The Economic Promise of Healthy Community Design

Incorporating Healthy Community Design into the Planning and Design of Transportation Improvements
There are deep rooted structural issues with the built environment in the U.S. that are creating an epidemic of obesity, diabetes, depression, and other chronic diseases. Dr. Richard Jackson, Professor and former Chair of Environmental Health Sciences at the Fielding School of Public Health at UCLA, put this epidemic in context when he stated, “We may be witnessing the first generation of children with a shorter life span than their parents.”

VHB’s Healthy Community Design Initiative

There is a connection between community health and the built environment. Communities designed in a way that supports and encourages physical activity—a network of complete streets with wide sidewalks, bike lanes, street trees and plantings, and access to transit, active recreation, healthy food, attainable housing as well as a rich mix of land uses—encourage residents to make healthy choices and live healthy lives. On the contrary, communities that are poorly designed result in populations with higher rates of obesity and related chronic diseases.
We at VHB believe it is our responsibility to focus our significant expertise in creating community planning and mobility solutions to plan and design communities around the holistic principles of Healthy Community Design. We believe that by working collaboratively with our clients, health providers, and the communities we work in, we can make it easier and more economical for people to live healthy lives and play an essential role in:

» Reversing today’s major health epidemics
» Driving economic development
» Investing in active transportation solutions
» Maximizing the opportunity for people to get physical activity
» Encouraging mixed-use development
» Promoting better access to jobs, housing and healthy food
» Promoting social and environmental equity
Healthy Central Florida
Jill Hamilton Buss, Executive Director

MetroPlan Orlando
Gary Huttman, AICP, Deputy Executive Director

VHB
Jim Sellen, Planning Principal, Southeast Region
Ken Schwartz, AICP, Senior VP Planning and Design

University of Central Florida,
College of Health and Public Affairs
Dean Michael Frumkin, PhD

Workshop Partners
Ken and Jim are leading VHB’s pioneering initiative to plan and design communities around the principles of Healthy Community Design. Their efforts are focused on understanding the connection between community health and the built environment. Their objective is to help establish VHB as the leader in designing communities in ways that support physical activity—a network of complete streets, connected to transit, active recreation, healthy foods, attainable housing and a rich mix of land uses—and encourage residents to make healthy choices and live healthy lives.

Richard J. Jackson, MD, MPH, FAAP
Professor, UCLA Fielding School of Health

Richard (Dick) Jackson has done extensive work in the impact of the environment on health, particularly relating to children. He chaired the American Academy of Pediatrics Committee on Environmental Health. He worked to reduce pesticide threats in California, and he has expertise in epidemiology, infectious diseases, toxicology and leadership. Over the past decade, much of his work has focused on how the built environment affects health. Dr. Jackson has served on the Board of Directors of the American Institute of Architects and has written and spoken extensively in the above areas. He is an elected honorary member of the American Society of Landscape Architects. Currently, Dr. Jackson has been working on policy analyses of environmental impacts on health ranging from toxicology, chemical body burdens, terrorism, sustainability, climate change, urban design, and architecture. He has received the highest honor of the American Public Health Association, the Sedgwick Memorial Medal. In 2011, he was elected to the Institute of Medicine of the National Academy of Sciences.

Leslie Meehan, AICP
Director, Office of Primary Prevention
Tennessee Department of Health

Leslie Meehan is the Director of Healthy Communities for the Nashville Area Metropolitan Planning Organization (MPO). She specializes in bicycle and pedestrian policy, planning, and education. Leslie was awarded the 2010 Association of Bicycle and Pedestrian Professionals Public Sector of the Year award for her work.

Michael Frumkin, PhD
Dean of the College of Health and Public Affairs
University of Central Florida

Michael Frumkin is Dean of the College of Health and Public Affairs at the University of Central Florida. At UCF, Dean Frumkin manages a budget of approximately $25 million and leads 325 faculty and staff members. The College of Health and Public Affairs consists of five departments, two schools, and nine centers and institutes. The College offers a wide variety of undergraduate and graduate degrees at three campuses and six instructional sites. The Doctoral Program in Public Affairs is among the nation’s top 20 percent of doctoral programs in the field of Public Policy, Public Affairs and Public Administration. CDHFA includes seven of UCF’s nationally ranked graduate programs, enrolls more than 9,400 students, and is the largest provider of graduate education at UCF.
Billy Hattaway, PE  
Florida Department of Transportation, District One Secretary

Billy leads a sweeping effort to address pedestrian safety in Florida, a state notorious for having some of the highest pedestrian death tallies year after year. FDOT hired him in 2011 as a district secretary to lead its pedestrian and bike safety initiative. In addition to helping develop the first-ever statewide pedestrian and bicycle strategic safety plan, which includes a significant investment in outreach and stepped-up law enforcement, Billy has also led efforts to train planners and engineers.

Curt Ostrodi, AICP, LEED AP  
Director of Community Planning, VHB

Curt has 14 years of urban and environmental planning experience, serving a variety of public and private clients. As Director of Community Planning at VHB’s Orlando office, he leads collaborative teams that address complex community and mobility planning issues, including visioning, corridor redevelopment planning, and healthy community design.

Jill Hamilton Buss  
Executive Director, Healthy Central Florida

Jill is the Executive Director of Healthy Central Florida, a community partnership founded by Florida Hospital and the Winter Park Health Foundation in 2012 to make our communities the healthiest in the nation.

Prior to leading Healthy Central Florida, Jill served as Vice President of Marketing and Communications at Heart of Florida United Way, where she spent five years working on community-level change, primarily in education, income and health.

Jill began her career in magazine publishing, and has a master’s degree in Journalism and Communications from the University of Florida and a master’s degree in community counseling from Rollins College.

Jill is one of just 25 leaders chosen from across the U.S. by America Walks, a national advocacy organization, to be a Walking College Fellow. As such, she is working to make our communities more walkable. She was also named as one of Winter Park’s Most Influential people for 2016 by Winter Park Magazine.

Currently, Jill serves on the Transportation Advisory Board for the City of Winter Park; the Healthy Community Leadership Teams in Winter Park, Maitland and Eatonville; the Winter Park Chamber of Commerce Board of Directors; and the Advisory Boards for Orange Appeal and Edible Orlando magazine.

