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**Neighborhood Plans as Tools for Public Health Improvement:
Steps to a Healthier Austin and Neighborhood Planning in
Austin, Texas**

by

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Report

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Master of Science in Community and Regional Planning

The University of Texas at Austin

May 2006

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**Approved by
Supervising Committee:**

Dedication

To Dr. Bobby Short Thomas, physician, painter, and grandmother,
who taught me to trust both the left and right sides of my brain.

Acknowledgements

Many thanks to my readers, Dr. Tracy McMillan and Dr. Jennifer Conroy. Both have been tireless teachers, committed mentors, and true friends. Thank you also to my unofficial readers, Cynthia Thomas and Thomas Beiting, for being supportive parents, honest editors, and models of active living.

May 5, 2006

ABSTRACT

Neighborhood Planning as Tools for Public Health Improvement: Steps to a Healthier Austin and Neighborhood Planning in Austin, Texas

by

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This study explores local plans as primary source documents outlining resident-requested, City-approved projects that may help reduce neighborhood-level barriers to physically active transportation and recreation. Emerging evidence suggests a link between the built environment and physical activity, but any causal relationship remains uncertain. This report begins with a literature review to discover neighborhood traits currently under investigation for correlation with higher activity levels. This is followed by an analysis of Austin Neighborhood Plans to identify community-prioritized Action Items pertinent to physical activity. Next, crime data are reviewed to assess objective and perceived safety levels in the study neighborhoods, Chestnut and East César Chávez. Finally, planners and residents are interviewed to explore how health and safety were addressed in the planning process, discover methods by which plan items have been implemented, and identify common barriers to project completion that the public health community may help bridge. Findings indicate that residents' concerns regarding personal safety and crime may outweigh other neighborhood barriers to physical activity. Planning and health departments would be advised to address crime and safety levels as part of larger built environment efforts to encourage active transportation and recreation.

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Chapter 1: Introduction

This professional report explores the current and potential use of Neighborhood Plans in the City of Austin, Texas (“COA”, “City”), as tools for bringing built environment barriers to physical activity to the forefront of local agency agendas. Plans offer one point of synergy between planning and public health officials, as health departments and advocates may become more active both in the planning process and during plan implementation. This study first examines recent planning and public health literature regarding the interaction between the built environment and physical activity, to identify collaboration opportunities. Based on the literature, City-adopted Neighborhood Plans are reviewed to identify projects pertinent to physical activity that Austin residents have ranked as priorities. This is followed by interviews to investigate how advocates for such neighborhood change become involved in the planning and implementation process, discover methods by which these plan Action Items have been successfully implemented, and find common barriers to project completion that the public health community may help bridge. Throughout, quantitative data are analyzed to inform and reinforce findings from the qualitative interviews.

Research was limited to the Steps to a Healthier Austin (“SHA”) intervention area in eastern Travis County, to target neighborhoods showing the highest County incidence of obesity and diabetes. SHA’s mission is to address the disparate rates of chronic disease in the twenty target zip codes by influencing behavioral change. In-depth research was conducted in the Chestnut and East César Chávez neighborhoods, where high rates of these physical-activity related chronic diseases, combined with large minority and low-income populations, raise equity concerns.

One difficulty public health organizations face in creating programming agendas lies in determining what projects are most needed and would be most successful in a given community. These groups wish to pursue projects that will have the greatest positive impact on lasting behavioral change and on subsequent health outcomes. While it may be standard practice to base a needs assessment on surveys, interviews, and data collection, health departments and advocacy organizations may also want to consider the actionable but not yet implemented Action Items in adopted local plans as a primary source. That plans may be informed by only limited participation from a small group of highly motivated community members tempers how representative the documents are of the community as a whole. Still, these plans are developed with the purpose of community participation and input in mind, are already approved by the local government, and contain a wealth of information about resident needs, wishes, and concerns.

RESEARCH QUESTIONS

Are Neighborhood Plans effective tools for eliminating built environment barriers to physical activity? How can plans be used as a point of collaboration between public health and planning departments?

The literature on the built environment and physical activity connection is still emerging, and a definitive causal relationship has yet to be demonstrated. Many authors have found a positive correlation between higher rates of physical activity and the presence of infrastructure for pedestrians and cyclists, proximity to recreational facilities like neighborhood parks and gyms, and certain street layouts and land use patterns. Even where this relationship appears, the question remains: do already-active people choose to live in these activity-supportive areas, or do otherwise sedentary residents become active

due to the presence of these environmental factors? Conversely, resident fear of unsafe neighborhood conditions, based on both real and perceived traffic and crime hazards, has been described in some cases as a deterrent to outdoor activity. This observation, too, is far from conclusive.

My initial inclination in this study was to focus on purely physical built characteristics such as sidewalks and bicycle lanes. Through document, data, and interview analyses, however, I now conclude that safety is a basic and overriding concern of residents in these East Austin neighborhoods. Before a playing field, bicycle path, or nearby destination draws residents outdoors for either active transportation or recreational purposes, these spaces must be and feel safe. This should be of major concern to public officials in both planning and public health.

Though based in Austin, this study has implications for other planning and public health organizations seeking new means of collaboration, and may guide such groups' efforts to address physical activity behavior and related health outcomes at an environmental level.

RESEARCH DECISION

In May 2003, the Steps to a Healthier US program announced a call for applications for five-year grants under a cooperative agreement with the United States Centers for Disease Control and Prevention (“CDC”). Funds were awarded to community-based initiatives seeking to reduce the burden of chronic disease by influencing positive change in associated behavioral risk factors. The grants were additionally aimed to confront health outcome disparities across socioeconomic and ethnic groups. Seven large urban areas, including Austin/Travis County, received Steps to a Healthier US funding in the first year. (DHHS Press Office, 2003)

The Steps-targeted chronic diseases – obesity/overweight, diabetes, and asthma – were chosen first because they are rapidly increasing in prevalence in the United States, and second because all may be controlled or prevented by personal behavior decisions (DHHS Press Office, 2003). The behavioral risk factors targeted for change are physical inactivity, poor nutrition, and tobacco use. The research in this report regarding the built environment, physical activity, and planning fits into Steps to a Healthier Austin goals inasmuch as changes to community design address the objectives of increasing physical activity and reducing diabetes and obesity.

For the City of Austin planning community, Neighborhood Plans (“NPs”) are the current planning tool affecting and effecting change in already-built areas. Since the 1979 Austin Tomorrow Plan, no comprehensive plan addressing the entire City in one process has been completed. Today, the NPs, created and adopted within the nearly sixty separate Neighborhood Planning Areas, “serve to update the Austin Tomorrow Plan” (COA, n.d.a). Neighborhood Planning offers a strategic opportunity for residents, community groups, and public health officials to become actively engaged in requesting small, specific changes to their communities. The first phase of this study involves identifying whether physical activity-related Action Items have been included in COA-adopted NPs, how such projects are presented in these plans, and which groups or individuals pushed for their inclusion.

Crucially, requesting a project in a plan does not guarantee that it will be completed. This is emphasized in planning documents and throughout the planning process. Planners and citizens alike worry that the thorough, deliberate community effort will lead to nothing more than a dusty document sitting on a shelf. To ensure on-the-ground results, it is important that citizens, City officials, and advocacy groups – including those in public health – remain engaged and involved after plan adoption,

throughout the implementation phase. One goal of this work is thus to demonstrate the relevance of Neighborhood Plans to planning and public health in the City of Austin.

Reducing chronic disease requires more than expanding health service provision; systems-level, sustainable preventive action must also be taken. The Steps to a Healthier Austin (“SHA”) mission includes both promoting healthy behaviors and advocating for policy change to support behavior changes (SHA, 2004b). This professional report pertains to both of these goals, as SHA seeks to encourage its partner organizations’ participation in the NP process, build understanding of built environment characteristics that encourage or hinder active transportation and recreation, and implement Neighborhood Plan elements that promote physical activity. Apropos of these goals, this study offers suggestions and possibilities for ongoing work between the public health and planning communities as both seek to educate residents and encourage participation in Neighborhood Planning and physical fitness-promoting activities.

METHODOLOGY

Literature Review

Chapter 2 comprises a literature review outlining the role physical activity plays in maintaining health, examining the existing and theoretical collaboration between public health and planning, and identifying the types of infrastructure deemed most effective for encouraging and enabling healthful, daily physical activity. This review serves to focus the subsequent research on projects that would be applicable for already-built communities such as those in SHA’s intervention area, and also feasible for implementation in the context of and time period appropriate for Neighborhood Plans. In summary, the preliminary questions for the literature review are:

- 1) How does physical activity affect health, especially obesity and diabetes?
- 2) What are the current and potential relationships between the public health and planning fields?
- 3) From the research, what characteristics of the neighborhood built environment best enable (or hinder) regular physical activity?
- 4) How do socio-demographic factors play into physical activity behaviors?
- 5) Looking at local Neighborhood Plans, what types of changes may be most immediately made to most effectively promote physical activity?

Background on Research Areas

Chapter 3 outlines the history, health, and socio-demographic characteristics of the Steps to a Healthier Austin target neighborhoods and Chestnut and East César Chávez in particular. A review of SHA's selection criteria for these communities is presented, along with discussion of how they fit with the goals of this report. Health data for these neighborhoods are provided through the cooperation of the City of Austin/Travis County Health and Human Services Department and the Indigent Care Collaboration. Data from the United States Census are examined regarding race/ethnicity and income, and SHA's Behavioral Risk Factor Surveillance System survey provides illustrative information on physical activity behavior. Finally, Austin Police Department crime records are analyzed to examine real and perceived personal safety conditions in the neighborhoods. All of these data provide justification and help to illustrate the need for behavioral and health change in the target communities.

Chestnut and East César Chávez were chosen first because of their location within the SHA intervention area. Both fall in the 78702 zip code, which displays a disproportionate incidence of diabetes, obesity, and mortality due to these conditions compared to the larger County and even to other SHA zip codes. Both adopted a

Neighborhood Plan in 1999, inviting comparison since the NPs have been in place for equal periods of time, entering the implementation phase during the same economic, political, and social trends that might affect project funding and completion. Lastly, Chestnut is home to a predominantly African American population, while East César Chávez is largely Hispanic. Any differences between the two neighborhoods regarding NP implementation and the stakeholders involved in the planning process would be of interest and importance to SHA, planning, and other community groups.

Case Studies: Neighborhood Planning and Implementation

Chapters 4 and 5 document the physical activity-related built environment characteristics of East Austin Neighborhood Plan Action Items, even if not explicitly associated with health outcomes. Case studies in Chestnut and East César Chávez identify which of these items have been completed, the key groups and individuals who made the projects possible, and, for those projects not implemented, the barriers to implementation.

Chapter 4 discusses the history of the Neighborhood Planning process in Austin to contextualize this planning approach, and examines adopted NP documents in all communities showing a dense occurrence of Steps to a Healthier Austin health indicators. Within each Neighborhood Plan, the community identifies a list of its Top Ten Recommendations, related to specific, measurable, and trackable Action Items. Based on information gleaned during the literature review, I identified those Top Ten Action Items from each SHA neighborhood's NP that are pertinent to reducing physical activity barriers. These Action Items provided primary discussion points for the Case Study interviews.

Principal Planner Adam Smith, the City of Austin's Neighborhood Planning and Zoning Department staff contact for Chestnut and East César Chávez, was interviewed to

elicit how projects were funded and implemented, and to identify groups and individuals who showed particular interest in including these target Action Items in the plans. Interviews with community members and Neighborhood Planning Leadership Team members active in both Chestnut and East César Chávez clarified resident perceptions of the planning process, implementation strategies, and remaining community needs. Interview Protocols appear in Appendix A and B.

Recommendations

Chapter 5 presents recommendations for how public health groups like Steps to a Healthier Austin may mobilize organizations, encourage public involvement, and advocate specific Action Items both during the Neighborhood Planning process and in the implementation phase, to achieve changes in the built environment that promote physical activity to maintain health. These recommendations reflect on how Neighborhood Plans, and the crime data and interviews, may be used to inform public health programming.

PRELIMINARY OBSERVATIONS

Based on the Case Studies, it appears that City of Austin Neighborhood Plans may indeed be used as a primary resource to develop public health programming agendas, but it is crucial that core groups of dedicated community members become and remain involved. These residents are driven by love of their neighborhood and a true commitment to its improvement. Citizens' patient, ongoing requests to complete priority Action Items would be strengthened if guided by accurate and adequate information about City processes and substantiated with compelling health and safety data.

The public health community would be well advised to maintain its own records of key plan items, implementation status, and interested community contacts as a guide to

developing programming agendas. The community-desired and City Council-approved plan Action Items provide straightforward information on what residents desire and need. An ongoing and open relationship between health and planning staff, as well as up-to-date institutional knowledge of planning procedures, would guide health organizations in their own activities and in assisting and advising involved community members as they advocate for desired projects.

Above all, planners and public health officials must be open and attentive to residents' voiced concerns. Citizens know what makes them feel comfortable using the public spaces in their neighborhoods. Whether this involves reduced crime, better parks, or increased street lighting, requests should be met and guided by receptive and involved City staff. Public officials may then identify the parties interested in these and other targeted best practices for physical activity behavior change, recognize items of particular interest to citizens and advocates, and develop presentations, correspondence, and other materials or methods geared to these real life concerns. Only by engaging and listening to the community will public health workers encourage the citizen involvement needed throughout the planning process to utilize planning as a tool for reducing physical activity barriers at the neighborhood level.

Chapter 2: The Built Environment and Physical Activity

Though the academic research into the built environment and physical activity is still emerging, public health and urban planning share a common history. As we move further into the Twenty-first Century, health threats are mounting, stemming from sedentary lifestyles, environmental pollution including the increased use of fossil fuels, and interrelated social equity concerns. These all combine into new problems and opportunities for planners and health officials, requiring innovative collaboration to develop novel solutions.

