact assessment tool to identify key areas where public health disparities can best be addressed with planning and infrastructure investments;

> Add health outcomes as a component to the SANDAG CommunityViz sketch planning tool; and,

> Provide support for the update of the SANDAG activity-based regional transportation model to better account for and forecast nonmotorized trips.

Regional Comprehensive Planning Policies
With the help of planning and public health specialists, this work will:

> Identify the public health impacts of transportation and land use decisions and provide options for integrating public health considerations into regional planning;

(Continued on reverse)
» Develop recommendations for public health goals and objectives to be included in the Regional Comprehensive Plan and Regional Transportation Plan; and,

» Develop metrics necessary to monitor progress.

Healthy Communities Campaign
This component of the grant will develop, implement, and support two pass-through grant programs:

» $700,000 for grants to local agencies to add public health components to local planning efforts, and

» $150,000 for grants to local agencies, school districts, or community-based organizations to develop comprehensive approaches for creating bicycle and pedestrian friendly neighborhoods.

Safe Routes to School
This component of the grant will develop a regionwide Safe Routes to School strategic plan. Two pass-through grant programs will be implemented as part of this effort:

» Safe Routes to School capacity building and planning grants will provide five grants of $50,000 for a total of $250,000 to support comprehensive Safe Routes to School planning.

» Safe Routes to School education, encouragement, and enforcement grants will provide five $10,000 grants to fund programs that encourage and educate students, parents, school officials, and other community stakeholders on walking and bicycling to school safely.

Active Commuter Transportation Campaign
Through iCommute, the online service assisting commuters with arranging alternate transportation, this project will support efforts to expand Bike to Work Day promotions throughout May 2011. This will include employer outreach and bike commute training. It also will support development of a walking school bus program and bike buddies program that will complement the Safe Routes to School initiative.

Regional Bicycle Plan Implementation
This effort will begin implementation of the Regional Bicycle Plan, which was adopted in 2010. It will develop and produce regional bikeway corridor and wayfinding signs, and, in cooperation with local agencies, begin installation of the signs. It also will produce promotional materials about the regional bikeway network.

For more information, contact Stephan Vance at (619) 699-1924, or sva@sandag.org

December 2010
HEALTHY WORKS PROGRAM

A PROPOSED HEALTH POLICY FRAMEWORK FOR THE SAN DIEGO REGION

Regional Planning

The 2004 Regional Comprehensive Plan (2004 RCP) provides a planning framework for the San Diego region that is guided by smart growth and sustainable development principles. Since its adoption, SANDAG has supported projects and programs that integrate land use and transportation planning at the local and regional level through infrastructure investments, incentive grants, technical assistance, and planning tools.

The Draft 2050 Regional Transportation Plan (Draft 2050 RTP), which will be considered by the SANDAG Board of Directors this fall, provides a framework for moving the San Diego region towards a more sustainable future and achieving its greenhouse gas emission reduction targets, as required by Senate Bill 375 (Steinberg, 2008). Both the 2004 RCP and the Draft 2050 RTP promote livable, walkable, safe, and healthy communities.

As part of the Healthy Works℠ Program, SANDAG has partnered with the San Diego County Health and Human Services Agency and received input from a diverse range of local and regional stakeholders to draft a policy framework that could guide the integration of public health principles into local and regional plans, policies, programs, and funding decisions. The overarching goal of the project is to address rising rates of obesity in the San Diego region by increasing the rates of physical activity and the availability of fresh and healthy food.

As identified in both the RCP and RTP, SANDAG overarching policy objectives and priorities include:

- Integrating land use and transportation planning, and coordinating infrastructure development
- Increasing travel choices by improving access to public transit and active transportation
- Expanding the availability of a range of housing types to meet diverse needs
- Protecting the natural environment and improving air quality
- Promoting social equity and reducing disproportionate impacts on communities of concern
- Ensuring the region’s economic competitiveness and prosperity

Evidence suggests that land use and transportation planning and policy have a direct impact on public health outcomes. Epidemiological studies have consistently shown that people who live in compact, mixed-use, transit-oriented, and walkable neighborhoods are less likely to be obese and hypertensive compared to people who live in auto-centric communities.