Her passion for health and her experience in behavior change strategies, social marketing, and policy/environmental change, are helping Jill work to build a healthier Central Florida.
VHB
Mike Carneghi, President
Dave Mulholland, Southeast Regional Manager
Bill Roach, Chief Strategic Officer
Ken Schwartz, Corporate Planning Leader
Jim Sallen, Principal Planner
Steve Anderson, Director of Geospatial and Innovative Solutions
Fabrice Ponce, Transportation Systems Manager

FDOT
Billy Hallaway, Secretary, District One
Joel Mermin, District Specifications and Estimates Engineer
Judy Pozzi, Systems Planner, District Five
Deborah Tyner, Bike-Ped Coordinator, District Five

City of Orlando
Gus Casto, Transportation Project Manager
Pauline Easley, Main Street Coordinator
Gary Huffman, Deputy Executive Director, MetroPlan Orlando
Paul Lewis, Planner

Orange County
Rick Geldbach, Planning & Zoning
Julie Salon, Senior Administrator/Planner, Orange County Public Schools
Brian Sanders, Chief Planner
Jason Sorensen, Project Manager, Orange County Public Schools

Osceola County
Kerry Godwin, Director of Planning and Design
Mary Moskowitz, Senior Transportation Planner

UCF
Mary Ann Feldheim, PhD, Director, School of Public Administration
Michael Frumkin, PhD, Dean of the College of Health and Public Affairs
Chris Hawkins, Associate Professor, Urban & Regional Planning Coordinator
Fred Kittinger, Associate Vice President for University Relations Coordinator
Diane Trees, Director, Metroplan Orlando for Regional Studies
Chao Yuan Yu, PhD, Assistant Professor Public Administration, UCF

LYNX
Andrew Debrock, Director of Planning & Development
Doug Robinson, Strategic Planning Manager

Workshop Participants
Bill DeLappis, Corporate Director of Bicycle Transportation Planning & Design
Myrna Gaglione, Sr. Civil Engineer
Jim Hall, Director, Planning & Urban Design
Ken Hewitt, Sustainability Planner
Tyler Johnson, Community Planner
Joe Kidd, Director of Land Development
Margaret Rubins, Traffic Engineering Manager
Suev-King, Senior Transportation Planner
Claudia Paskauskas, Technology Development Manager
Kari Pech, Transportation Planner
Rob Smedberg, Healthcare Sector Leader

Individuals
Bob Ansley, Orlando Neighborhood Improvement Corporation, President
Jay Ballantyne, Senior Director, Cushman & Wakefield
Shannon Elswick, Senior Vice President, Leading Edge Health-Care, LLC
Terry Fournier, Senior Health Planner at Health Council of East Central Florida
Sant Gorman, Director of the Collaborative Design Center, Valencia College
Trevor Hui, Director, Collers International
Jill Hamilton Buss, Executive Director, Healthy Central Florida
Clay Henderson, Attorney, HK Law Firm
Richard J. Jackson, MD, MPH, FAAP, Professor, UCLA Fielding School of Health
Leslie Meyers, Office of the Tennessee Department of Health
Emily Suter, Director of Health Planning, Health Planning Council of NE Florida
Bob Wright, Project Coordinator, City of Kissimmee
In 2012, I had the good fortune to meet and work with Dr. Richard Jackson, a pediatrician by training and a member of the faculty at the UCLA Fielding School of Public Health, at an Urban Land Institute Conference. Dr. Jackson opened up an entirely new perspective on how to view the planning and design of a community by correlating its health to how it is designed (the intersection of health and the built environment).

What drew me to this perspective was not only the holistic approach, but the focus on designing communities with an emphasis on the needs of people and not infrastructure.

We have designed our communities in silos, focused on the infrastructure to support the community without understanding the unintended consequences on the surrounding area. How could you design a place for people to shop without consideration of any form of access other than the personal automobile or the ability to live or work in close proximity? From a purely metropolitan Orlando perspective, how could you design a world-class entertainment
complex employing 30,000-plus people without considering where their housing would be located, where they would shop, go to school, or how they would be connected to the existing community? We experience the impact of our current approach to community development every single day, and it may be killing us.

This workshop was initiated because the partners agreed there was a critical need to focus on how to plan, design, and build our transportation network in a more holistic manner. Incorporating the Healthy Community Design approach into the planning and design of our transportation infrastructure not only addresses the best way to connect people to where they live, work, shop, go to school, get their health care, and are entertained, but it also examines how our transportation infrastructure can contribute to the overall health of the community. I am convinced that incorporating Healthy Community Design principles into transportation solutions can save lives by reducing chronic disease.

We titled this workshop “The Economic Promise of Healthy Community Design” because it was clear that to be successful and compel people to act, it would be necessary to demonstrate that there is an economic advantage to applying Healthy Community Design (HCD) principles in designing our communities. In particular, our attention needed to focus on the transportation improvements that determine how we connect people to their everyday needs.

We know that walkable places perform better economically. They make life easier and more enjoyable. Housing costs are higher in walkable communities because people have more money to spend on housing when they don’t have to spend it on transportation.

While we believe strongly that HCD and the principles put forth by experts like Dr. Jackson and the Urban Land Institute should be applied in a holistic manner, there is no better way to infuse these principles into our built environment than through the way we plan, design, and build a connected and balanced transportation network. Because the depth of the work completed to date can be characterized as “a mile wide and an inch deep,” we believe there is an opportunity to focus on the transportation sector to do a “deep dive” into how we can plan, design, and build our transportation networks in a way that supports physical activity, encourages residents of our communities to make healthy choices, and subsequently to live healthier lives.

Call to Action

There are deep-rooted structural issues with the built environment in the U.S. that are creating an epidemic of obesity, diabetes, depression, and other chronic diseases. We may be witnessing the first generation of children with a shorter life span than their parents. Integrating health enhancing choices into transportation policy and decision-making has the potential to save lives by preventing chronic disease, reducing and preventing motor-vehicle-related injury and deaths, and improving environmental health, while stimulating economic development and improving access for all people.

A Brookings Institute Study (May 2012) established the following conclusions by investigating The Economic Promise of Walkable Places in Metropolitan Washington, DC:

- More walkable places perform better economically.
- Walkable places benefit from being near other walkable places.
- Residents of more walkable places have lower transportation costs and higher transit access, but also higher housing costs.
- Residents of places with poor walkability are generally less affluent and have lower educational attainment than places with good walkability.
- Lenders are starting to integrate walkability into their underwriting standards.
- Developers and investors are considering walkability when assessing prospects for the region and acquiring property.

The major question we wanted to address with this workshop was “How do we integrate public health considerations into the transportation decision-making process?”

The U.S. Department of Transportation, Federal Highway Administration, has partnered with the John A. Volpe National Transportation Systems Center to begin to address this question. They looked at case studies in Texas, Massachusetts, Minnesota, and North Carolina to try and understand the extent to which health considerations were being included in transportation and decision-making. Their conclusion was that to be effective health considerations must be incorporated into federal programs, initiatives, and funding programs.