Urban planning has long been linked to public health. In fact, the legal basis for planning authority arises from the government's police power to preserve and protect the "public health, safety, morals, and general welfare." Nineteenth Century governments began with sanitation improvements to reduce infectious disease spread through refuse, sewage, and infected water supplies (Frumkin et al, 2004). The earliest plans, first enabled in the early Twentieth Century, sought to reduce dangerously overcrowded living conditions, then to remove residential locations from noxious industrial activities. These actions were crucial to protect citizens' health.

More recently, inflexible zoning laws, road design standards, and low-density, sprawling community layouts have created just the environment that today constrains physical activity and requires increasing driving distances with associated negative impacts on air and water quality (Frank et al, 2003, Frumkin & Jackson, 2004). It is now crucial that planners devise ways not only to ensure that new developments follow better design strategies, but also to find means for tackling emerging health concerns in our already-built areas.

Again, the primary questions for this literature review include:

- 1) How does physical activity affect health, especially obesity and diabetes?
- 2) What are the current and potential relationships between the public health and planning fields?
- 3) From the research, what characteristics of the neighborhood built environment best enable (or hinder) regular physical activity?
- 4) How do socio-demographic factors play into physical activity behaviors?
- 5) Looking at local Neighborhood Plans, what types of changes may be most immediately made to most effectively promote physical activity?

Also, preliminary research made clear that neighborhood safety would offer important lessons to this study. In addition to sections addressing these five questions, a review of the literature regarding neighborhood safety, perceptions of safety, and physical activity rates in high crime areas appears below.

HOW DOES PHYSICAL ACTIVITY AFFECT HEALTH?

Over the past decade, increasing attention has been given to the topic of physical activity and health, and a growing body of academic research is addressing the relationship between the built environment and physical activity. The United States Department of Health and Human Services (“DHHS”) stresses that sedentary lifestyles are related to a host of health problems, including overweight/obesity, diabetes, heart disease, osteoporosis, poor mental health, and some cancers. Obesity is itself a prime risk factor for developing these illnesses. In 1996, the Surgeon General reported that daily physical activity is key to maintaining a healthy weight and to prevent contracting – and dying from – related chronic diseases (DHHS, 1996).

Medical professionals, academics, and headlines have observed that the United States is in the midst of an obesity epidemic. In 1960, 24% of American adults were

overweight or obese. This proportion nearly doubled to 47% in 1980, and soared to 64% in 2000 (Frumkin & Jackson, 2004). The annual cost to treat obesity and associated illnesses is now \$76 billion (Ernst, 2004). Childhood obesity rates have tripled in the past 20 years, doubling in the past 10; 1 in 4 of today's kids will eventually suffer from diabetes if trends continue (Beaumont & Pianca, 2002). Already, 60% of overweight 5- to 10-year-old children have at least one risk factor for heart disease (SGA, n.d.).

These changes occurred at the same time that physical activity rates plummeted. From 1975 to 1995, the number of trips US adults made on foot fell by 42% (Wilkinson et al, 2002:3) while the annual amount of miles driven in the US has risen 4 times faster than population (EPA, n.d.). Today, only 10% of children walk to school, while half of schoolchildren in their parents' generation did so forty years ago (Krohe, 2005).

The best treatment for obesity is prevention, through a combination of good nutrition and physical activity. The Centers for Disease Control and Prevention and DHHS emphasize that substantial health benefits accrue from being active for only 30 minutes a day, 5 days a week (TRB 2005:1). This activity need not even be achieved in single blocks of formal exercise, but could be spread throughout the day in 10-minute increments (TRB 2005: 31). Strikingly, less than 1/3 of US adults attain the recommended level of activity (ALN, n.d.). The 1996 Surgeon General report found that 25% of adults in the United States are completely sedentary, and 60% do not get sufficient daily physical activity to maintain health (DHHS, 1996).

These statistics have steadily worsened over the past century, as technology automated our lifestyles, machines removed physical labor from our jobs and household duties, and automobiles came to dominate transportation. Critically, land use patterns that disperse isolated pods of shopping, housing, jobs, and social destinations across wide distances, coupled with wide, high-speed roads designed with only cars in mind, have

made physically active modes of transportation dangerous and inconvenient, if not impossible (Frank et al, 2003; Frumkin & Jackson, 2004). If we are to meet the Surgeon General's recommendations to improve our health, we must begin building physical activity back into our daily routines.

RELATIONSHIP BETWEEN URBAN PLANNING AND PUBLIC HEALTH

Under the socio-ecological model, public health practitioners and academics recommend and seek changes at multiple, interrelated and interdependent levels, including individual, interpersonal, organizational, community, and systems. In this view, interventions at each of these levels working together to achieve one goal, such as increasing physical activity, may be more effective because the multiple levels mutually reinforce each other. Within the public health community, a focus on modifying individuals' behavior expands to consider community-level environmental changes that may affect all of those living in the area (Brownson et al, 2001:1995).

Until recently, public health research regarding physical activity has focused primarily on leisure-time recreation behavior. Conversely, planning academics have concentrated on utilitarian physical activity; that is, non-motorized transportation to reach a destination. Such travel behavior research considers the joint effects of urban design and transportation planning (Sallis et al, 2004). Because any physical activity, regardless of purpose, has health benefits, it is fitting that planners and public health officials join forces to create the kinds of environments that support both utilitarian and recreational physical activity. Then, all of the divergent types of objectives that may motivate people toward active living can be addressed, whether the purpose is to enjoy social interaction, travel to reach work or school, or walk or bicycle for fun.

Hoehner et al observe, “Public health will depend on...urban planners to execute community design changes. Likewise,...urban planning will need public health practitioners to assist in justifying relevant policies” (2003). For public servants and academics in these two fields interested in collaborating to help build regular physical activity into daily lifestyles, the question becomes, what environmental characteristics affect physical activity, and which have the greatest effect?

WHAT BUILT ENVIRONMENT FACTORS PROMOTE PHYSICAL ACTIVITY?

It seems intuitive that infrastructure designed to accommodate cycling and walking would encourage or at least remove barriers to cyclists and pedestrians. Though abundant evidence suggests an association between the built environment and physical activity behavior, no conclusive research exists that identifies a causal relationship between specific built characteristics and behavior, or comments on the extent health outcome effects (TRB, 2005: 5). Still, certain themes emerge in the literature regarding categories of community traits linked to enhanced physical activity. These range from literal physical elements to real and perceived aspects of the built environment resulting from those elements. How these elements and aspects affect human behavior decisions may additionally be moderated by individual and social factors.

Elements of the Built Environment

Specific built elements like sidewalks and crosswalks, officially designated bicycle routes and lanes, and street lighting and signals are correlated with walking and cycling participation for both active recreation and transportation. These elements have also been associated with residents’ reaching recommended levels of daily activity (ALR 2005a, 2005b, 2005e; Brownson et al, 2001; Spangler-Murphy et al, 2005). Though no

one can yet claim that a sidewalk will cause anyone to walk, its presence certainly suggests walking and enables safer pedestrianism.

Similarly, multiple studies have found a relationship between accessible recreational facilities in a neighborhood and higher rates of physical activity among its residents (Brownson et al, 2001:2000; Huston et al 2003). A variety of parks, trails, greenways, and formal facilities like gyms and swimming pools easily reachable on foot or by bicycle and linked to other destinations and homes may encourage active recreation (ALR, 2005b, 2005d, 2005e). One report observes, “This is a major issue for many low-income communities and youth” who often lack such facilities (Funders’ Network, 2003).

Aspects of the Built Environment

The presence of the above elements - infrastructure supporting non-motorized transportation - is thus often correlated with physical activity rates. Also, keeping those elements properly maintained, well-lit, and attractive affect the quality of the bicycling and walking environment that may draw people outdoors. How easily residents may access such infrastructure and recreational facilities also impacts behavior decisions. These three aspects of the built environment – the presence, quality, and accessibility of certain physical elements – may affect physical activity levels.

Other aspects of the built environment stemming from community design include connectivity and proximity. Connectivity measures how well street designs provide a network of direct routes. Some characteristics of direct routes are: frequent intersections, short blocks, and a grid street pattern that reduces distances between destinations and disperses cars, reducing the need for high-speed exterior arterials (ALR, 2005c). Living in a more “walkable” neighborhood characterized by street connectivity as well as mixed land uses and higher residential density is associated with certain types of walking trips, particularly for utilitarian purposes (Saelens et al, 2003).

Proximity is a correlate especially of utilitarian physical activity. It stems from building and allowing a mixture of land uses, compact designs, higher population density, and a variety of mixed-income housing that allows people of all backgrounds to live near desirable destinations such as shops, schools, work opportunities, and civic centers (ALR, 2005c; ALR, 2005e; Funders' Network, 2003; Sallis et al, 1998). When residents live closer to their daily needs, they are more able to choose a transportation mode other than the private vehicle.

Social and Personal Factors

In addition to the role of these built characteristics, many studies have found a strong relationship between physical activity behaviors and personal and social group attitudes toward physical activity (Ainsworth et al, 2003; Brownson et al, 2001). Such attitudes include the social desirability of physical activity, and self-efficacy, the feeling that one is able to complete activity for travel or recreation. Too, the above aspects of the built environment may effect or even engender positive or negative feelings about the neighborhood's attractiveness for physical activity or one's ability to be active.

Social perceptions like trusting neighbors and seeing others being physically active correlates with residents' regular walking behaviors (Addy et al, 2004). Giles-Corti & Donovan found the presence of supportive recreational environments, both formal facilities and informally activity-supporting streetscapes, can be "secondary to individual and social environmental determinants" in affecting physical activity, but emphasize that the presence or absence of such facilities obviously determines whether or not such facilities can be used (2002). Physical environmental changes alone may not force behavior change, but do affect whether or not the setting is conducive to important social and individual attitudes.

Outcomes of the Built Environment

All of these aspects, elements, and attitudes may combine to result in actual outcomes, such as real and perceived neighborhood and traffic safety, walking and cycling rates, and participation in active recreation. Again, it must be emphasized that the causal connection and interconnections between elements and aspects and attitudes and behavior remains uncertain.

For one important example, safety is an outcome of the built environment, social situations and attitudes, and individual perception. In this study, safety includes both traffic safety and personal safety, stemming from real conditions as well as human perceptions. Measurable safety levels involve items like crime rates, lighting and maintenance, and traffic collisions, but social and individual attitudes may affect how traffic and personal safety levels are perceived within a neighborhood. The hypothesis is that even when sidewalks and other facilities are objectively present, it still matters whether citizens perceive them as safe in terms of maintenance, traffic hazards, and crime. Some studies have found a connection between physical activity rates and traffic and personal safety factors like design and enforcement measures to slow motorized vehicles, crosswalks and traffic signals, and lighting and increased police presence, but the literature remains mixed (ALR 2005b; ALR 2005d; Boslaugh et al, 2004; CDC, 1999; Jackson & Kochtitzky, 2001; Sallis et al, 1998, Spangler-Murphy et al, 2005).

More research, including longitudinal studies and an enhanced theoretical framework, is needed to establish causality and suggest which specific built characteristics are most important to individual travel and recreation decisions. Other variables that affect travel behaviors must also be studied, such as the perceptions and attitudes of different subpopulations and individuals, and the effects of social as well as of physical environments. Also, the possibility of self-selection – that those who prefer

and enjoy cycling and walking may simply choose to live in neighborhoods with biking and walking-friendly characteristics – remains to be explicated (Handy, 2004, cited in TRB, 2005).

Still, the Transportation Research Board's 2005 report 'Does the Built Environment Influence Physical Activity?' stresses that even though the built environment is not and cannot be the only determinant of individuals' physical activity decisions, it is nonetheless advisable for planners, health officials, engineers, and communities work together to "provide places and inducements for people to be physically active" (TRB, 2005:15). Since the evidence suggests that the built environment can either facilitate or constrain physical activity, the goal should be "[to make] continuing modifications to the built environment [to] provide opportunities, over time, to institute policies and practices that support the provision of more activity-conducive environments" (TRB, 2005: 9).

Any type of activity is important, whether for structured exercise, intentional recreation, or utilitarian trips as one completes daily tasks, such as getting to work, school, or shopping. The focus of this paper is on removing built environment barriers to such casual, routine physical activity within neighborhoods.

SOCIO-DEMOGRAPHICS, SAFETY, AND PHYSICAL ACTIVITY

Demographics and Sedentary Lifestyles

As stated above, sedentary lifestyles are associated with premature morbidity and mortality from a variety of diseases. Certain groups have a higher tendency to be physically inactive, including women, adults over age 65, low-income persons, those with a less-than-high-school education, and racial/ethnic minorities (Weinstein et al,

1999). Specifically with regard to socioeconomic variables, “leisure-time inactivity is up to 3-fold more common in lower income than higher-income populations” (Brownson et al, 2001:1995). As will be discussed in Chapter 3, the SHA populations targeted in this study are predominantly Hispanic and African American. The median household income in the SHA intervention area is almost half that of the county as a whole, and twice as many intervention area residents live below the poverty line. The barriers to physical activity for low-income and minority groups are thus of particular concern to SHA and organizations concerned with such disparate populations nationwide.

Safety Concerns

Importantly, the same groups at the highest risk for inactivity – women, low-income, older adults, and minorities – also show the closest relationship between personal safety in the neighborhood and physical activity decisions (Boslaugh et al, 2004; Brownson et al, 2001; Weinstein et al, 1999; Sallis et al, 1998). Studies based on the CDC Behavioral Risk Factor Surveillance System (“BRFSS”) have shown that “persons who perceived their neighborhood to be unsafe were more likely to be physically inactive,” and this effect was strongest among racial/ethnic minorities and older adults (Weinstein et al, 1999:143). Generally, living in “disadvantaged neighborhoods” characterized by disorder, crime, or fear of crime is associated with discouraging outdoor physical activity (Ross & Mirowsky, 2001); for minority survey respondents, safety concerns such as high crime rates, fear for personal safety, and unsafe transportation to recreational environments rank higher than for non-minorities in affecting physical activity behavior (Brownson et al, 2001; Seefeldt et al, 2002).