Research also has established a clear connection between built environment characteristics and other chronic diseases such as heart disease, diabetes, cancer, and asthma. A number of these built environment characteristics are already addressed in the 2004 RCP. These include: urban form, transportation, housing, healthy environment, economic prosperity, social equity and environmental justice, and public facilities.
Integrating Public Health in the Next RCP Update

Many of the goals, policy objectives, and recommended actions in the 2004 RCP already support healthy communities. These connections, between the design of the built environment and public health could be strengthened and expanded in the next update of the RCP to provide a more comprehensive yet focused policy direction to build healthy communities in the San Diego region.

Toward that end, a future update of the RCP could expand upon sustainability and integrate a new guiding principle into a planning framework for the San Diego region that is based on smart growth and sustainability: public health.
MARK FENTON  
BIOGRAPHICAL SKETCH

Mark Fenton is a national public health, planning, and transportation consultant; former host of the “America’s Walking” series on PBS television, and an adjunct associate professor at the Friedman School of Nutrition Science and Policy at Tufts University. He’s author of numerous books including the best selling “Complete Guide to Walking for Health, Weight Loss, and Fitness” (Lyons Press, 2nd edition 2008) and “Pedometer Walking” (2006). He’s been a lead instructor for the University of North Carolina’s National Center for Safe Routes to School, and facilitator for the walkable community workshop series of the National Center for Bicycling and Walking. A former editor of WALKING magazine, Mark was a member of the United States national racewalking team from 1986 to 1991, and competed in the 1984 and 1988 Olympic Trials in the 50-kilometer (31-mile) racewalk. He studied biomechanics at the Massachusetts Institute Technology, where he earned BS and MS degrees, was a researcher at the Olympic Training Center’s Sports Science Laboratory in Colorado Springs, Colorado, and manager of Reebok’s Human Performance Laboratory. Mark has research publications and articles related to exercise science, physical activity promotion, and community level interventions. He’s a vocal advocate for non-motorized transportation, a frequent consultant on bicycle and pedestrian community plans, and recognized authority on public health issues and the need for community, environmental, and public-policy initiatives to encourage more walking, bicycling, and transit use. Certain that he must practice what he preaches, he's served on his community's planning board and by-law review committee.
A few simple points:

• **Some perspective** on the real problem we face (and a mercifully brief rant).
• **The Bad News.** Three numbers summarize the health problem.
• **The Good News.** An evidence-based prescription for broad community health.
• **The Hard News.** It’s not about money, it’s about vision: keep doing what you’re doing, make it widespread & systematic!
Youthful recollections

Not just my idea . . .

Kids held back with ‘over-organised’ play, says Shane Gould

The Australian, 14-Oct-2009
Trends in Childhood Obesity & Overweight

CDC, National Center for Health Statistics. National Health Examination Surveys (NHANES) II (ages 6–11) and III (ages 12–17), and NHANES I, II and III, and 1999–2006.


America’s looming chronic disease apocalypse . . .

Adult “Obesity Epidemic”
Ogden et. al. (JAMA 288, 14; Oct. 2002)
Diabetes Prevention Program

Compared three treatments for nationwide cohort (3,000+) at risk for developing diabetes (elevated fasting glucose).

1. Control: Standard exercise and nutrition counseling; placebo.
2. Standard plus drug treatment: Metformin
3. Intensive lifestyle change: Nutritional training, 150 min./week physical activity.

Diabetes Risk Reduction
(Diabetes Prevention Program; *NEJM*, Feb. 2002)

Relative to Control Group (standard intervention)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>% Reduction of Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin</td>
<td>0.31</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>0.58</td>
</tr>
</tbody>
</table>
Rant #1:
Change our thinking. It’s not just an obesity epidemic. It’s an epidemic of physical inactivity and poor nutrition.*

* Two of the three biggest drivers of skyrocketing healthcare costs.

The bad news in just three numbers:

30 Minutes of daily physical activity recommended by national guidelines.

25 % of American adults actually meet these recommendations (thru LTPA).

365,000 Estimated annual deaths in America due to physical inactivity & poor nutrition. (2nd only to tobacco.)
Surgeon General’s Report 1996
Physical Activity Guidelines 2008
www.health.gov/paguidelines

- 150 minutes/week of moderate physical activity; more is better.
- Any activity is better than none.
- Can be broken up.
- 300 min/week for children.
- Reduced risk for CVD, diabetes, osteoporosis, obesity, dementia in old age, clinical depression, a growing list of cancers . . .