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- Lenders are starting to integrate walkability into their underwriting standards.
- Developers and investors are considering walkability when assessing prospects for the region and acquiring property.
“The only way we can get people to walk is to make it irresistible.”

Dr. Richard J. Jackson

We can expect to see HCD requirements incorporated in federal regulations that dictate the content of State Highway Safety Plans (SHSP’s), Highway Safety Improvement Plans (HSIP’s), State Long Range Transportation Plans (SRTTP’s), and State Transportation Improvement Plans (STIP’s). These requirements will ultimately make their way into Metropolitan Planning Organization/Transportation Planning Organization (MPO/TPO) Plans and into federal and state grant programs such as Safe Routes to School (SRTS) and Community Transformation Grants from the Centers for Disease Control and Prevention (CDC) as part of the Section 4201 of the Affordable Care Act.

While there is broad agreement that considerations of community health must be included and will improve the transportation planning, design, and decision process, there has been little work to determine how to make that conclusion a reality.

We currently measure transportation success by indices such as traffic volumes, by level-of-service, or by ridership. What if we used Healthy Community Design to measure success? It is our best barometer, and it has a vocabulary people understand: related to a person’s health. You may not get people’s attention talking about peak hour traffic, level-of-service or transit-oriented development, but they will listen and be able to understand when you put infrastructure decisions in the context of how an improvement may have a positive impact on the access to healthy food, getting a child safely to school, or reducing the chances of children contracting some chronic diseases like obesity, heart disease, or diabetes.
What is Health?
Health is defined by the CDC as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

What is Healthy Community Design?
Healthy Community Design (HCD) can be described as planning and designing communities and their built environment in a way that encourages people to live healthy lives.

Healthy Community Design Principles

(Maximize the Opportunity for all Residents to Get Physical Activity)
(Promote a Healthy Environment and Social Well-Being)
(Empower Champions for Healthy Community)
(Encourage Mixed-Use Development)

Increase Housing Opportunities

Make Education the Cornerstone of Community Development and Redevelopment

Promote Access to Job Opportunities

Invest in Active Transportation Solutions

Promote Access to Healthy Food

Drive Economic Development

What is a Principle?
A truth or proposition that serves as the foundation for a system of beliefs or behavior or a chain of reasoning.

What are the Principles of Healthy Community Design?
The key principles have been gleaned from published work by Richard Jackson, Howard Frumkin, and Andrew Dannenberg at UCLA; publications by the Urban Land Institute; the Children’s Aid Society; and by application in creating the Parramore Comprehensive Neighborhood Plan for the City of Orlando.

Maximize the Opportunity for all Residents to Get Physical Activity

Make Education the Cornerstone of Community Development and Redevelopment

Promote Access to Job Opportunities

Invest in Active Transportation Solutions

Promote Access to Healthy Food

Drive Economic Development
In this workshop, we asked participants to help us think about how we could use transportation planning, decision-making, and improvements to further each of these principles and vice-versa. I am convinced that applying these principles to the transportation planning and design process puts more emphasis on understanding the needs of the people using the transportation infrastructure and results in a more holistic/sustainable community based set of transportation solutions.

Some of the questions we examined in the workshop included:

- What information would you need to gather to assess the health impacts of transportation improvements for each principle? Where would you go to get the information?
- What partners or stakeholders would you need to involve to address the principle?
- How can benchmarks measure progress and success?
- What actions would you recommend to further the principle?

What follows in this white paper are some great examples of best practices from our presenters that provide important clues for beginning to address the question of how to integrate health into the transportation planning and decision-making process.

The Workshop

“I don’t hate Atlanta anymore...because of the Atlanta Beltline.”

Dr. Richard L. Jackson

Additional Reading

http://nacto.org/publication/urban-street-design-guide
http://www.cdc.gov/mmwr/volumes/65/wr/mm6536a4.htm?s_cid=mm6536a4_w
http://www.cdc.gov/healthyplaces/transportation/hia-toolkit.htm
I. Welcome and Overview | Dean Michael Franklin, CDIPA, UCF
   a. Introduce Sponsors
   b. Problem Statement
   c. Purpose of the Workshop
   d. Overview of the Day
   e. Introduce Jim Sellen

II. Transportation and HCD Overview | Jim Sellen, VHB
   a. Transportation and Healthy Community Design: A Call to Action
      i. What is HCD?
      ii. HCD Principles
      iii. Health as an Essential Part of Transportation Planning and Design
   b. How Can We Build Health into Transportation Planning and Design
   c. Why the HCD Approach Adds Value to Transportation Planning

IV. HCD Best Practices and Lessons Learned | Ken Schwartz, VHB
   a. Regional Perspectives: Leslie Meehan, Tennessee Department of Health; Gary Huttman, MetroPlan Orlando
   b. State DOT Perspective: Billy Hattaway, FDOT District One Secretary, HCD and Active Transportation Solutions
   c. Local Perspective: F.J. Flynn, HCD and Complete Streets
   d. Community Redevelopment Perspective: Curt Ostrodka, VHB, Parramore Neighborhood Revitalization

V. Lunch/Keynote Speaker | Dr. Richard J. Jackson, UCLA

VI. HCD and Transportation Corridor Break Out Session | Facilitated by Gert Garmas, Valencia College and Jim Sellen, VHB
   a. Overview and Instructions
      i. Five groups (six participants in each group)
      ii. UCF student facilitators and reporters
      iii. Each group slated to apply HCD principles to a specific transportation corridor (chosen by FDOT District Five)
      iv. Describe the corridor and the issues/opportunities (FDOT)
   b. Breakout
      i. Answer the following questions in applying the HCD principles to the corridor:
         What should be the limits of the corridor study area? Rationale?
         What criteria should be used to assess the health of the corridor?
         Where do you believe you will find the data for the criteria selected?
         Who are the partners/stakeholders that should be involved in the process and what role should they have?
         What are the best indicators for measuring and evaluating this principle?
         What benchmarks should be used to measure progress?
         What types of actions might you recommend to advance the HCD principles?

VII. Reports to Group
   a. Answer Questions
   b. Observations

VIII. Wrap Up/Next Steps | Dr. Franklin, Dr. Jackson
How we plan for and design our transportation network is an important part of our built environment and significantly influences the opportunities for people to engage in physical activity, safety, access to a variety of destinations that are essential to a healthy lifestyle, and their general well-being. Expanding the availability of and access to a variety of transportation modes and integrating health enhancing choices into transportation policy has the potential to save lives by preventing chronic diseases, reduce and prevent motor-vehicle-related injury and deaths, and improve environmental health while stimulating economic development and improving access for all people.