Pedestrian and Cyclist Safety

Across the country, pedestrians and cyclists suffer greater incidence of injury and death from traffic collisions per mile traveled than do car occupants, but even this measure of specific traffic safety has a pronounced impact on lower-income and minority populations. Though only 8% of all trips in the US are made on foot or bicycle, 12.9% of annual traffic fatalities are pedestrians and cyclists (Ernst, 2004). In stark contrast, residents of the Netherlands make 46% of trips by bicycle or on foot, but Dutch pedestrians are 6 times less likely, and Dutch cyclists 3 times less likely, to be killed than their US counterparts (Pucher & Dijkstra, 2003). Pedestrian fatality rates among black and Hispanic citizens outpace their presence in the US population nationwide; in Travis County in particular, “members of minority groups [account] for 37 percent of the population but 52 percent of pedestrian deaths” (Frumkin et al, 2004).

The causal direction of these neighborhood and traffic safety effects may be confounded if minorities and low-income groups are more likely to live in less safe neighborhoods, and are more likely to be pedestrians. However, the trend must still be noted by those making programming and funding decisions to improve the built environment for physical activity promotion. If safety represents a major concern for a community, interventions to create street designs, land use patterns, and infrastructure to support physical activity must be coupled with actions to increase traffic, neighborhood, and pedestrian and cyclist safety, or these other actions may be in vain.

PERSONAL SAFETY AND PERCEPTIONS OF SAFETY IN HIGH-CRIME AREAS

As with other built environment research, literature on the relationship between safety and physical activity is not conclusive, and findings are inconsistent. Loukaitou-Sideris reviews the existing neighborhood safety/physical activity literature and reports

that publications are almost evenly divided between researchers who find an inverse relationship between different measures of neighborhood safety and outdoor physical activity, and others showing no such statistically significant relationship (2006). This article suggests that the mixed results “can be explained by methodological weaknesses and inconsistencies” in how safety, crime, and physical activity are measured and defined (2006:221). More research is needed, and indeed much is forthcoming.

Additionally, Loukaitou-Sideris highlights this observation: many authors report that neighborhood safety plays a stronger role in discouraging physical activity among certain groups, including women, minorities, and older adults (2006). Yet again, results here remain mixed, are still emerging, and depend on a host of interrelated confounding factors. For example, Ross reports that residents of poor neighborhoods “were more likely to walk than those in less disadvantaged places....despite the fact that residents of poor neighborhoods were more afraid to leave the house and feared being victimized on the street” (2000:265). Still, Ross comments that the higher walking rates may be related to higher-density neighborhood designs or a culture supportive of meeting and hanging out on the streets, and emphasizes:

Since residents of poor neighborhoods would walk even more than they already do if they were not afraid, neighborhood interventions that reduced fear-producing incivilities on the streets could potentially improve the health of residents of poor neighborhoods. (2000:272)

Believing that one’s neighborhood is unsafe may be as important as objective measures in affecting physical activity. Several authors report that subjects who rate their local facilities or neighborhood as unsafe are more likely to display insufficient physical activity levels, lower levels of leisure activity, and higher rates of overweight (Kirtland et al, 2003; Weinstein et al, 1999; Catlin et al 2003). Perceived safety also affects parental decisions for children’s activity, e.g. whether to allow children to play outdoors or walk

or cycle to school (Jackson & Kochtitzky, 2001; McMillan, 2005). Still, others have found no statistically significant relationship between perceived neighborhood safety and reported physical activity rates (King et al, 2000; Sallis et al, 1997).

Loukaitou-Sideris recommends more research into the particular local traits important for increasing physical activity opportunities across different types of neighborhoods and populations, including design, educational, and social strategies to improve real and perceived safety levels (2006). Importantly, residents' subjective opinions regarding neighborhood traits may not exactly match objective measures of safety indicators, such as crime rates, or built environment characteristics generally. Some studies show that self-reports of neighborhood characteristics can be reliably used to assess actual neighborhood traits, including crime and access to recreational facilities (Echeverria et al, 2004; Huston et al, 2003), but others find that the two do not always coincide (Kirtland et al, 2003; Wilson et al, 2004). Wilson et al found that low socioeconomic status groups display less physical activity and report more neighborhood crime and fewer accessible recreational facilities than their high SES counterparts. When compared to a GIS analysis, perceptions about the neighborhoods did not necessarily match up with objective measures, except with respect to the presence of trails (2004).

Because perception affects individual decisions, including physical activity behavior, residents' self-reported safety concerns should be heeded by public officials even if crime statistics or other data suggest a neighborhood is safer than residents describe. This finding has specific and crucial implications for this report on Neighborhood Plans and the Steps to a Healthier Austin target communities in East Austin. In 2004, Vest and Valadez conducted a study in the SHA intervention area using BRFSS methodology. They found in these communities:

Persons who perceived their neighborhoods as less than extremely safe were more than twice as likely to have no leisure-time physical activity, and those who perceived their neighborhoods as not at all safe were nearly three times as likely to have no leisure-time physical activity. (Vest & Valadez, 2005)

Vest and Valadez report that non-white respondents were less likely to be physically active in their leisure time than white residents, in line with national trends. The effects of perceived personal safety held true after adjusting for race/ethnicity as well as sex, age, and education. However, the correlation between physical activity and other factors, such as sidewalks, street lighting, or social support from active neighbors, did not reach statistical significance (Vest & Valadez, 2005).

The analyses in this report will place special emphasis on Neighborhood Plan items related to safety, as this factor holds evident importance in SHA target communities.

WHAT TYPES OF CHANGES ARE MOST RELEVANT TO NEIGHBORHOOD PLANS?

Several authors emphasize neighborhood-level variables over larger community-level variables in predicting physical activity behavior, especially walking. This makes intuitive sense, since the neighborhood around one's home is the most immediately accessible environment for physical activity. Walking is additionally important because it is the "most common physical activity behavior of adults" and perfectly fits recommendations for increasing regular, moderate activity (Owen et al, 2004). Also, the majority of reported physical activity takes place on streets, roads, and sidewalks (Huston et al, 2003).

Neighborhood streets provide a place for utilitarian and recreational pedestrians and cyclists, whether walking for pleasure, for exercise, or to reach other destinations including transit, work, school, shopping, or friends' homes. Addy et al write:

Perceptions of social and physical environmental supports were positively associated with physical activity and walking behavior, especially at the neighborhood level. Increasing awareness of environmental supports, social comparison, and safety issues as well as of the importance of using opportunities for physical activity at the neighborhood level may be an effective strategy for future community-based interventions. (2004:442)

This confirms and emphasizes the importance of tools like Neighborhood Plans that offer location-specific policies and recommendations, grounded in resident input, for improving neighborhood characteristics.

Within NPs in Austin, many Action Items have relevance to physical activity-supporting changes, though often the implications for physical activity and health are not explicitly acknowledged in plan documents or by plan creators. The goal of this report is to begin to identify and draw attention to such Action Items. Because the basic road network and density levels are already in place in SHA's intervention area, since many Neighborhood Plan Action Items focus on infrastructure, and because a mix of land uses and housing types is something developed over time, my research will concentrate on three specific themes identified in the literature overview above – accessible recreational facilities, sidewalks and bicycle infrastructure, and safety.

Small-scale, individual changes can be easier to make and gain approval for within communities than large-scale reconstruction (Wilkinson et al, 2002). Spread over time, these small changes can add up to substantial improvements to the pedestrian and cycling environment, providing a more inviting setting for physically active behaviors. In turn, enormous public health benefits may accrue. Even without conclusive causal evidence, then, it is advisable to remove built barriers to walking and bicycling, especially when a neighborhood has the opportunity to draft new official plans. Unless residents enjoy a convenient and attractive neighborhood that connects desired destinations, it is unlikely that they will become avid walkers and cyclists.

Finally, after all, building a community in which all residents feel and remain safe represents a pervasive and significant goal. Injuries, crime, and fatalities certainly impact public health. Even without final conclusions regarding the relationship between safety levels and physical activity, improved safety remains a legitimate target for planning and health officials to address. Unless pedestrians and cyclists are safe from traffic collisions and crime, it is unrealistic and even unadvisable to recommend or expect more outdoor activity.

Chapter 3: Implementing Public Health Improvements: Steps to a Healthier Austin

This chapter outlines Steps to a Healthier Austin objectives, presents demographic and health status of individuals targeted by SHA, and then describes the neighborhood, demographic, and crime characteristics for two areas, Chestnut and East César Chávez, looking specifically at objective physical activity, health, and safety measures. The goal of this section is to place the entire report in a policy context, and highlight the quantitative data supporting qualitative observations and recommendations.

STEPS TO A HEALTHIER AUSTIN OBJECTIVES

Steps to a Healthier Austin focuses on 14 objectives based on Steps to a Healthier US objectives. Objectives from the CDC list pertinent to this report are reproduced in Table 3.1 below.

Table 3.1: SHA Objectives, Refined for Measurability and Achievability, Concerning Physical Activity.

PHYSICAL ACTIVITY OBJECTIVES
Objective 3A. Reduce the adults who engage in no leisure time activity to <20%
Objective 3B. Increase adult regular moderate physical activity (RMPA) to >30%
Objective 11. Increase child and adolescent RMPA to >30%
OBESITY OBJECTIVES
Objective 1. Reduce adult obesity to <15%
DIABETES PREVENTION AND MANAGEMENT OBJECTIVES
Objective 7A. Prevent 2.5 new cases per 1,000 people per year
Objective 7B. Reduce diabetes diagnoses by 25 per 1,000 people per year
Source: SHA May 2005 Continuation Application, 2005:8

These overarching objectives were refined and restated into “measurable and achievable” goals, currently used by SHA to evaluate progress and success of projects (SHA, 2005:8).

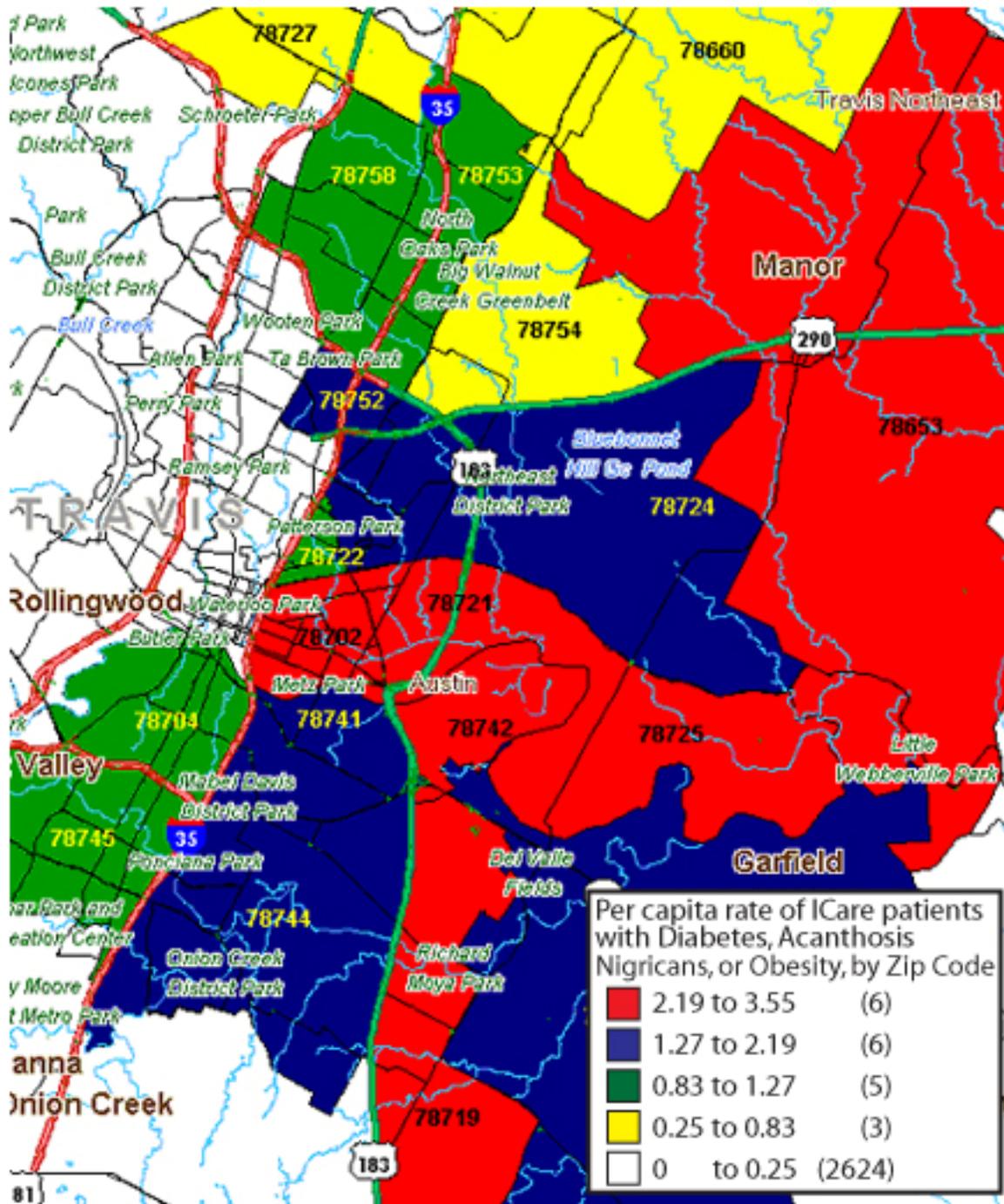
Currently, SHA is considering adopting more of the CDC’s “Healthy People 2010” objectives (SHA, 2005: 8-11), part of “a national agenda for reducing the most significant preventable threats to health” (TRB, 2005:1). These HP2010 objectives restate and refine the first two sets, and the CDC will provide associated Performance Measures to help grantees better evaluate and plan their programming. Again, this report matches those objectives seeking reductions in physical inactivity, obesity, and diabetes.