Leisure Time Physical Activity in the US
(MMWR: 50(09), 166-9; 54(39), 991-4)

Getting exercise, or just getting around efficiently?
Why is it so resistant to change?

I believe in large part the stickiness problem!

Exercise Participation
Effect of Short Bouts, Home Treadmills
(Jakicic et.al., J. Amer. Med. Assoc., 282, 16)
Exercise Participation
Effect of Short Bouts, Home Treadmills
(Jakicic et.al., J. Amer. Med. Assoc., 282, 16)

Self-help vs. Commercial
Weight Loss Programs
(Heshka et.al., J. Amer. Med. Assoc., 289, 14; Apr. 2003)
A realization:
Go for lifestyle change, not just “exercise” for the actively inclined. We need increases in **routine, daily physical activity** for everyone.

---

Social Ecology Model
Determinants of behavior change

- Individual (readiness, efficacy)
- Interpersonal (family, friends)
- Institutional (school, work, healthcare provider)
- Community (networks, facilities)
- Public Policy (transport, land use)
Socio-ecological successes?

- **Tobacco** – Education, kids, taxes, 2nd hand smoke policies/bans.
- **Seat belts, child safety restraints** – Media, training, laws, enforcement.
- **Recycling** – Kids, facilities, fees.
- **Water & sewer** – Education, ordinance & design requirements, inspection/enforcement procedures.

*Thanks to Prof. Ross Brownson, Wash. Univ., St. Louis*
The “healthy” trip decision hierarchy*:

- Walk
- Bike
- Transit
- Drive

*Nearly 25% of all trips are one mile or less; roughly 40% are two miles or less! (Nat’l Household Transportation Survey)
Necessary and important, but not enough. >

< We must build communities where people are intrinsically more active.

So, what seems to matter?

1. Variety of uses within walk, bike, & transit distance.
2. Connecting facilities: sidewalks, trails, bike lanes.
3. Destinations are functional & inviting for pedestrians, bicyclists, & transit users.
4. Safe & accessible for all ages, incomes, abilities

www.thecommunityguide.org
CDC Guide to Community Preventive Services

mark.fenton@verizon.net
In planner language:

• Mix of land uses; varied destinations.
• Network of bicycle, pedestrian, & transit facilities.
• Functional site designs & details.
• Universal safety & access.

1. Land use.
Varied destinations in proximity.

Compact neighborhoods & shared open space.
Mix use, multi-family.

E.g. post office, grocery, schools
National City

Housing above, retail below.
2. Network is more complete with:

- Presence of sidewalks, bike lanes, pathways.
- Shorter blocks, cul-de-sac connectors, more intersections.
- Access to trail, park, greenway, transit.

Transit riders are physically active.

Just during the daily walk to transit:

- Half of transit riders walk at least 19 mins.
- 29% get at least 30 mins. of activity.
- Minorities, poor (income <$15k/yr.), denser urban dwellers more likely to get 30+ mins./day.
3. Site Design:

Which setting is more inviting for travel on foot or by bicycle?

La Mesa

Site design.

- Buildings near the sidewalk, parking on street or behind.
- Access & comfort, trees, benches, lighting, aesthetics, human scale design.
- Details: bike parking, open space, plantings, materials.
4. Safe access.

- Engineering can dramatically improve safety for all users.
- Increasing pedestrian and bike trips decreases overall accident & fatality rates.

(Jacobsen P, Injury Prevention, 2003; 9:205-209.) mark.fenton@verizon.net

Lane re-alignments

- Often called road diets, being seen more often.
- Can reduce collisions & severity.
- Dramatically improves performance for pedestrians & cyclists.

Urbana, IL; before & after. mark.fenton@verizon.net
5. Community design & food systems?

Community gardens (near schools, parks, senior housing); conserving farmlands; urban & Community Supported Agriculture.

Farmer's markets, green grocers, healthy corner stores.

Regulate fast food, drive-through locations.

Recap - Five Elements of Healthy Community Design:

- **Mix of destinations** in close proximity (think village centers, not strip malls & boxes).
- Complete, connected **network of facilities** for pedestrians, bicyclists, & transit.
- **Sites & destinations designed to reward** active travelers & healthy eating.
- **Safe & accessible** for users of all ages, incomes, & abilities.
- **Healthy food** is accessible & affordable to all.

www.activelivingresearch.org
Who should care?
Everyone!