On December 11, 2015, VHB and our partners MetroPlan Orlando, Healthy Central Florida, and the University of Central Florida held a workshop to examine “The Economic Promise of Healthy Community Design: Incorporating HCD into the Planning and Design of Transportation Improvements.” The following is an executive summary of the key findings and recommendations from this workshop.
Connection Between Health and the Physical Environment

There is a connection between community health and the built environment. Communities designed in a way that supports and encourages physical activity—a network of complete streets with wide sidewalks, bike lanes, street trees and plantings and access to transit, active recreation, healthy food, attainable housing and a rich mix of land uses—encourage residents to make healthy choices and live healthy lives. On the contrary, communities that are poorly designed result in populations with higher rates of obesity and related chronic diseases. We have built America in a way that is fundamentally unhealthy. Our challenge is to redesign the built environment for health.

Where You Live is a Big Predictor of How Long You’re Going to Live

The environment you live in can have a big influence on your health. When you go to the doctor and you fill out the medical questionnaire, they ask about the past injuries or diseases you have had but never ask where you have lived. Yet the data suggests that geography is destiny for influencing your health. Your health can be influenced by:

- Availability of sidewalks, playgrounds
- Safety of the workplace
- Quality of the air and water
- Whether your children can walk to school, have to ride a bus, or be driven by parents
- How close you live to highly traveled roads
- Nature of your social interactions and relationships

In addition to the environmental influence of where you live on your health, there is proof that the patterns of historic racial segregation and current poverty strongly correlate with low levels of walking and high levels of obesity, diabetes, hypertension, and heart disease. The ability to walk safely in the community you live in is literally a matter of life and death. Research shows that walking can give you seven more years of life.

- People walking in the poorest one-third of urban census tracts are twice as likely to be killed by cars.
- Roughly half of all U.S. kids walked or biked to school in 1970, compared to 16% today, according to the Safe Routes to School National Partnership.

Need to Change How We Measure Success

It is essential that we re-examine how we measure the success of any transportation improvement. We need to move beyond measures that focus on the infrastructure improvements and the ability to move the personal automobile (travel volumes, level-of-service, or ridership) and focus on additional measures that consider the health of the community being served (access to healthy food, jobs, attainable housing, safe access to schools, access to transit, bike paths, walkability, and generally allowing the community to be more physically active).

The ability to walk safely in the community you live in is literally a matter of life and death.
Apply a More Holistic Planning Approach

Applying the principles of Healthy Community Design (HCD) to the planning and design of transportation infrastructure will result in a more holistic, sustainable solution that is focused on the needs of the community and the people whom the infrastructure is designed to serve. Incorporating HCD principles into crafting transportation solutions can save lives by substantially reducing the incidence of chronic diseases. Analyzing the effect of a transportation solution requires more than just the consideration of a community’s physical health. Using the HCD principles requires consideration of a community’s physical, economic, and social well-being. As defined by the National Centers for Disease Control, health is “the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Collaborate with Hospitals and Health Care Agencies

Collaboration with health agencies and hospitals is critical to the success of applying HCD principles to community development or redevelopment. For decades, non-profit hospitals have been required to provide a community benefit in exchange for tax-exempt status. According to the Journal of Health Affairs, in 2011 non-profit hospitals received an estimated $24.6 billion in income, property, and sales tax benefits. In exchange for tax advantages, the IRS expects non-profit hospitals to broadly support the health of the communities they serve, what has come to be called “Community Benefit Requirements.”

The Affordable Care Act (ACA), passed in 2010, requires that a non-profit hospital prepare a Community Health Needs Assessment (CHNA) in conjunction with meeting its hospital Community Benefit Requirements. The IRS actually regulates this process and has authorized a variety of activities and investments that would meet the community benefit requirements as long as they improve health. Thinking broadly about improving health, investments in quality housing, a safe walking environment, public recreation facilities, and access to affordable fresh produce can help a non-profit hospital meet its Community Benefit Requirements.

The information in the CHNA can be very helpful to planners in establishing the baseline health conditions in an area as well as establishing benchmarks for assessing the effectiveness of transportation and other improvements recommended for improving the health of the community. Specifically, planners can help inform a hospital’s CHNA by offering an array of data about how the built and physical environment can affect health and providing potential solutions. Improving the walking and biking infrastructure and environment in a neighborhood with high obesity rates, for instance, might make sense from a planning and health perspective. The Community Benefit Requirement of the ACA provides another implementation tool. While hospitals can provide direct funding as a way to meet the needs documented in the Community Benefit Assessment, they can also provide other resources to meet its obligation, including facility use, staff time and in-kind donations.

Health Impacts Will Influence Future Transportation Funding

Based on research by the U.S. Department of Transportation, Federal Highway Administration, and the John A. Volpe National Transportation Systems Center, there is a high probability that future efforts to secure government financial support for transportation infrastructure will require the determination of the consequences of a proposed transportation improvement on the public health of the area served by the improvement.

...using HCD principles to develop a more holistic approach...

...access to healthy foods.

“Collaboration with health agencies and hospitals is critical to the success of applying HCD principles...”
Physical activity is the primary prevention strategy to improve public health. In the Surgeon General of the United States recent “Call to Action on Walking and Walkability” he delineates five goals:

- Make walking a national priority
- Design communities to make walking safe and easy for people of all ages
- Promote programs that support walking
- Provide information
- Fill surveillance, research, and evaluation gaps

Use Health Impacts to Prioritize Transportation Spending

The Metropolitan Nashville Regional Planning Commission (RPC) may be a national model for how to incorporate HCD into the transportation planning process. Through application of a framework developed by the USDOT’s Volpe National Transportation Systems Center, the RPC was able to assess the ability of transportation impacts to improve health. The result was to flip how they were spending transportation funding in the region. They took 70% of the funding and applied it to projects that improved health through the inclusion of sidewalks, bicycle lanes, or shared-use lanes. The result was a 57% increase in bikeways (from 322 to 505 miles) and a 36% increase in greenways (from 136 to 185 miles).

From a monetary standpoint, the Nashville experience confirmed that the state of Tennessee can realize $77 million in health care savings per year if Nashville citizens have access to transit, options for walking, and safe bikeways.

Use Road Design to Achieve More Efficient Development Patterns and Improve Public Health

For years our focus has been on moving cars, and it’s time to shift to the pedestrian. Adding sidewalks will help, but going forward we need to rethink our land development patterns to encourage communities to be more connected as opposed to being self-contained with traffic emptying out on the same arterial or major collector road. The result of our current development patterns is a road network with greater congestion and the solution of continued road widening that creates a tremendous safety issue for both autos and pedestrians.