As a side result, it is possible for changes in the built environment that encourage non-motorized or mass transit trips in lieu of private automobile trips to improve air quality by reducing emissions from motor vehicles. Thus, built environment/physical activity research may even indirectly address the CDC objectives regarding asthma management, though this report will offer no detailed discussion or estimates about active transportation’s effects on air quality change and respiratory health improvement.

SHA INTERVENTION AREA DEMOGRAPHICS AND HEALTH

Each Steps grantee’s Community Action Plan is unique, to fit the particular needs and characteristics of its resident population, but all focus attention on reducing disparate disease burdens in low-income and minority, young or uninsured, and high-risk populations (DHHS Press Office, 2003). The Chestnut and East César Chávez neighborhoods are among Steps to a Healthier Austin’s communities, encompassing 20 zip codes primarily east of IH-35 in Travis County, Texas. This East Austin region houses over 460,000 citizens, comprising 55% of Travis County’s residents (SHA, 2005). SHA selected these zip codes based first on their high prevalence of, and elevated mortality rate due to, Steps-targeted chronic diseases (Table 3.2, Table 3.3, Figure 3.1).

Figure 3.1: Health Indicators in Steps to a Healthier Austin Target Zip Codes



Source: Sandy Coe Simmons. Indigent Care Collaboration, Austin, Texas. 2004.

Table 3.2: Prevalence of Overweight/Obesity, Asthma, and Diabetes in the SHA Intervention Area, Travis County, Texas, and the United States, 2004 (in % of Population)

Population	Overweight/Obese	Asthma	Diabetes
SHA:	54.6	12.0	6.9
White	46.1	12.8	4.0
African American	59.1	25.0	9.4
Hispanic	38.5	5.0	3.2
County:	52.6	15.3	6.0
Texas:	59.8	9.6	7.1
US:	57.1	11.2	6.5

Source: SHA May 2005 Continuation Application, 2005:13; SHA Behavioral Risk Factor Surveillance System, Austin/Travis County, 2004.

Table 3.3: Age Adjusted Mortality Rates (per 100,000) in the SHA Intervention Area and the Remainder of Austin and Travis County, 2000-2001

Cause of death	Intervention Area	Remainder of Austin and Travis County	US (mean)
Heart disease	253.6	209.8	245.7
Cancer (malignant neoplasm)	183.7	194.8	197.7
Cerebrovascular disease	67.1	63.2	59.4
Chronic lower respiratory disease	43.8	47.3	44.1
Asthma	1.9	0.9	1.6
Diabetes mellitus	34.1	15.2	25.1
Essential hypertension & renal disease	9.9	7.4	6.6

Source: SHA, 2004a; Austin/Travis County Health & Human Services Department & National Vital Statistics Report 51(5); 2003.

As these tables show, the incidence of overweight/obesity (54.6%) and diabetes (6.9%) in the SHA population exceeds those proportions in Travis County as a whole (52.6% and 6.0%, respectively). Most strikingly, the diabetes mortality rate is twice as high in the SHA area than in the total County (34.1 compared to 15.2 deaths per 100,000 people per year) (SHA, 2005, May).

The African American population is most disproportionately affected by all three target diseases, and also has the highest mortality rates due to these and other cardiovascular conditions compared to any other ethnic group in Travis County (SHA,

2005:13). All-cause mortality is higher in SHA communities than in the remainder of Travis County, the state of Texas, or the United States (SHA, 2005:13). SHA is striving to reduce the clear health disparities both within its East Austin intervention area and compared to the remainder of the County.

Further meeting the Steps to a Healthier US intention to reduce inequity, these targeted zip codes also house a concentrated minority and lower-income population compared to the County as a whole (Table 3.4, Table 3.5) (SHA, 2005; SHA, 2004a).

Table 3.4: Race/Ethnic Composition of the SHA Intervention Area

	Intervention Area	Remainder of Austin and Travis County
% White	39.3	77.0
% Hispanic	41.0	12.8
% African American	14.2	2.6
% Other/unknown race/ethnicity	5.5	7.6

Source: SHA May 2005 Continuation Application, 2005; 2000 US Census SF 1 and 3.

Table 3.5: Income and Language, SHA Intervention Area

	Intervention Area	Remainder of Austin and Travis County
% Speak Spanish	32.9	9.7
% Speak English not well or not at all	11.4	2.2
% population below poverty	16.0	8.2
% unemployed (>16 years of age)	3.4	2.4
Median income	\$37,424	\$62,404

Source: SHA, 2004a; 2000 Census Summary File 1 and 3.

The SHA intervention area comprises fully 91% of the County's African American population, 76% of its Hispanic population (SHA, 2005), and the greatest concentration of its residents that speak Spanish or only Spanish. The median household income in Travis County at large is almost twice that in the intervention area, while twice as many intervention area residents live below the poverty line.

Moreover, citizens in SHA communities are more frequently hospitalized for complications from conditions related to low physical activity (or none), including hypertension, diabetes, and heart failure. In addition to revealing higher incidence of acute disease, greater hospitalization rates also translate to higher monetary costs (SHA, 2005). Further, more diabetes, asthma, and heart patients in the SHA area are without ongoing primary treatment for their conditions and are eventually forced to seek more-costly emergency care. Many depend on “safety net” providers for this service, at a cost of \$2.8 million to the system in the first three months of 2005 (SHA, 2005:17). Indeed, data collected by the Indigent Care Collaboration from patients using safety-net health providers in Travis, Hays, and Williamson counties reveals that the SHA zip codes show “over double the national rate of diabetes incidence” (SHA, 2005:15) and 43% of patients using “safety-net medical providers in Travis County in the last 3 years...[suggesting] that the SHA intervention area is well demarcated to cover populations most in need” (SHA, 2005:16).

Addressing these disparities requires more than expanding health service provision and diagnoses. The Surgeon General’s 1996 report emphasizes that substantial health benefits accrue from being physically active for only 30 minutes a day, 5 days a week, at a moderate level (TRB 2005:1). This activity need not even be achieved in single blocks of time, but could be spread throughout the day as one completes daily tasks, such as getting to work, school, shopping, or engaging in recreational exercise.

Critically, SHA found through its 2004 Behavior Risk Factor Surveillance System study that less than half of the intervention area adults meet the Surgeon General’s recommendations for daily physical activity to promote health and prevent the SHA target diseases obesity and diabetes (SHA, 2005:14). 16.8% of Travis County residents had not participated in any physical activity in the 30 days before the survey; this

percentage rose to 21.7% among Hispanic and 34.5% among African American respondents (SHA, 2004b). Those reporting no leisure time physical activity in eastern Travis County comprised 34.3% of non-white compared to 16.5% of white survey respondents, and 50% of those with less than a high school education compared to 19.8% of those with a high school diploma (Vest & Valadez, 2005:927).

SHA's mission includes both promoting healthy behaviors and advocating for policy change (SHA, 2004b). This professional report pertains to both of these goals, seeking ways SHA may encourage partner organizations' participation in the Neighborhood Planning process, build resident and group understanding of built environment characteristics that encourage or hinder active transportation and recreation, and include and implement Neighborhood Plan elements that promote physical activity.

CHESTNUT AND EAST CÉSAR CHÁVEZ: CRIME AND SAFETY

Chestnut and East César Chávez are located within the heart of the SHA intervention area. Both fall in the 78702 zip code, which displays a disproportionate incidence of diabetes, obesity, and mortality due to these conditions compared to the larger County and even to other SHA zip codes (ICare, 2004). Further, the following discussion demonstrates that the 78702 zip code suffers from a disproportionate amount of crime relative to its population, suggesting that neighborhood safety should be a major concern of planners and health practitioners wishing to encourage active transportation and outdoor recreation in this area. The figures in the following tables were calculated using 2000 US Census population data, and data from the Austin Police Department ("APD") record 'Citywide Crime Reports – Crimes Listed by Zip Code for January 1 through December 31, 2004' (APD, 2004; COA Spatial Analysis Group, 2003).

In the following tables, some crime data are indexed by the type of crime (Murder, Rape, Robbery, etc); the numbers under the heading “Indexed” reflect the total of all of these crimes. Crimes the APD did not index by type are included in the “Non-Indexed” calculations. Figures for “Combined” crime rates reflect the total of Indexed plus Non-Indexed crimes.

Population and crime totals were calculated for the 20 SHA zip codes, the 28 non-SHA zip codes for which APD maintains records, and for these 48 zip codes combined. These results gave Total SHA, Total Non-SHA, and Total APD population and crime numbers, respectively. Table 3.6 presents the proportion of citywide 2004 crimes that took place in each of the SHA zip codes south of Highway 183/Ed Bluestein, including 78702, and in the SHA versus non-SHA areas. For example, 7.4% of Austin-area murders, 6.8% of the rapes, and 11.0% of the robberies occurred in 78702, though only 2.6% of the Austin population lives in this zip code.

Table 3.6: Percent of APD Indexed Crimes Occurring by Area Compared to Population, 2004

	% of APD Population	Murder	Rape	Robbery	Aggr. Assault	Burglary	Theft	Motor-V Theft	Arson
Zip Code									
78702	2.6%	7.4%	6.8%	11.0%	11.1%	6.1%	4.5%	4.6%	8.7%
78721	1.2%	3.7%	3.9%	2.2%	3.7%	2.4%	1.1%	1.7%	1.9%
78722	0.7%	0.0%	1.6%	1.5%	1.1%	1.3%	1.1%	0.9%	0.0%
78723	3.5%	7.4%	4.9%	8.3%	7.2%	6.4%	4.2%	7.3%	4.8%
78752	2.1%	7.4%	3.2%	6.7%	4.6%	4.2%	6.0%	5.5%	5.8%
Area									
SHA	51.4%	70.4%	69.3%	81.7%	81.5%	73.0%	63.8%	75.2%	78.8%
Non-SHA	48.6%	29.6%	30.7%	18.3%	18.5%	27.0%	36.2%	24.8%	21.2%

Source: APD, 2004; COA Spatial Analysis Group, 2003. Calculations by McGehee.

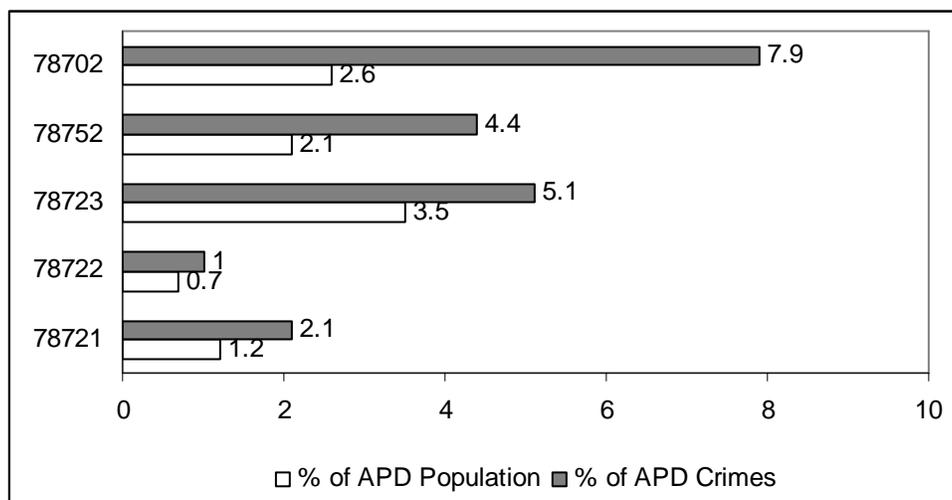
Table 3.7 and Figure 3.2 confirm that overall, while the SHA intervention area and non-SHA zip codes both house roughly half of the APD population (51.4% compared to 48.6%), nearly 70% of the total APD Combined crimes were committed in SHA zip codes. Further, in comparison to the other SHA zip codes neighboring 78702, we see that 78702 has the greatest disparity between the proportion of APD population it houses and proportion of APD crimes it experienced in 2004.

Table 3.7: Percent of Total APD Crimes Occurring by Zip Code Compared to Population, 2004

Zip Code	% of APD Pop.	Non-		
		Indexed	Indexed	Combined
78702	2.6%	5.3%	9.1%	7.9%
78721	1.2%	1.5%	2.4%	2.1%
78722	0.7%	1.2%	0.9%	1.0%
78723	3.5%	5.0%	5.1%	5.1%
78752	2.1%	5.6%	3.9%	4.4%
SHA	51.4%	67.2%	70.3%	69.3%
non-SHA	48.6%	32.8%	29.7%	30.7%

Source: APD, 2004; COA Spatial Analysis Group, 2003. Calculations by McGehee.

Figure 3.2: Percent of Total APD Crimes Occurring by Zip Code Compared to Percent of City of Austin Population, 2004



Source: APD, 2004; COA Spatial Analysis Group, 2003. Calculations by McGehee.

The above graphs and table reflect the percent of total crimes occurring in 2004 across all APD zip codes, compared to the percent of total City of Austin/APD population living in that zip code. Tables 3.8 and 3.9 and Figure 3.3 compare the level of crime in these five zip codes based only on the crime totals within the SHA intervention area and the proportion of the SHA population residing in the zip code.