Healthy Economy

Healthy Environment

Healthy People

Prosperity

Planet

People

All of the “health” benefits.

Environmental:
• Reduced traffic; air, water, & noise pollution.

Safety:
• Kids, elderly mobility.
• Crime deterrent.

Education, schools:
• Improved health, safety; behavior & performance!
• Reduced transportation costs and infrastructure.
• More community engagement; schools as neighborhood centers.

Social:
• Equitable transportation.
• More personal connections.

mark.fenton@verizon.net
Walking the Walk: How Walkability Raises Housing Values in U.S. Cities
CEOs for Cities report*

• Based on 94,000 transactions in 15 markets.
• Compared sale prices & WalkScores (1-100 based on number of nearby destinations . . .)
• Higher WalkScore correlated to higher home values.
• Denser cities (San Fran., Chicago) saw greater affect than less dense (Tucson, Fresno).

Average to above average walkscore = $4,000 to $34,000 increase in home value

*www.ceosforcities.org/work/walkingthewalk
www.walkscore.com

On Common Ground
Nat’l Assoc. of Realtors pub.; Summer 2010
www.realtor.org

The Next Generation of Home Buyers:
• Taste for urban living.
• Appetite for public transportation.
• Strong green streak.
• Plus, Americans are driving less overall!
What's happening?
- 1st & 2nd generation malls & big boxes are struggling.
- Employers seek vibrant, livable communities, where employee health, satisfaction, & retention are high!

Or more simply:
Which generates more economic activity, a dying mall or thriving downtown?

So how to get there?
Five national trends:

1. Zoning ordinance and subdivision rules & regulations focused on healthy designs.
2. Complete Streets design guidelines.
3. Trails & greenways: Transportation networks, not just recreation.
5. SRTS: Create a regional plan, focused on administrators & policy change.

Core principals (my thought):

- It’s not really about building sidewalks & painting bicycle lanes & crosswalks.
- It’s never really about the money.
- It’s about building the capacity and the policies to create these everywhere.
- It’s about the long term vision and the political and community will to make it a reality.
Why care about stickier communities?

- The inactivity epidemic; our kids may pay!
- ~4,000 pedestrian, ~40,000 motor vehicle, ~400,000 sedentary-related deaths/year.
- Carbon footprint, air quality, run-off & water.
- Failing transport infrastructure; hour+ commute time/day, traffic congestion & costs.
- OPEC; drilling in ANWR; oil wars in Mid-east.
- More eyes on the street, less crime.
- Vibrant economies, higher housing values, shopping locally, keeping dollars close.
- Healthier employees, lower healthcare costs.

This guy is a new model of success!
Your two questions:

• How can you assure that SANDAG continues to drive regional policies, practices, and guidance leading to healthy community designs everywhere? Will RTP 2050 do this?

• How do you bring healthy community design practices to your municipality – complete streets; routine pedestrian, bicycle, & transit accommodation; mixed-use, village & transit-oriented development; institutional Safe Routes to School policies; support of transit; shifts in cultural norms? Can SANDAG help?
1. Convert plans into local ordinances.

- **Technical assistance.** Train professionals (planners, engineers, developers & staff) in healthy design.
- **Offer model language & codes.** Zoning ordinances, subdivision regulations, road design guidelines.
- **Lead!** Get ordinances passed (political cover).

www.completestreets.org

2. Regional Safe Routes to School.

- **Administrators.** Target superintendents, board members, principals.
- **Evaluate.** Systematically measure mode-split at all schools in the region.
- **Policy:** District lines, bus routes, pick-up/drop-off procedures & locations, school site decisions.

www.saferoutesinfo.com
3. Show them the money.

- Define clear expectations: Accommodate all four users (ped, bike, transit, auto) in all projects.
- Link transportation & land use in all that you do.
- Prioritize funds according to “stickiness.” Plan TIP, TransNet, other funding streams with highest priority to projects that balance all four modes.

It’s already on the way at the national level:

Sec. of Transportation Ray LaHood, Mar. 2010:
- “Today I want to announce a sea change. This is the end of favoring motorized transportation at the expense of non-motorized.”