Alternative solutions to inefficient development patterns include the use of modern roundabouts and road diets. For example, a $6 million redevelopment improvement to the primary arterial road corridor serving Florida State University allowed the Florida DOT to add modern roundabouts that significantly reduced speed and improved auto and pedestrian safety.

On Edgewater Drive in Orlando’s College Park Neighborhood, a road diet was instituted and resulted in a 34% decrease in accidents and a significant increase/improvement in the success of business along the corridor. Pedestrian volumes increased 23%. Bicycle volumes increased 30%. On-street parking utilization increased 29% to 41%. This project resulted in 560 new jobs and 77 new businesses. There was an 80% increase in property values along the corridor with 70% within a half-mile. The cost was $50,000 beyond what repairing alone would cost.

A similar result to Edgewater Drive occurred in Mt. Pleasant, South Carolina, where the redevelopment of Johnnie Dodds Boulevard into a complete street had a significant positive impact on local businesses and the surrounding community. This experience was unique in that it was a citizen/business-funded project that redefined the street where businesses were failing and transformed the area into a successful corridor.

“...it’s time to shift to the pedestrian.”

“Make walking a national priority.”
Use Road Design to Improve Health and Drive Economic Development

The design of the community transportation system can create value and improve community health. The design of “The Grow” Community in Orange County, Florida, utilized the concept of a walkable grid. The grid is designed to maximize connectivity and minimize the land devoted to streets. The walkable grid approach allowed all neighborhoods to be connected by bike and pedestrian facilities, and reduced the area devoted to streets by 8% of the gross usable land area, lowering the development costs and making more land available for open space.

Application of HCD Principles Can Drive Successful Inner-city Development

The Comprehensive Neighborhood Plan for the Orlando inner-city community of Parramore demonstrates the value of using HCD principles to develop a more holistic approach to community planning.

Applying HCD principles to community planning allows for greater understanding and more effective community engagement. Application of the HCD principles helped to create a constituency for the plan and champions for implementing the plan. By addressing all the HCD principles and using the context of improving public health, the City of Orlando and the Parramore Community were able to focus on the needs of the community and not just the need for new infrastructure, as well as the need for interrelationship of solutions for improving access to active transportation, education, public safety, healthy food, housing, recreation, and a mix of uses. 

Keynote Presentation

Richard J. Jackson, MD, MPH, FAAP
Professor, UCLA Fielding School of Health

America is a country of environmentally induced disease. Because of sugar, fat, salt, and lack of exercise, we may be looking at the first generation in history that will have a shorter lifespan than their parents. And we are to blame!

We have built America in a way that is fundamentally unhealthy. Our challenge is to redesign the built environment for health. Currently, our communities are car-centric; at least one fifth of the U.S. population is obese (according to the Centers for Disease Control), and the differences in life expectancy between poor and rich neighborhoods exceed ten years. In essence, where you live is a big predictor of how long you’re going to live.

The cost of services, such as police and fire, are far more expensive in suburban than in urban environments, due largely to transportation costs ($1,462 versus $3,462).

The cultural obstacles to our health are mind-boggling. The problem of obesity feels insurmountable as we watch the cost of diabetes comprise two percent of this country’s gross national product (GNI). The number of people in the U.S. with diabetes has doubled over the past 30 years, and half of our adults either have diabetes or are at risk.

The best treatment for mild to moderate depression is walking, but rather than exercising we resort to pharmaceutical options for treatment. As a result, antidepressant use has skyrocketed 400 percent in the past 20 years.

"a road diet was instituted and resulted in a 34% decrease in accidents…"

“The walkable grid approach allowed all neighborhoods to be connected…"
In the U.S. we spend $8,500 per person/per annum on healthcare. In Chile, they spend $1,800. Ironically, we have the same expected lifespan. Improvements in infrastructure and immunizations have added 25 years to our lifespan, but our overall health status decreased from 32 to 15 percent. We are at a critical juncture, where sustainability and health have become collinear.

As climate change encroaches (it will be our grandchildren’s biggest threat), where we live is the most important climate of all. For example, the carbon footprint is ten times lower in Barcelona (a highly walkable city) than in Atlanta.

For the past 80 years, we have put cars first. It’s time to put people first. We’ve made it impossible for children to walk to school. Our cities are better at alienating people than at connecting them. Even the way our parks have been designed considers cars ahead of people.

It may surprise you to know that there are four million more Millennials in the U.S. than Baby Boomers. This is encouraging for the status of our health because Millennials want to walk, bicycle, and take public transit to their work and entertainment, rather than drive cars.

It is certainly easier to plan transportation before everything else is built, but there are cities that have turned huge deficits into assets by connecting people through areas that were formerly eyesores and making them destinations in and of themselves. Look at the High Line (a 2.5-block, safe walk in New York City, the Indianapolis Cultural Trail (8 miles of walking trails and $2 million of art), and the Beltline (50 miles of street car lines and 22 miles of beltline corridor) in Atlanta, for instance.

The conversation about our transportation future is one Americans are increasingly willing to have, particularly while the government is underfunding our options. It’s a fact that transportation is the biggest topic of conversation in Los Angeles, but do we want to reach the point where it’s the biggest topic everywhere?

Additional Reading
www.thehighline.org
www.beltline.org
www.indyculturaltrail.org
http://bhptoolkit.uli.org
http://designinghealthycommunities.org
The presentations that follow were provided to demonstrate how Healthy Community Design is being incorporated into the planning and design process in both the public and private sector of the economy. The presentations and follow-up questions were facilitated by Ken Schwartz. Each presentation utilized a PowerPoint format and the key points are summarized here. The full PowerPoint presentations may be found on the VHB website: www.vhb.com/Pages/Trends/Healthy-Communities.aspx.
The focus of the Office of Primary Prevention is on the upstream of determinants of health related to physical activity, the built environment and transportation, healthy foods, and other factors that influence health outcomes. The office concentrates on the Big 3 + 1 (tobacco, physical inactivity, obesity, and drug abuse), which are the largest drivers of poor health in Tennessee. Of these four, physical activity is the primary prevention strategy for the Tennessee Department of Health to improve population health.

The work performed by Leslie that is described in this section was completed while she was working as a transportation and health planner with the Nashville Area Metropolitan Planning Organization.

Nashville is a city that has been and continues to be at the forefront of planning and public health. So when major roadway improvements are on the docket, it is no surprise that Nashville considers health as its first priority. We recognized the correlation between cars and obesity, but to get people out of their cars, we knew we would need to go to them first to find out what they wanted for transportation options.