Table 3.8: Percent of Indexed SHA Crimes Occurring in Selected Zip Codes Compared to Population, 2004

Zip Code	% of SHA Pop.	Aggr.					Motor-V		
		Murder	Rape	Robbery	Assault	Burglary	Theft	Theft	Arson
78702	5.0%	10.5%	9.8%	13.5%	13.7%	8.4%	7.1%	6.2%	11.0%
78721	2.3%	5.3%	5.6%	2.7%	4.6%	3.3%	1.7%	2.2%	2.4%
78722	1.4%	0.0%	2.3%	1.8%	1.4%	1.8%	1.8%	1.2%	0.0%
78723	6.7%	10.5%	7.0%	10.1%	8.8%	8.7%	6.6%	9.7%	6.1%
78752	4.0%	10.5%	4.7%	8.1%	5.6%	5.7%	9.3%	7.3%	7.3%

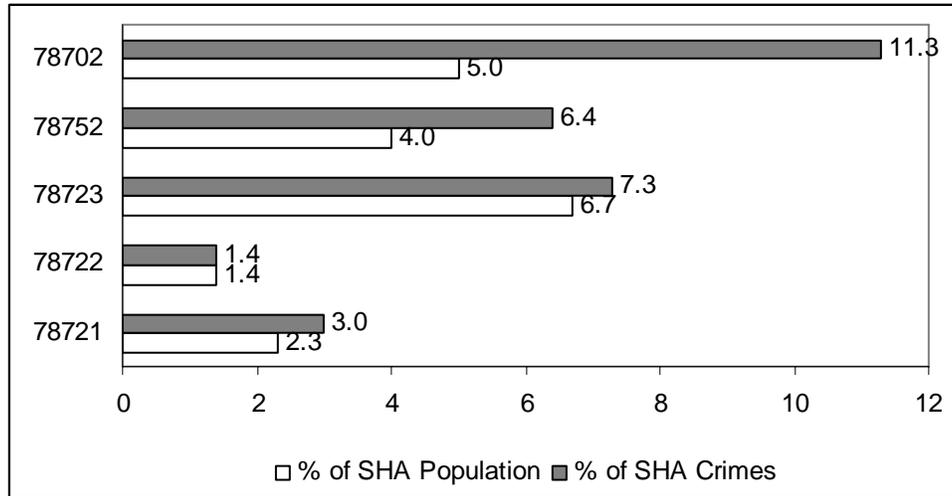
Source: APD, 2004; COA Spatial Analysis Group, 2003. Calculations by McGehee.

Table 3.9: Percent of Total SHA Crimes Occurring in Selected Zip Codes Compared to Population, 2004

Zip Code	% of SHA Pop.	Non-		
		Indexed	Indexed	Combined
78702	5.0%	7.8%	13.0%	11.3%
78721	2.3%	2.2%	3.4%	3.0%
78722	1.4%	1.7%	1.3%	1.4%
78723	6.7%	7.4%	7.3%	7.3%
78752	4.0%	8.3%	5.5%	6.4%

Source: APD, 2004; COA Spatial Analysis Group, 2003. Calculations by McGehee.

Figure 3.3: Percent of Total SHA Crimes Occurring by Zip Code Compared to Percent of SHA Population, 2004

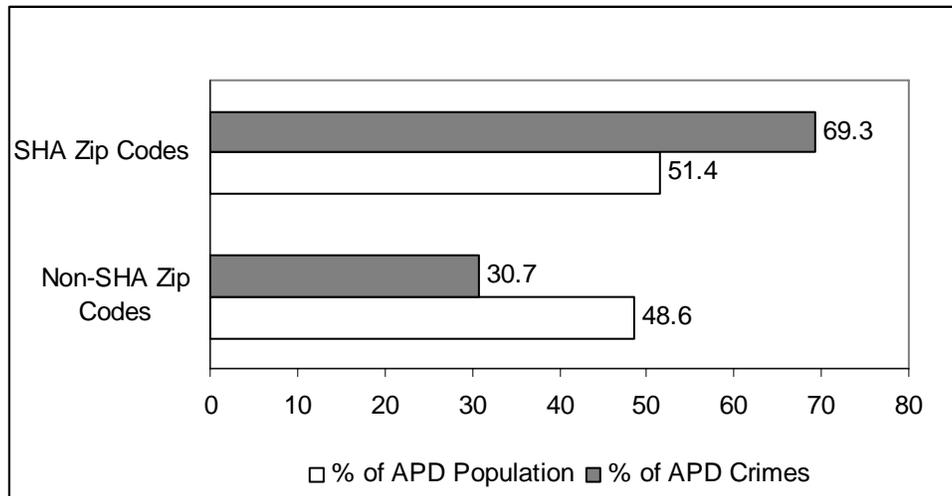


Source: APD, 2004; COA Spatial Analysis Group, 2003. Calculations by McGehee

These data show that 78702 houses 5% of the SHA population but experienced 11.3% of SHA-area Combined crimes in 2004, including over 10% of murders, robberies, aggravated assaults, and arson incidents. If we define a sub-area as having a disproportionate crime rate if the percent of total larger area crimes it experiences exceeds the proportion of the area's population residing in that sub-district, then, except for 78722, each of these zip codes within the boundary of 183/Ed Bluestein displays a disproportionate crime rate compared to its percent of the population, even within the SHA area.

Finally, Figure 3.4 graphically dispels any hypothesis that SHA neighborhoods' residents may have unrealistically high fear of crime in their area compared to Austin zip codes west of IH-35. This figure compares the percent of total APD crimes occurring in SHA zip codes vs. non-SHA zip codes, compared to the percent of total APD population living in each area.

Figure 3.4: Percent of Total APD Crimes Occurring in SHA vs. non-SHA Zip Codes Compared to Percent of Population, 2004



Source: APD, 2004; COA Spatial Analysis Group, 2003. Calculations by McGehee

SHA zip codes clearly display a disproportionate amount of crime per resident compared to the City of Austin as a whole. The 78702 zip code, containing Chestnut and East César Chávez, displays more than most. This dispels any hypothesis that these neighborhoods' residents may have unrealistically high fear of crime in their area; self-reports of unsafe conditions are supported by APD records. The possibility that crimes are under-reported because of citizen mistrust of the police, fear of retribution, or immigration concerns means that crime may be even higher than these data suggest.

As discussed in Chapter 2, low physical activity and high rates of associated chronic disease have been associated with areas comprising low income, minority populations, and where perceived and real neighborhood safety is of concern. The combination of health, socioeconomic, and safety levels in 78702, in addition to low physical activity levels, makes Chestnut and East César Chávez appropriate candidates for attention from public health, planning, and safety officials. Both merit selection for the following case studies.

Chapter 4: Neighborhood Planning in Austin, Chestnut, and East César Chávez

This chapter outlines Neighborhood Planning's history, context, and process in the City of Austin as a whole and specifically in the Chestnut and East César Chávez planning areas. Second, it discusses how neighborhood leaders encouraged broad community participation in the planning process, and presents particular observations about how health and safety issues were addressed in their plans' Action Items.

NEIGHBORHOOD PLANNING IN AUSTIN, TEXAS

As discussed in Chapter 1, since the 1979 Austin Tomorrow Plan, the COA has not prepared a comprehensive plan addressing the entire City in one process. Today, Neighborhood Plans, created and adopted within the nearly sixty separate Neighborhood Planning Areas, "serve to update the Austin Tomorrow Plan" (COA, n.d.a). With no updated citywide plan, there exists concern that discrepancies between adjoining NPs may lead to inconsistent and even conflicting visions for the future of Austin. Failing to build an overall plan could mean adjacent NPs undermine each other by prescribing uncomplimentary futures. Forgoing a comprehensive plan may simply not allow the City to deliberately address broader metropolitan area goals. For example, regarding growth management, Austin citizens and officials recognize that Central Texas is rapidly attracting more residents and businesses. Yet, because no individual Neighborhood Planning Area is specifically asked to incorporate a given amount of additional housing or other needed uses in its plan, it may be that sufficient provision will not be made across the City to accommodate such internal growth. Most importantly, with no comprehensive idea of how neighborhood streets will fit into the larger transportation network, key components may never connect into obvious and coherent routes. If safe,

attractive, and convenient pedestrian and cyclist paths remain discontinuous, active transportation will never become a truly viable mode choice.

These high-level concerns about the potential for disjointed Neighborhood Plans, while clearly important, are largely beyond the scope of this report. Despite possible problems, Neighborhood Plans and the planning process do give directed, detailed authority to each neighborhood to design its own future. Residents and business and property owners have a particular expertise and personal knowledge of their neighborhood that cannot be attained without living or working there and constantly experiencing the benefits, shortcomings, and feel of its particular streets, buildings, and infrastructure. Neighborhood Planning offers a prime opportunity for citizens to request specific changes that would have a direct effect on their daily life. Tracking NP implementation allows stakeholders to monitor the status of these officially-adopted goals and neighborhood-suggested projects over time.

Indeed, the purpose of participatory Neighborhood Planning is for community members to formalize a shared neighborhood vision in a document that may guide future development decisions. When the twelve- to eighteen-month planning process is initiated in one of the NP Areas, COA Neighborhood Planning and Zoning Department staff encourage all residents, property and business owners, and community organizations to participate. Staff mail out invitations and surveys, the neighborhood sends newsletters, and together they hold community meetings and workshops to draw resident, business, and non-profit involvement. Stakeholders identify neighborhood issues and strengths, and develop Goals, Objectives, and Recommendations to ameliorate concerns. Goals are expressed early and broadly, as general guidelines for the remaining NP. Objectives provide detailed targets within these Goals, and the final Recommendations suggest specific projects. (COA, n.d.b)

CASE STUDY: NEIGHBORHOOD PLANNING IN CHESTNUT AND EAST CÉSAR CHÁVEZ

Study Neighborhood Selection

To select neighborhoods for the case studies, adopted NP documents were examined for all communities lying in the Steps to a Healthier Austin intervention area, where health records show a dense occurrence of SHA's targeted diseases. Within each NP, stakeholders identify a list of "Top Ten Recommendations," the neighborhood's first priorities for implementation. Each Recommendation relates to one or more of the NP's Action Items, which outline specific, measurable, and trackable projects. Based on information gleaned during the literature review, the NPs were examined to identify the Top Ten Recommendation Action Items in the SHA neighborhoods that are pertinent to reducing physical activity barriers. These include projects that address the targeted built environment goals culled from the literature and described in Chapter 2: accessible recreational facilities, sidewalks and bicycle infrastructure, and safety.

The Top Ten Recommendations were selected for consideration because they crystallize communities' primary concerns. Before Neighborhood Plans are adopted, all Action Items are reviewed by City staff and officials. Items found to be prohibitively expensive or impossible due to established policy are removed to the plan Appendices. For example, a neighborhood may request that a stoplight be installed at a specific intersection, or that the speed limit on a certain road be reduced from 45 miles per hour to 35. If traffic engineering studies determine that traffic conditions at these locations do not meet warrants for such changes, staff will note this in the Appendix along with the removed Action Item. In both of the Neighborhood Plans chosen for case studies, all Action Items relevant to the Top Ten Recommendations were adopted intact by the COA, and thus possess official approval as well as resident prioritization.

City Neighborhood Planning and Zoning Department staff maintain an Action Item Tracking Chart for adopted Neighborhood Plans, documenting the status of Action Items and listing a contact person or group as the primary implementer of each project. Of the SHA communities that have completed NPs, Central East Austin, Chestnut, East César Chávez, Holly, and Rosewood are the five appearing on the most recent Tracking Chart update in 2002. Using this chart, I created a table of the Top Ten physical activity Action Items, identifying which have been implemented and which are actionable but have not yet been completed (see Appendix C for the full table). From this list, the Chestnut and East César Chávez Neighborhoods were selected for in-depth study based on the following criteria.

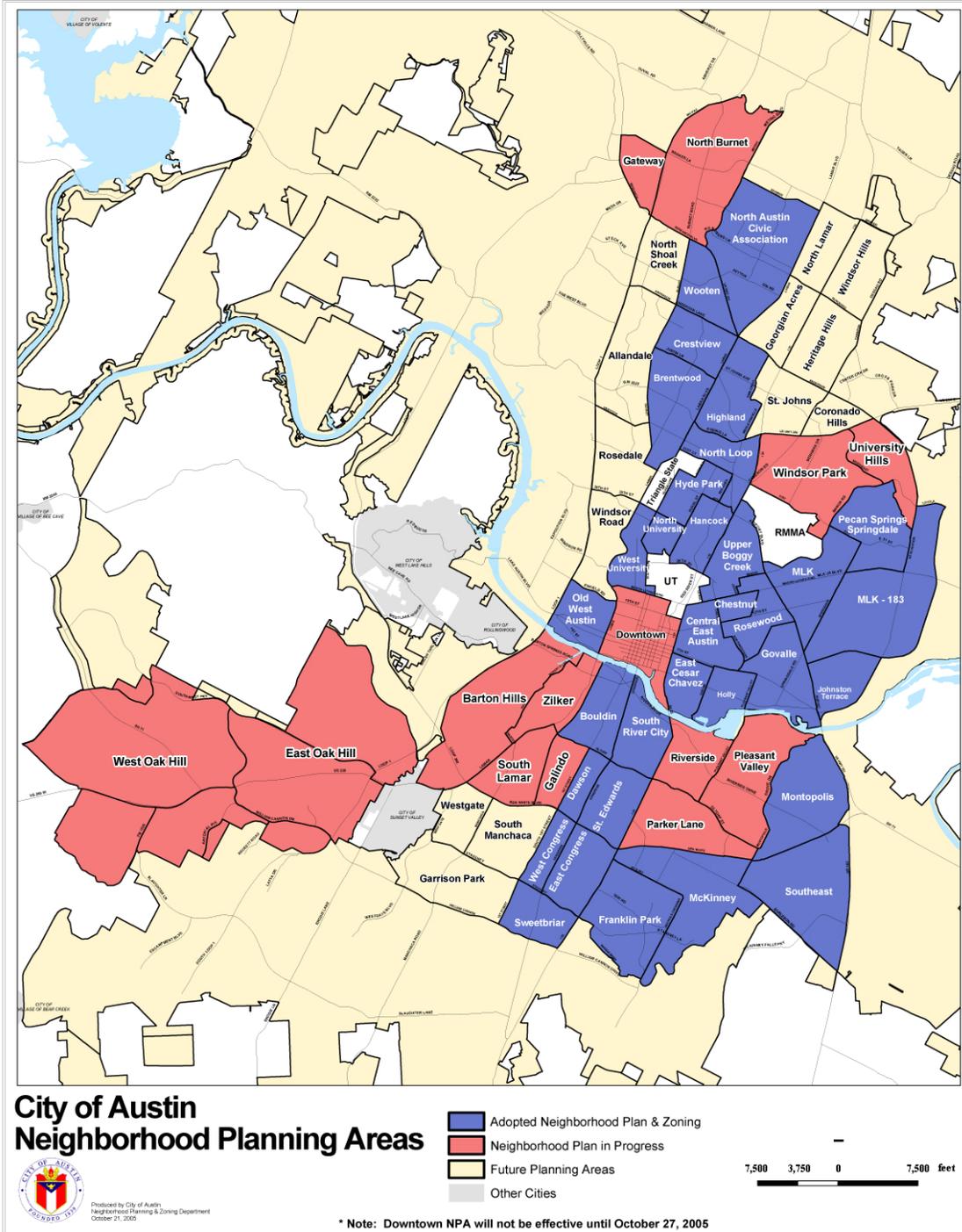
Chestnut and East César Chávez were chosen because their common timeline invites comparison, and because the two shared a similar planning process, as discussed below. These two plans have been in effect through the same economic, political, and social trends that might influence project funding and completion. Both of these neighborhoods' plans were adopted in 1999, both areas lie in zip code 78702, and both NPs include a notable number of physical activity-related Action Items. Rosewood was another candidate community for the case studies, falling in the 78702 zip code and including many pertinent Top Ten Action Items. However, Rosewood did not complete the planning process until 2002. City, state, and national events between 1999 and 2002 may have differently affected the projects included in and implemented from the Rosewood NP. Further, the Rosewood NP had not been in effect for a sufficient length of time to make its status on the 2002 Action Item Tracking Chart meaningful. Finally, I sought to examine and compare one primarily Hispanic and one primarily African-American neighborhood, in case any instructive differences emerged.