We conducted a 1,100-household survey to take the pulse of transportation issues and health in Nashville. The prioritized results from the citizenry were:

- Improve and expand mass transit options
- Make communities more walkable and bike friendly
- Build new or widen existing roadways
The USDOT’s Volpe National Transportation Systems Center published a report on MPO’s best practices successfully considering health throughout the transportation planning process. Their report is a resource for transportation planners, their partners, and new partners in the health field.

In Nashville, we disincentivized building new transportation infrastructure to study the findings. Ultimately, we came up with a vision for building 1,000 miles of sidewalks and 1,000 miles of bike lanes. We looked at latent demand, constructed two maps for biking and walking, and decided to flip how we were spending our funding. We took 10% and prioritized health, directing our funding to roadway projects that improve health. In the Nashville MPO’s 2040 Plan, 77% of adopted roadway projects include sidewalks, bicycle lanes, or shared-use lanes (up from 25%).

From 2010 to 2014, we saw a 53% increase (from 322 to 505 miles) in sidewalks, a 10% increase in bike lanes (from 354 to 419 miles), and a 30% increase in greenways (from 138 to 185 miles). We did another survey to garner health information (Middle Tennessee Transportation and Health Study). We approached the Centers for Disease Control (CDC) to assist in developing the health-related questions for the study.

From our work efforts, we learned that our priorities needed to be with four groups:

- Persons in poverty
- Persons in carless households
- Persons unemployed
- Persons over 65

We found from a monetary standpoint, the Nashville region can realize $7 million in health care savings per year if Nashville citizens can increase daily physical activity from active transportation.

Speaking of walkability, originally, the Surgeon General’s Call to Action about Walking was called just that, but after careful examination, the name was changed to the Call to Action on Walking and Walkability because in order for people to walk they must have access to safe and convenient facilities such as sidewalks and greenways. It’s not just walking; it’s walkability. The perception of safety, convenience and the overall experience in walking make the difference in your choice of walking over driving.

Additional reading
- www.civicdesigncenter.org/productions/shaping-the-healthy-community
- www.smartgrowthamerica.org/complete-streets
- www.tn.gov/health/section/health-program-areas
- www.fhwa.dot.gov/planning/health_in_transportation/resources/mpohealthywhitepaper.cfm
- t4america.org/2016/09/22/measuring-what-we-value-prioritizing-public-health-to-build-prosperous-regions
Regional Perspectives: Transportation Corridors & Public Health Considerations

The subject of Gary’s presentation is the consideration of whether bus rapid transit is justified for the State Route 50 Corridor. The segment of the corridor under consideration extends from the western border of Lake County through Downtown Orlando and east to the University of Central Florida (UCF) campus. The analysis of the feasibility for bus rapid transit included consideration of the health benefits resulting from the availability of transit.

SR 50 was once a main route for Florida Citrus to travel coast to coast. Now it is part of the urban sprawl that supports 12,000 transit riders per day and 30,000 to 50,000 vehicle trips per day. Currently 48% of the transit riders on the corridor are transit-dependent.

MetroPlan conducted an eight-month community engagement process to interact with those living on the corridor, aided greatly by students in the Master of Planning Program at UCF. For the first time, MetroPlan included a consideration of public health conditions in their analysis of the corridor and how health conditions could be affected by and impact the need for transit.

Using considerations of health to support transportation solutions, MetroPlan determined that a bus rapid transit system, including an express bus route on the SR 408 Expressway, offering Wi-Fi, electrical outlets, off-ticket boarding, bike racks, and greater frequency (10-minute peak and 15-minute off-peak) would best serve the population.

The SR 50 corridor is supported by numerous neighborhoods and a variety of income levels. Riders come from Pine Hills, Union Park, Azalea Park, downtown Orlando, and Oviedo. In addition to residents of these neighborhoods, many UCF students who traverse the corridor would benefit and be drawn to transit by the amenities being offered.

As part of the public engagement process, interviews were held with residents. These interviews revealed that highest levels of obesity were in the lowest income neighborhoods, like Pine Hills and Union Park. The introduction of a transit option to these neighborhoods not only provides an active transportation solution that encourages walking, but also improves access to jobs and healthy food, all factors in addressing obesity and other related chronic diseases.

MetroPlan also looked at the relationship of providing transit and public safety concerns. Results confirmed that the highest number of bicycle accidents (over 100/year) occurred in the disadvantaged neighborhoods. As part of this discovery, MetroPlan will be increasing their efforts to educate the population in lower income neighborhoods to bicycle safety rules. The education will not just be focused on bicyclists, but on drivers and pedestrians, as well.

As a result of the SR 50 Corridor Study, MetroPlan recommended that a bus rapid transit solution be implemented. In addition, to complement the bus rapid transit solution and reinforce the health benefits of active transportation, MetroPlan also recommended that complete streets policies be adopted for the corridor.
State of Florida, FDOT Perspective on Healthy Community Design & Active Transportation Solutions

Billy started his career in the private sector where he was one of the pioneers in transforming how people think about the relationship of transportation and land use and the need for a more balanced transportation network that incorporates all modes of transportation. He is a leader in promoting walkability and frequent speaker at conferences for the APA, ASCE, ULI, and the congress of the New Urbanism. As FDOT District I Secretary, Billy has been a catalyst for crafting the state policy for promoting complete streets, road diets, walkability and safe streets. His presentation is focused on promoting healthy community design by promoting complete streets, bike and pedestrian safety.

We have to change the way we design our streets and highways. At the Florida Department of Transportation, adopting new safety measures in 1988 was a good start, followed by the Dangerous by Design Report and our Complete Streets Policy.

However, fundamentally, our laws are written in legal jargon, and we need more plain language.

For years our focus has been on moving cars, and it’s time to shift that focus to the pedestrian. Yes, adding sidewalks will help, but going forward, we need to re-think our land development problems.

In an effort to provide privacy and to some degree exclusivity, the trend was to build communities that were self-contained and not connected to the surrounding neighborhoods or commercial areas. In many cases these communities were gated and dictated travel by the personal automobile or, being able to walk or bike from one destination to another.

All of these self-contained, cul-de-sac communities merged into arterial roads to the point we have become a nation where surface transportation is predominately via 4-, 6-, or even 8-lane arterial roads. The result has been greater congestion and a tremendous safety issue for both autos and pedestrians.

There are a number of alternatives to the inefficient development patterns that have been created by focusing on the personal automobile to address all of our travel needs. For example, because the proportion of injuries occurs at intersections (50%), we are looking more and more at roundabouts as a solution.