History and Demographics

Chestnut and East César Chávez abut Austin's downtown and were built early in the City's history, as part of the urban core. (See maps on the following pages, Figures 4.1, 4.2, and 4.3). Each boasts historic homes and businesses, mixed-use areas, and a strong cultural heritage. These characteristics contribute to resident pride in and attachment to their communities, and represent neighborhood amenities that stakeholders in the NP process identified as strengths they would like to see preserved (ECC NP, 1999; Chestnut NP, 1999).

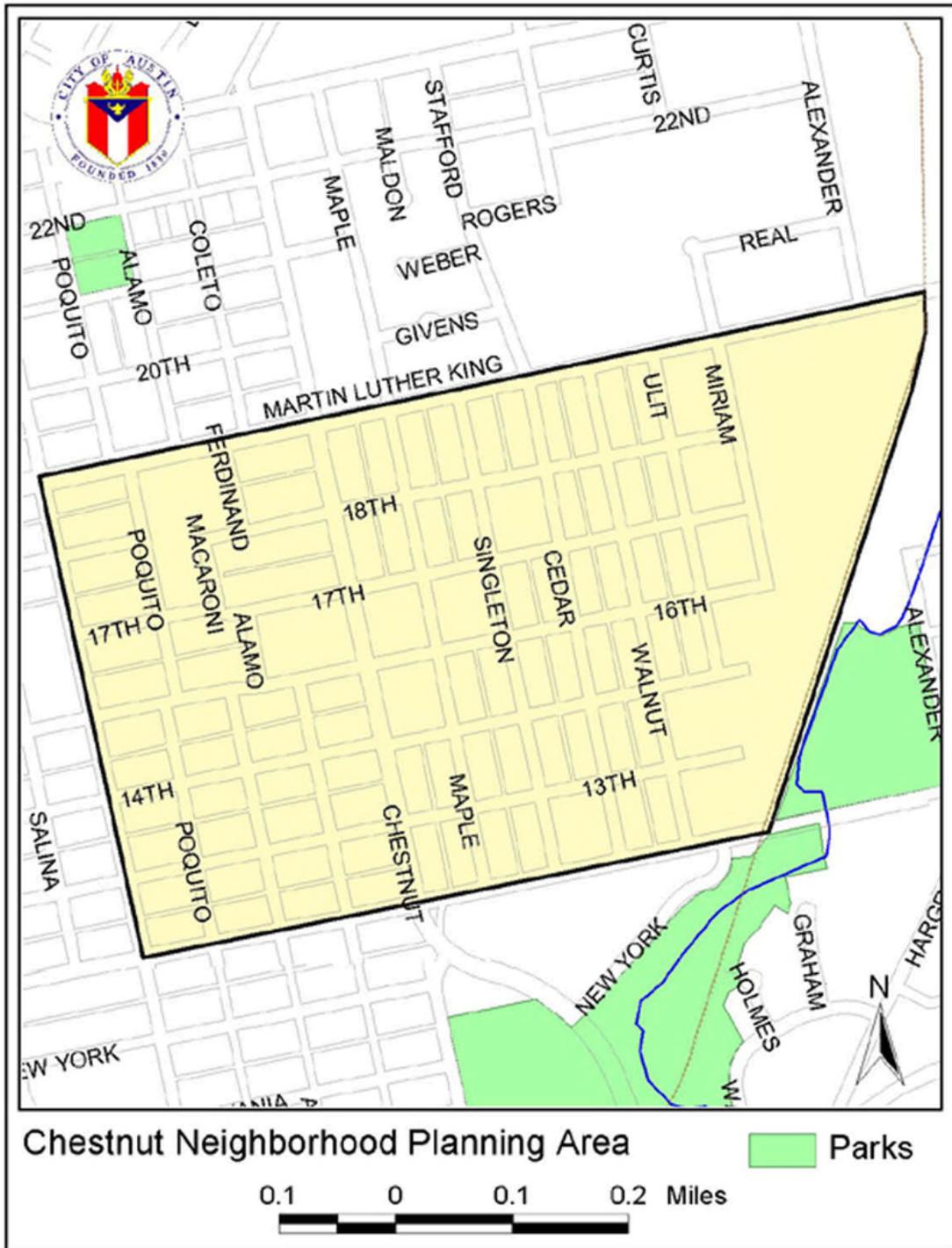
A lasting reminder of shameful historical events in Austin, the concentration of minority residents in areas east of what is now IH-35 arose from social and political forces, both unspoken and codified. In the early 20th Century, Austin residents who did not own their own land or homes began to be “displaced by a growing downtown and powerful interests” (ECC NP, 1999:19). Minorities moved east while white residents moved west, as the City “failed to upgrade the utility and transportation infrastructure” in East Austin (ECC NP, 1999:19). The Rosewood Neighborhood Plan notes, ““Between 1910 and 1940 the COA adopted as official policy the goal of segregating Black households in East Austin”” (2002:12). Such policies included limiting the construction of minority-designated schools, Spanish-language churches, and industrial zones to areas east. Most overtly heinous were the “racial restrictions on property [that] prohibited Blacks, and in some cases Mexican Americans, from buying or renting houses in most neighborhoods outside East Austin” (Rosewood Neighborhood Plan, 2002:12). The conversion of the boulevard-style East Avenue to today's double-decked, impassable IH-35 in the 1950s solidified the division between west and east, creating both a symbolic and physical barrier.

Figure 4.1: City of Austin Neighborhood Planning Areas



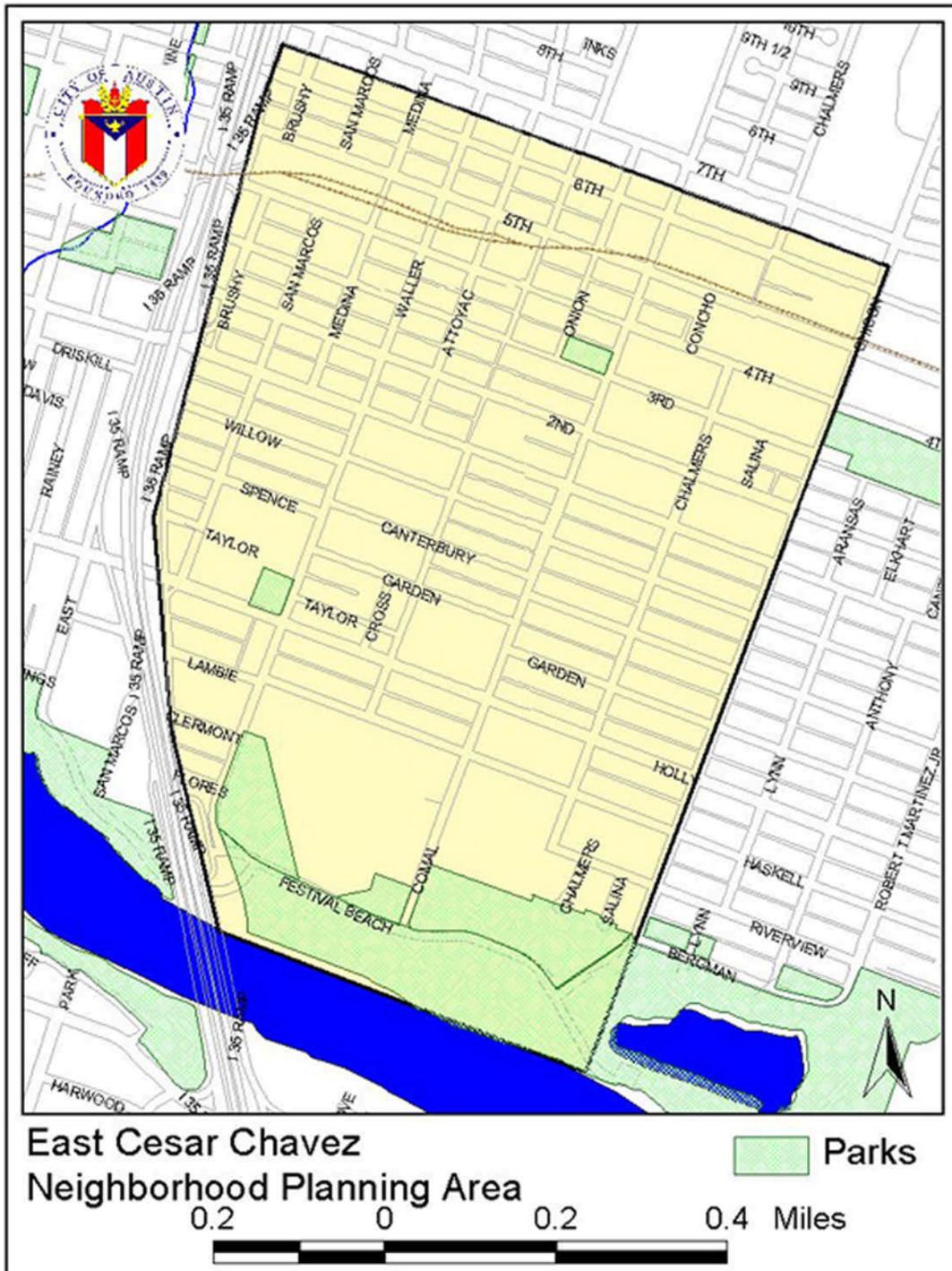
Source: City of Austin Neighborhood Planning and Zoning Department, Accessed 8 April 2006 from http://www.ci.austin.tx.us/zoning/downloads/npstatus_tab.pdf

Figure 4.2: Chestnut Neighborhood Planning Area



Source: City of Austin Neighborhood Planning and Zoning Department, Accessed 8 April 2006 from www.ci.austin.tx.us/zoning/downloads/chestnut.pdf

Figure 4.3: East César Chávez Neighborhood Planning Area



Source: City of Austin Neighborhood Planning and Zoning Department, Accessed 8 April 2006 from www.ci.austin.tx.us/zoning/downloads/east_cesar_chavez.pdf

Institutionalized racism has resulted in enduring segregation. Many East Austin residents responded by embracing and creating cultural and familial vibrancy in their neighborhoods. Chestnut and East César Chávez have been and continue to be home to residents and organizations fighting discriminatory practices and building community strength through tradition and action (ECC NP and Chestnut NP, 1999).

Today, Chestnut houses a predominantly African American population, while East César Chávez is largely Hispanic, anchored by churches and community centers, local businesses and entertainment districts, and long-time resident families. According to each neighborhood’s NP document, at the time the plans were written, the race/ethnicity proportions were 77% African American in Chestnut and 83% Hispanic in East César Chávez (Chestnut NP, 1999:1; ECC NP, 1999:6). These numbers changed slightly by the 2000 Census and NP Area boundaries as of 2004 (Table 4.1), but the majority ethnicities in each neighborhood remained the same.

Table 4.1: Demographics in Chestnut and East César Chávez, 2000

NPA Race/Ethnicity (%):	White	Black	Hispanic	Asian	Other
Chestnut	5.0	52.0	42.1	0.0	0.8
East César Chávez	14.2	6.1	78.0	0.2	1.5

Data Source: COA Spatial Analysis Group, 2004, based on US Census 2000.

The differing demographics of these neighborhoods may or may not translate into interesting variation in planning and implementation approaches, but any disparity between the two neighborhoods regarding NP Action Items and the stakeholders involved in the planning process would be of interest to SHA, NPZD, and neighborhood groups hoping to see NP projects implemented.

Neighborhood Planning Process

In 1997, fifteen neighborhoods applied to participate in the COA's Pilot Neighborhood Planning Program, and three were selected. Chestnut and East César Chávez were part of this Pilot program, and both experienced the planning process as laid out by the City's 1996 Ad Hoc Neighborhood Planning Committee (ECC NP, 1999). This process included neighborhood-wide planning meetings and workshops, resident surveys and newsletters, and an inventory of existing conditions and facilities. Each community formed a Neighborhood Planning Leadership Team, comprised of residents, property owners, businesses, and non-profits, to guide stakeholders through the process and act as a liaison to the City. Chestnut and East César Chávez also created committees and focus groups to address specific areas of concern (Chestnut NP and ECC NP, 1999). Similar methods continue to be used in current COA Neighborhood Planning processes.