For example, in Tallahassee, we instituted a road diet (lane reduction) for the primary arterial road serving Florida State University. A $6 million redevelopment improvement to this corridor added modern roundabouts, significantly reduced speed, and improved auto and pedestrian safety.

Under the Florida Plans Preparation Manual, Section 2.13.1, the following is stipulated regarding roundabouts:

» Roundabout evaluation is required for all new construction, reconstruction and safety projects.

» Roundabout evaluation is also required for projects proposing new signals or replacing existing signals.

» Roundabout evaluation is not required for minor operational improvements such as modifications to signal phasing or addition of turn lanes.
Another solution for road and pedestrian safety is the road diet program. On Edgewater Drive in Orlando a road diet program was instituted and resulted in a 30% decrease in accidents. Another significant result was that the road diet was based on a cross-section that buffered adjacent businesses from the road using a bike lane, parking, and wider sidewalks. This design made the area safer and walkable for pedestrians, which made the area more attractive for business, and ultimately drove economic development and raised property values significantly.

A similar result occurred in Mt. Pleasant, South Carolina, where the redevelopment of Johnnie Dodds Boulevard into a complete street had a significant, positive impact on the local businesses and the surrounding community. This experience was unique in that it was a citizen/business-funded project that redefined the street where businesses were failing, and transformed the area into a successful commercial corridor.

Orlando’s Baldwin Park is a converted Naval Base that was turned over to the City and redeveloped by the private sector into a 1,100-acre mixed-use community of 14,000 residents. Baldwin Park contains 20 neighborhood parks and 32 connections to the surrounding neighborhoods. The community was designed so that there is no four-lane road within the community. Baldwin Park is a great analogue for the results you can achieve by applying the principles of healthy community design.

Modern Roundabout Policy

Florida Plans Preparation Manual, 2.13.1
• Roundabout evaluation is required for all new construction, reconstruction, and safety projects.
• Roundabout evaluation is also required for projects proposing new signals or replacing existing signals.
• Roundabout evaluation is not required for minor operational improvements such as modifications to signal phasing or addition of turn lanes.

Additional Reading
http://www.streetsblog.net/2015/12/08/florida-dot-unveils-its-big-plan-to-fix-deadly-roads/  
http://alerttodayflorida.com/  

Johnnie Dodds Blvd, Mt. Pleasant, SC
• Citizen/Business Funded  
• Created Counter Proposal  
• 20V/10V  
• Interchanges Proposed  
• Two Way Frontage Roads  
• Business Failing  
• Road Divided Community  
• Commuter Corridor  
• Proposed Roundabout Intersections
Dwight is educated as an attorney and practiced for several years in Orlando. No longer a practicing attorney, he has directed his considerable experience with real estate toward community development. After developing several communities in the Orlando market and influenced by his agricultural roots, he is focused on designing a healthy community based upon a strong agricultural theme.

"The Grow"

The Grow, Central Florida’s first “agrihood,” will be a farm and gardening community guided by the principle that community gardening improves the quality of life and the health of the individuals who will live in the community.

The master plan calls for 2,256 homes on 1,200 acres at buildout. Most of the homes will be single family detached. The community design allows for every lot to be within 1/8th mile of a community amenity. All the neighborhoods are connected by a pathway system and linked to approximately 700 acres of open space. The community is designed with a hierarchy of streets and pathways that emphasize streetscape and incorporate shade trees to make walking and biking more comfortable. The trail system will connect to a 9-acre working farm, destination retail, community gardens, a neighborhood school, and a 12-acre lakeside park. In the spirit of this walkable community, the location of neighborhoods and circuitous design of the street system allow residents to get to destinations in the community quicker by walking or biking than by driving a car. A very important aspect of the design of the trail system is that it allows students to safely walk or bike to school.

Dwight Saathoff
President, Project Finance & Development, LLC

Real Estate Perspective

Dwight Saathoff
The Grow will employ a real farmer (agriculturist), greenhouses, and a school with an agriculturally-based curriculum similar to what Alice Waters created in California. A chef, author, and the proprietor of Chez Panisse, Waters is an American pioneer of a culinary philosophy that maintains that cooking should be based on the finest and the freshest seasonal ingredients that are produced sustainably and locally. In 1996, Waters’ commitment to education led to the creation of the Edible Schoolyard at Berkeley’s Martin Luther King Jr. Middle School—a create garden, an adjacent kitchen classroom, and an “Eco gastronomy” curriculum. By actively involving a thousand students in all aspects of the food cycle, the Edible Schoolyard is a model public education program that instills the knowledge and values we need to build a humane and sustainable future.

The Grow Community will also be working with My Yard Farm, a multilayered business model based in Central Florida that is in the business of growing local, sustainable, beyond-organic produce and distributing their products to restaurants, resorts, health food stores, and direct-to-consumer programs. My Yard Farm is a consultant for homeowners and property managers seeking residential garden and edible landscape projects, and they represent farm partners that adhere to their growing practice, helping them distribute their product within their distribution network.

Since our emphasis in this workshop is on the economic promise of healthy community design it is important to emphasize how the design of the transportation system creates value and promotes community health. Specifically, the master plan was designed around a walkable grid. The grid is designed to maximize intersection density (125) and allows all neighborhoods to be connected to bike and pedestrian facilities. The walkable grid approach reduced the area devoted to streets by 8% of the gross usable land area, thereby reducing the cost to the developer and making more land available for open space.

The significance of The Grow is that it demonstrates not only the value of Healthy Community Design in planning and designing a transportation system, but the holistic value of applying the principles of Healthy Community Design to community development by improving access to healthy food, driving economic development, promoting a healthy environment and social well-being, while reinforcing the focus on the school and education as the cornerstone of community development and maximizing opportunities for all residents to get physical activity.

Additional Reading
www.thegrow.com
http://www.chezpanisse.com/about/foundation-and-mission/
www.myyardfarm.com
Curt has worked as a community planner with VHB since 2005, focusing on the land use transportation connection, sustainability and, most recently, Healthy Community Design. He served as the Project Manager for the Parramore Comprehensive Neighborhood Plan, which was prepared using the principles of Healthy Community Design.

In the 1950’s, the Parramore community was a vibrant and self-sufficient enclave of African-American doctors, lawyers, bankers, teachers, businessmen, other professionals, service workers, and citizens. Churches fed the spirit and hope of this proud community. But the unintended consequences of desegregation in the 1960’s brought dramatic changes that manifested themselves physically, economically, and socially. Many businesses fled Parramore for the opportunity of appealing to a broader market. Schools in Parramore were closed, and the teachers and children in the community were assigned to some eight different elementary and middle schools. While the predominantly white section of Orlando to the east of Parramore experienced explosive growth and prosperity, Parramore experienced a reduction in real estate values and little business or government investment.

In the 1960’s, primarily due to the lower real estate values, land in Parramore was chosen to provide right-of-way for the construction of both Interstate 4 and the East-West Expressway. The result of these transportation improvements was the further division and isolation of Parramore from downtown Orlando, the continued devaluation of property, and some would claim, leaving economic decline and higher
crime rates in their wake. A reflection of the economic decline in Parramore was the fact that the city of Orlando has concentrated the majority of their social service agencies in the community, reinforcing the image of a poor neighborhood in economic decline.

Since the 1960’s, the city of Orlando has made numerous attempts to study the Parramore community and recommend visions for its redevelopment. None of these plans has been successful in the transformation of the community and the need to deal with other than aspirational visions for change.

The downward spiral of Parramore all changed with the election of Mayor Buddy Dyer and his emphasis on revitalizing and transforming Parramore as an integral part of the Downtown Orlando Community. With the establishment of the Parramore Task Force by Mayor Dyer and the 2004 Report and Recommendations by that Task Force, the turnaround of Parramore began. With the establishment of the Parramore Task Force by Mayor Dyer and the 2004 Report and Recommendations by that Task Force, the turnaround of Parramore began. The report outlined a number of steps that needed to be taken to revitalize Parramore relative to housing, public safety, business development, quality of life, and children and families. Probably the best example of the success of the Task Force was the establishment of the Pathways to Parramore Initiative in 2005 and the creation of the Parramore Kids Zone (PKZ). PKZ has become very successful in helping to level the playing field for the children of Parramore by making available many of the resources necessary for them to become healthy, successful, well-educated adults.

The Pathways to Parramore provided the foundation for change, however there was no comprehensive neighborhood plan that would take that foundation and provide the road map for how the transformation of Parramore could be accomplished. That opportunity came with a Sustainable Communities Regional Planning Grant in 2011 and the inclusion of a Parramore Comprehensive Neighborhood Plan as one of the deliverables of the Consortium Work Plan. While this plan was part of a larger multi-faceted approach to revitalize the creation of a vibrant multimodal corridor served by SunRail, the region’s commuter rail system, it also created the opportunity to look at a transportation improvement from the more holistic approach of applying the principles of Healthy Community Design.

The approach used to prepare the plan was to evaluate the Parramore community by applying each of the principles of Healthy Community Design. This approach meant an extensive community engagement process to listen to the community; educate residents to the principles of HCD; evaluate the health of the community as it related to each of the principles; make near-, mid- and long-term recommendations; and identify a constituency for the plan and champions who would be able to communicate the recommendations and sustain the constituency to influence city decisions over time.

The community engagement process included more than ten small group meetings, five large-scale workshops, and consideration of three vision alternatives that were expressed both graphically and through use of appropriate scale and with three-dimensional models using Duplo blocks. The alternatives were reviewed with all age groups including elementary, middle, and high school students. The emphasis on creating a place that is safe for children and families can be attributed to the influence and success of the PKZ Program in the community. The association of the planning process with the PKZ Program did much in gaining community trust and legitimizing efforts to prepare—yet another—plan for Parramore. The consideration of children and families in the planning process is demonstrative of what you get from a plan based on HCD principles versus the standard comprehensive plan.
process that seems to focus more on infrastructure than the people impacted by the infrastructure. The consideration of children can best be described by the following quote from the Parramore Plan:

“We must create an environment in which children can feel at home, and find their special places. It should be possible for every child to get to know his or her community inside and out, to build their community in the palm of their hand. They are, after all, the ones who will inherit the Parramore community and become responsible for its future.”

As part of the public engagement process, a Saturday Health Fair was held at the Callahan Community Center and was attended by approximately 120 people. The health fair included nurses that performed blood pressure tests and health screenings. Hebni Nutrition was represented and provided information to the community on healthy foods and ways to cook that food. Hebni Nutrition has gained recognition for their work in converting a LYNX 40 passenger bus into a mobile farmers market that visits disadvantaged neighborhoods that are food deserts to assure that fresh fruits and vegetables are available to those areas and to hold cooking classes.

Opportunities for participants to record personal family histories and identify issues and opportunities that needed to be considered in creating a vision for the transformation of the three neighborhoods that make up the community. As part of this effort, young children were encouraged to draw pictures of what they liked or wanted to see in their community, and families with children were engaged in a discussion of a “walkable school bus,” in an effort to allow more school children to walk to school and in recognition of the new Pre-K thru 8th grade school that is planned for the Parramore community.

The results of applying HCD principles to the preparation of the Parramore comprehensive neighborhood plan can be summarized in the following:

» Selection of a site for a new Pre-K through 8th grade Community School. The first school to be built in Parramore since the 1960’s will operate along the lines of the Children’s Aid Society Community School Model serving Pre-K thru 8th during the day and providing adult education and community programs in the evenings. Before- and after-school programs will be administered through collaboration with Parramore Kidz Zone and the Boys and Girls Clubs of Central Florida. Local businessman and hotelier Harris Rosen has agreed to fund a program that will pay for college tuition for any student graduating from the Community School and Jones High School.

» Extension of the free, Downtown LYNX Lynmo BRT service to connect the community to SunRail Regional Commuter Rail Service and downtown office, retail, institutional and entertainment locations

» Location of new Downtown University of Central Florida (UCF) and Valencia College Campus at “Creative Village” site in Parramore

» Public safety improvements including community policing and surveillance cameras within the neighborhood

» Selection of developer for mixed-income, multi-family development

» Six new businesses opened, including a barbershop, restaurants, and a brewery

» Identification and financial analyses of top three catalyst projects for:
  - Mixed-use development
  - Grocery store
  - Parramore Square

Additional Reading

http://walkingschoolbus.org
http://www.cityoforlando.net/city-planning/plans-and-studies/parramore-comprehensive-neighborhood-plan/
http://www.cityoforlando.net/parramorekidzzone/

By incorporating the principles of Healthy Community Design in preparing the Parramore Comprehensive Neighborhood Plan we were able to not only determine the transportation improvements required to support the community but in a much more holistic manner understand how those improvements should be designed to connect the residents from the places they live to the places they work, go to school, shop, are entertained, get their health care, and carry out their everyday needs. Furthermore, the design of these transportation improvements are multipurpose and based on active transportation solutions that make it easy to get physical activity through walking, biking or taking transit versus depending on the personal automobile.
Appendix

STEP IT UP!
The Surgeon General’s Call to Action to Promote Walking and Walkable Communities (Executive Summary)

The Economic Promise of Healthy Community Design