However, a major shift has occurred since these Pilot NPs regarding the neighborhood's level of control over the planning process. After East César Chávez and Chestnut were selected for the program, City officials approached the communities to describe neighborhood planning and help them organize; during the planning process, however, the NP Leadership Team took over. Planning staff lent support, data collection, and assistance when requested, and processed Recommendations and zoning requests through City Council, but each neighborhood set meetings, developed procedures, and created Goals, Objectives, and Action Items largely on its own.

COA Principal Planner Adam Smith emphasizes the unique authority Chestnut and East César Chávez community members had over their NPs. Both plans were "much more neighborhood-driven" than subsequent NPs (Smith, 2005). The City has deemed that these initial plans demanded a too-lengthy preparation period, covered too many topics, and included more Action Items than feasible. In order to manage stakeholder

expectations about what NPs can accomplish, and to streamline and shorten the planning timeframe, the City has now developed an NP process and table of contents that is largely standardized (Walters, 2006). Overall, today's NPs are much more city-initiated, and "not necessarily in lockstep with the community" compared to the East César Chávez and Chestnut plans (Smith, 2005). This provides an interesting background for observing how these neighborhoods and their Neighborhood Planning Leadership Teams have remained committed to implementing their plans, once complete.

Notably, the City Health and Human Services Department acted as the lead department "responsible for working with [Chestnut] during Phase 1" of its planning process, while the department of Planning, Environmental, and Conservation Services (now NPZD) took over during Phase 2 (Chestnut NP, 1999). NPZD planner Adam Smith notes, "Perhaps there was some indication at that time that Health and Human Services were lacking [in Chestnut] more than in other areas" (Smith, 2005). This formalized procedural partnership no longer exists between the two departments, but that there was once such a connection suggests the potential for future collaboration.

Encouraging Public Participation in Neighborhood Planning

Achieving and maintaining a high level of participation is a challenge in any community process. Interviewees from these two neighborhoods were asked about how they became involved in Neighborhood Planning, what role physical activity and health played in their decision to participate, and how they encouraged others to participate in creating the Neighborhood Plan. These interviewees had all been involved in community outreach before NPs were initiated in their area. Becoming part of a Neighborhood Planning Leadership Team was for them simply an extension of the work they were already doing in their neighborhoods. All hold some specific concern regarding crime

and safety, parks and environment, or health services provision (Ivory, 2005; McWhorter, 2006; Mitchell, 2005; Renteria, 2005; Slade, 2006).

In Chestnut, Pastor Joseph Parker of the David Chapel Missionary Baptist Church applied early on to “provide leadership for the Chestnut Neighborhood Plan” (Chestnut NP, 1999; Smith, 2005). Subsequently, the Chestnut NP Leadership Team created committees to address neighborhood-defined issues. Pastor Parker directly invited Scottie Ivory and Arvella Slade to act as Co-Chairs of the Public Safety Committee. He identified both as neighborhood activists concerned with safety, though Arvella Slade comments, “We didn’t realize we were, we were just doing community service” (Slade, 2006). Similarly, before planning began, Lori Renteria had already been involved in an East César Chávez Neighborhood Development Committee working on an Empowerment Zone grant from the US Department of Housing and Urban Development; today, she volunteers her time as the East César Chávez Crime and Safety Chair and newsletter editor (Renteria, 2005). Also an East César Chávez resident, Kathy McWhorter has “always been active” in her neighborhood, especially in issues of urban bioregions and environmental sustainability. She has taken on everything from helping found the Friends of Waller Creek watershed protection group, to giving recycling presentations at elementary schools, to chairing the Green Neighborhoods Council that promotes green spaces, trails, and gardens citywide (McWhorter, 2006).

Identifying and directly approaching residents who are already involved in their communities is one key and common sense approach to attracting dedicated planning meeting attendees. However, if participation is to be truly representative, it is crucial to go beyond core activist groups. Securing broader public involvement presents the bigger challenge. Arvella Slade notes:

Those came that wanted to come. We still don't have the participation we really need from the neighbors. People came out at the beginning, they were excited...but we've never had that many come together. It just seemed like more and more people just did not realize that their input...makes [the neighborhood] grow. (Slade, 2006)

To alert as many people as possible to its first meeting, the East César Chávez Neighborhood Planning Leadership Team distributed fliers door-to-door and at schools, called the Presidents of all affected neighborhood associations, and even offered a meal “to help draw people to the meeting” (Renteria, 2005). The Chestnut team contacted community leaders and neighborhood associations, and additionally recruited from existing voluntary organizations during NP implementation (Mitchell, 2005; Slade, 2006). Letters sent to every resident, messages spread via newsletter, and phone trees begun by representatives from neighborhood subdistricts also advertised the planning process (Slade, 2006; Chestnut NP, 1999). These actions highlight the benefit of having charismatic and recognized leaders publicize the important opportunity to get involved in planning, reaching out to individuals in a personalized way when possible.

Inviting leaders and residents alike to volunteer on a committee directly suiting their interests offers another approach to encourage greater participation. In Chestnut, focus groups addressing specific topics like Youth, Health, and Public Safety drew residents with these particular concerns. Because the neighborhood was able to design the planning process and select topics for discussion, the NP Leadership Team could directly tailor these committees to strike resident attention. Lori Renteria worries that the City today is “making a mistake by not allowing [new NPs to address] crime and safety and health and human services. These can be motivating factors for people to get involved. They care about schools, clinics, and crime” (Renteria, 2005). Whereas area-wide land use and zoning may be of little day-to-day interest to the general public, recognized community problems draw dedicated participants. Whether or not these

topics are included as specific headings in the NPs, communities could continue highlighting these types of issues to encourage resident participation in planning.

HOW DO NEIGHBORHOOD PLANS ADDRESS PHYSICAL ACTIVITY?

Physical Activity in Action Items

Since the City of Austin has streamlined the scope of Neighborhood Plans, categories like Health and Human Services and Crime and Safety no longer appear in the plans, though both Chestnut and East César Chávez stakeholders devoted entire chapters to these themes (Mitchell, 2005; Renteria, 2005; Smith, 2005). Physical activity itself has never been explicitly addressed as a stand-alone topic in Austin Neighborhood Plans. However, each of the traditional categories for discussion – including land use, zoning, transportation, and urban design (Smith, 2005) – has implications for physical activity, health, and safety. All affect the presence and security of walking and cycling infrastructure, impact whether residents may easily reach transit or park facilities by foot or bicycle, and influence whether people can choose to live in a location within walking or cycling distance of their daily work, school, and recreational needs.

For example, the first chapter in the Chestnut Neighborhood Plan, entitled “Land Use and Transportation,” states its guiding Goal as to “Revitalize the residential and pedestrian-friendly character of Chestnut” through sidewalk, signal, and street lighting improvements (1999:7). East César Chávez’s Traffic and Transportation chapter contains a thorough inventory of needed improvements related to crosswalks, ADA accessibility, and streetlights and signals. Each of these affects the traffic and personal safety of non-motorized transport and active recreation, but these neighborhoods define

the targeted goal as bolstering transportation network connectivity and access, rather than enabling physical fitness behaviors.

Too, Chestnut's Environment and Parks chapter calls for "investing in the...neighborhood, and its natural assets, once again" (Chestnut NP, 1999:15). In its corresponding section, East César Chávez's Neighborhood Vision states, "The natural resources of the East César Chávez Neighborhood must be protected and preserved" (ECC NP, 1999:47). Though not mentioning fitness goals, these chapters include Objectives and Action Items related to cleaning, maintaining, and monitoring safety conditions in public spaces and parks, all of which contribute to a physical environment attractive for physical activity.

Even the chapters in Chestnut and East César Chávez titled "Health" and "Public Safety" do not explicitly mention physical activity improvements as goals. The Health sections primarily discuss service provision, such as clinics, screenings, and outreach efforts to inform residents about available programs and facilities. Notably, East César Chávez's NP Health chapter Goal mirrors SHA's objectives:

The neighborhood would like to work toward reducing the incidence of diseases that reduce our quality of life, such as diabetes, cancer, and heart disease. Neighbors would like to see more preventive programs that offer opportunities for...healthy living. (ECC NP, 1999:61)

Still, all Action Items in this Health chapter relate to increasing access to health services, not enabling preventive, long-term behavioral change through neighborhood projects and design.

When interviewees were asked about the general topic of health- or physical-activity promoting Action Items, they responded hesitantly or denied their presence in the plan. To elicit further comments, inquiry had to be made about specific Action Items - such as sidewalk and lighting improvements, parks and recreation, and traffic

signalization – that were listed under other headings. Pastor Cedric Mitchell repeated off the top of his head all of the Action Items in the Chestnut NP regarding sidewalks, signals, and police presence (2005), and other interviewees spoke eagerly and readily about parks, lighting, or crime and safety, as befit their personal interests (Ivory, 2005; McWhorter, 2006; Renteria, 2005; Slade, 2006). Physical activity did not play a role in these residents' participation in Neighborhood Planning.

This highlights the important ways in which similar mechanisms may achieve multiple different goals. If a neighborhood requests sidewalks for increased on-foot accessibility to shopping centers, police patrols to protect their children, or park beautification for better neighborhood aesthetics, these Action Items may have the side effect of improving the neighborhood's attractiveness for physically active transportation and recreation. Does it truly matter if enhanced physical activity explicitly appears in the plan's stated goals? Perhaps the more important lesson here is the opportunity for fitness advocates to educate residents about the benefits of increased physical activity, and how different Action Item options can improve conditions for outdoor travel and recreational opportunities and improve health. This knowledge may in turn encourage the inclusion of health- and physical activity-improvement projects in Action Items falling in other chapters.

In summary, many Neighborhood Plans include built environment Action Items that may affect physical activity, but do not expressly group these Action Items under a health category. When reviewing NPs to inform programming agendas, health advocacy organizations cannot limit their search to chapters expressly devoted to "health," but must explore transportation, environment, recreation, and other topical headings.

Safety as a Primary Neighborhood Concern

Respondents to the Chestnut Neighborhood Plan Approval Ballot repeatedly stressed the need for public safety, alley lighting, and sidewalks. Comments included, “First and foremost, safety and crime prevention should be emphasized;” “Public Safety should be the top priority!” and “I am especially elated to read of the objective ‘Improve police visibility and presence’” (Chestnut NP, 1999: Attachment 2). This plan document links public safety to multiple community goals, including even economic development. Chapter 4 of the Chestnut NP, addressing the Goal to “Improve the business climate of the Chestnut neighborhood,” begins by stating “Both residents and non-residential property owners perceive a direct relationship between...the area’s persistent crime problems” and the goal of attracting businesses to Chestnut (1999:19). Indeed, 89% of non-residents surveyed called public safety the “highest priority” for the neighborhood, feeling that “lack of investment, upkeep of vacant lots, and an abundance of ‘junk’ automobiles...contribute to...the perception that there are portions of the neighborhood ‘abandoned’” (1999:21). Chestnut’s Public Safety Action Items address neighborhood watches, drug awareness and reporting programs, and police visibility.

Personal safety also ranks high among East César Chávez residents’ concerns. Significantly, “Crime and safety” appears among the five “Critical Development Issues” identified by East César Chávez stakeholders during the planning process. This neighborhood’s NP Leadership Team used survey results to define committee topics; survey respondents cited “Neighborhood feels safe” as the most important asset a neighborhood can offer, rated higher than affordable housing, aesthetics, and access to parks and transit, family and friends, and job opportunities. Of these assets, neighborhood safety was the only theme that no respondent rated “Not Important,” with 60% ranking it “Very Important” and 40% “Important” (ECC NP, 1999).

Chestnut and East César Chávez citizens are clearly cognizant of personal safety as an overriding area issue. Neighborhoods must be allowed to express such concerns in NPs, or plans will not truly capture the community's reality. As discussed above, the City has limited NPs' scope since the Pilot process. The first Neighborhood Plans were conducted more like broad community needs and asset assessments, allowing unlimited public input, while subsequent plans have focused on narrowly defined "planning" issues, most involving infrastructure changes and land use decisions.

Again, for some, this shift of control over the structure and content of plans to City staff represents a significant loss. If Action Items related to health and safety (and consequently to physical activity and fitness) are of crucial concern to neighborhoods embarking on the Neighborhood Planning process, it will be up to community stakeholders to express that need. Public health groups may assist by bringing up topics that may not be directly introduced during the planning process, and help funnel relevant recommendations under other NP categories like land use and transportation. If such Action Items are beyond the scope of Neighborhood Plans, or outside the power of the Neighborhood Planning and Zoning Department or the City of Austin, they could still be listed, even if moved to the plan appendix, in order to document the community's concerns, wishes, and needs. This would strengthen NPs as reference sources for other groups and agencies in the future that may have the capacity and resources to support such projects.

The following Chapter specifically addresses the inclusion and implementation of physical activity-relevant action items in the Chestnut and East César Chávez Neighborhood Plans.

Chapter 5: Implementing Physical Activity-Related Action Items

This chapter analyzes the community and staff interviews, Neighborhood Plans, and Action Item tracking documents to explore the implementation status of Action Items relevant to physical activity. Once the list of Top Ten Recommended Action Items was culled down to those pertinent to physical activity, safety, and health, the goal of Chapter 4 was to discover who facilitated these Items' inclusion, how those participants became involved in the NPs, and what overall motivators drove the Chestnut and East César Chávez Neighborhood Planning process. This Chapter seeks: 1) to find the actors, funding sources, and steps necessary to implement those Action Items; 2) to examine which of these community-desired, City-adopted, and research-supported Action Items have not been implemented, and 3) to ascertain barriers to their completion. Such knowledge can help physical activity advocates – including SHA – act as facilitators in the Neighborhood Planning process, from participant recruitment through implementation, by engaging stakeholders, providing tools, and addressing obstacles.

NEIGHBORHOOD PLAN IMPLEMENTATION

After review by the neighborhood, planning staff, and the Planning Commission, City Council votes to formally adopt NPs by ordinance. A positive vote “shows the City’s commitment to implement as many of the plan’s action items as possible” (COA, n.d.b). However, inclusion in an NP does not guarantee that any project will be carried out. As emphasized in standard language found in the Chestnut and East César Chávez Neighborhood Plans:

By adopting the plan, the City Council will demonstrate the City’s commitment to the implementation of the plan. However, every action item listed in this plan

will require separate and specific implementation. Adoption of the plan does not begin the implementation of any item. Approval of the plan does not legally obligate the City to implement any particular action item. The implementation will require specific actions by the neighborhood, the City and by other agencies. (ECC NP, 1999:75; Chestnut NP, 1999:27)

While NP-recommended zoning changes are made concurrent with plan adoption, cost is a major factor affecting whether other projects take place. City staff provide cost estimates for each recommendation, attempt to identify funding sources, and even remove projects deemed infeasible to the plan Appendix. NPs are intended to guide subsequent rezoning, land use, development, and urban design decisions as officials and staff review permit applications and prepare City of Austin budgets and capital improvement programs. Other agencies, too, may consider NP recommendations in making service changes and projects, but such review is not certain (COA, n.d.b).

In the decade since Neighborhood Planning began in Austin, there has been growing disillusionment with the process, from residents as well as staff. In January 2006, the Austin Neighborhoods Council and University of Texas students held a workshop to review “What works and what doesn’t?” from the perspective of neighborhood stakeholders. Workshop discussions revealed that these residents and business and property owners are especially disappointed by incomplete implementation and enforcement of adopted plans (2006, January 21). Creators of other area plans, such as Capital Metro’s All Systems Go public transit plan and the City’s Transit Oriented Development initiative, have not approached neighborhoods and their NPs before drafting sometimes duplicative or even differing documents (ANC, 2006, January 21). Many feel that developers too often receive variances or other accommodation to complete projects at odds with the carefully drawn Neighborhood Plans.

The City’s perceived failure to enforce NPs in this way has created mistrust and even disinterest, as citizen stakeholders debate whether to spend their time and energy

participating in the planning process if the NP, once completed, will be disregarded (Foxworth, 2006; Renteria, 2006; Team, 2006). Without enforcement, plans terminate as well-founded but eventually meaningless documents, and city planning staff and governments lose citizen trust and participation. This chapter investigates how implementation has been and might be achieved with respect to physical activity-relevant Action Items.

PHYSICAL ACTIVITY TOP TEN ACTION ITEMS IN CHESTNUT AND EAST CÉSAR CHÁVEZ

Table 5.1 and Table 5.2 below present those Chestnut and East César Chávez Top Ten Recommendations and their related Action Items pertinent to reducing physical activity barriers. These Tables categorize the Action Items based on their relationship to this report's targeted built environment goals.

Action Items categorized under Accessible Recreational Facilities comprise various park creation, access, and improvement projects, including planting trees and other landscaping. Regarding Sidewalks and Bicycle Infrastructure, only pedestrian projects appear in these two plans' Top Ten Recommendations. Safety-related Action Items are split into those that address traffic or personal safety. Additionally, the Chestnut and East César Chávez NPs both directly call for improved access to health services as a top priority. Though this is not a built environment change, it was included in this investigation because it definitively addresses a public health concern.

As discussed in Chapter 4, with the exception of the Action Items calling for improved access to health services and facilities, none of the items in Tables 5.1 and 5.2 are explicitly identified in the Neighborhood Plans as health-related projects. Instead, all fall under the chapter headings of Transportation and Traffic, Environment and Parks, or Crime and Public Safety.

Table 5.1: Top Ten Recommendation Physical Activity Action Items, Chestnut Neighborhood Plan

Physical Activity Goal	Top Ten Recommendation	Related Action Item(s) ("AI")	Status
Traffic Safety	1. Construct left turn signals and caution lights at four intersections.	AI 10.	Complete
		AI 11.	Complete
		AI 12.	Complete
		AI 13.	Complete
Personal Safety	2. Install additional street lighting as shown on Fig 2	AI 9.	Complete
	5. Conduct a neighborhood cleanup. Objective 2.2. Clean and maintain alleys, streets and vacant lots.	AI 21. Create a City Environmental Response Team. Goal is a one-time systematic review and cleanup effort, with results reported to City	Complete
		AI 22. Establish a standing neighborhood working group to identify environmental nuisances.	Complete
		AI 24. Develop a long-term strategy to maintain the cleanliness and appearance of Chestnut.	Complete
	10. Establish a regular weekend (Thu-Sun) walking beat in Chestnut	AI 51.	Pending
Pedestrian Project	7. Construct sidewalks as shown on Figure 2.	AI 8.	Underway
Health Services Access	8. Improve access to preventative health services...	AI 85. Work with CapMetro to publicize transit opportunities.	Complete
Recreational Facilities	9. Develop a pocket park in Chestnut (funded, with potential sites selected)	AI 26. As a result of the November 3, 1998 bond election, develop a neighborhood pocket park.	Underway

Source: AIs culled from Chestnut NP, 1999 and Action Item Tracking Chart, 2002.

Note: In some cases, multiple AIs relate to a single Top Ten Recommendation.

Where Table 5.1 provides no specific description for a given AI, that AI in the Chestnut NP is worded identically to its relevant Top Ten Recommendation.

Table 5.2: Top Ten Recommendation Physical Activity Action Items, East César Chávez Neighborhood Plan

Physical Activity Goal	Top Ten Recommendation	Related Action Item(s) (“AI”)	Status
Traffic Safety	1. Construct a right turn lane and other improvements on Cesar Chavez including, but not limited to, historic light posts, landscaping and trees, and sidewalks.	AI 36. Construct a right-turn lane to northbound IH-35 at Cesar Chavez.	Underway
		AI 37. Consider creating a roundabout or traffic circle at Cesar Chavez.	Pending
		AI 38. Adjust timing of traffic signals at IH-35 and Cesar Chavez to allow more travel time for pedestrians. Improve signal timing for North-South traffic crossing CC at Waller, Comal, and Chicon	Complete
		AI 39. Adjust traffic signals after midnight to slow traffic. Keep some lights blinking red.	Complete
		AI 40. Install traffic signals at Chalmers and Cesar Chavez	No Action
		AI 45. Add buffers such as planting areas between sidewalk and streets to slow traffic on Cesar Chavez.	Pending
		Pedestrian Project	
AI 42. Make existing pedestrian-lit signals and crosswalks on CC safer by encouraging pedestrian traffic to use the south side in the short term. In the long term, improve the north side with pedestrian lights and a pedestrian island.	Pending		
Personal Safety (continued...)	10. Resurface alleys and increase lighting on dark alleys and streets to deter crime.	AI 34. Improve alleys	Underway
		AI 35. Provide streetlights in alleys.	Complete

Table 5.2 continues on the next page

Table 5.2, continued. Top Ten Recommendation Physical Activity Action Items,
East César Chávez Neighborhood Plan

Physical Activity Goal	Top Ten Recommendation	Related Action Item(s) ("AI")	Status
Health Services Access	8. Identify and help residents access existing social services and educational programs.	AI 175. Improve transportation services to health and human service facilities.	Pending
Recreational Facilities	6. Plant trees and develop pocket parks.	AI 100. work with City to care for and protect trees, plants, green spaces	Underway
		AI 101. Change ordinance so that all trees greater than 8" in diameter are protected or replaced on all types of properties being developed.	Pending
		AI 102. Monitor maintenance of Town Lake and other green spaces.	Underway
		AI 103. Ensure that the utility department's tree trimming and cutting practices are consistent with the neighborhood goal of tree preservation	Complete
		AI 104. Work with City, nonprofits, and groups/ residents to coordinate tree planting in parks, public spaces, and ROW	Underway
		AI 105. Work with other organizations to plant trees along Cesar Chavez	Underway
		AI 106. Develop pocket parks, green spaces, and green corridors (Proposed LU Map)	Pending
		AI 107. Create incentives for new businesses to develop pocket parks, green spaces, and green corridors.	Underway
		AI 108. Encourage community involvement in the landscaping of pocket parks, green spaces, and green corridors.	Pending

Source: AIs culled from ECC NP, 1999 and Action Item Tracking Chart, 2002.

Note: In some cases, multiple AIs relate to a single Top Ten Recommendation. Where Table 5.2 provides no specific description for a given AI, that AI in the East César Chávez NP is worded identically to its relevant Top Ten Recommendation.

Physical Activity Action Item Implementation Status

By the time of the Neighborhood Planning and Zoning Department’s 2002 Tracking Chart, nine of Chestnut’s physical activity-related Action Items were complete, with two underway and one pending, while East César Chávez still had nine pending, only four complete, and seven underway (Table 5.3; see Appendix C and Tables 5.1 and 5.2 for specific Action Item descriptions).

Table 5.3: Status of Top Ten Recommendation Physical Activity Action Items, Chestnut and East César Chávez, 2002

	Chestnut	East César Chávez
Complete	9	4
Underway	2	7
Pending/No Action	1	9
Total	12	20

Source: Chestnut NP, 1999; ECC NP, 1999; and Action Item Tracking Chart, 2002.

The East César Chávez Neighborhood Planning Leadership Team maintains its own “Action Steps Completed or Underway Report,” which, as of May, 2004, documented one more completion, for Action Item 36, “Creating a right turn lane at Cesar Chavez and I-35” (ECC NPLT, 2004). This was listed as “underway” by the planning staff in 2002. East César Chávez’s remaining “Underway” Top Ten Action Items in 2002 were still ongoing in 2004. These underway items comprise long-term efforts to plant trees, maintain green spaces, and improve alleys (ECC NPLT, 2004). These Items are by nature ongoing, and though they are not considered “Complete,” the East César Chávez Neighborhood Planning Leadership Team continues to do what it can to implement those items.

Both neighborhoods prioritized traffic and personal safety. Compared to Chestnut, East César Chávez’s Top Ten Action Items include more different types of

pedestrian and parks projects, and Chestnut focused more heavily on personal safety (Table 5.4).

Table 5.4: Types of Physical Activity Top Ten Action Items (“AIs”) in the Chestnut and East César Chávez Neighborhood Plans

Type of Physical Activity-Related AI	Chestnut	East César Chávez
Traffic Safety:	4	5
Traffic signals	4	2
Turn lanes		1
Traffic calming		2
Personal Safety:	5	2
Lighting	1	1
Cleanup	3	1
Police	1	
Pedestrian Projects:	1	3
Sidewalks	1	
Pedestrian signals		2
Ramps/curbs		1
Recreational Facilities:	1	9
New park	1	2
Trees		3
Maintenance		3
Ordinance		1
Health Services Access:	1	1

Source: Chestnut NP, 1999; ECC NP, 1999. See Table 5.1 and 5.2.

The status of these Action Items suggests that traffic signals, lighting, and cleanup are more readily implemented than traffic calming and parks (Table 5.5). It is logical that stand-alone items like lights would be easier to install than large-scale, structural, and more costly street, park, and sidewalk changes. Many such projects are included in the City’s standard operating procedures, and are likely folded into existing budgets rather than requiring supplemental funds. City of Austin Planner Adam Smith affirms this point, observing, “If [a Neighborhood Plan]’s Top Ten [Recommended Action Items] are more easily doable, they will be implemented more quickly” (Smith, 2005). Smith and other

interviewees suggest that the lower rates of Top Ten implementation in East César Chávez is not due to differences in Neighborhood Planning Leadership Team, community, or City efforts, but rather to the specific contents of the recommendations.

Table 5.5: Status of Top Ten Physical Activity-Related Action Items in 2002, Chestnut (“C”) and East César Chávez (“ECC”)

Type of Physical Activity-Related Action Item	Complete	Underway/Approved	Pending/No Action
Traffic Safety: Signals Turn lanes Traffic Calming	5 4C, 1ECC	1 1ECC	3 1ECC 2ECC
Personal Safety: Lighting Cleanup Police	5 1C, 1ECC 3C	2 1ECC 1C	
Pedestrian Project: Sidewalks Pedestrian signals Ramps/curbs	1 1ECC	1 1C	2 1ECC 1ECC
Recreational Facilities: New park Trees Maintenance Ordinance	1 1ECC	6 1C, 1ECC 2ECC 2ECC	3 1ECC 1ECC 1ECC
Health Services Access:	1C		1ECC

Source: Action Item Tracking Chart, 2002; ECC NPLT, 2004.

ACTION ITEM SUCCESSES, BARRIERS, AND RECOMMENDATIONS

This section discusses examples of both successful and unsuccessful Action Item implementation in Chestnut and East César Chávez, based on the planner and community interviews. Suggestions are made for how public health groups might help bridge barriers specifically related to each of the broad types of physical activity- and health-related projects. The final section of this Chapter then presents general recommendations

regarding potential health advocate roles in promoting projects spanning all types of physical activity Action Items.

Pedestrian Projects

The COA guarantees funding for a mere six blocks of sidewalks in conjunction with NP adoption. Neighborhood stakeholders are responsible for identifying where these sidewalks will be built (Smith, 2005). Chestnut Neighborhood Planning Leadership Team members feel they were especially successful in achieving sidewalk installation, by making recommendations based on in-person evaluations by Public Safety Committee members (Slade, 2006). East César Chávez prioritized additional sidewalk locations beyond what could be built with this initial City funding, to have a list of recommended sidewalk segments ready and waiting “for when Public Works has money” available for more such projects (Renteria, 2005).

Planner Adam Smith cautions that even with these priority lists in place, property owners may challenge sidewalk installation on their lawns in the future, especially if they were not involved with the initial planning process. Owners sometimes resist having sidewalks in front of their homes, fearing unwanted loiterers or the loss of curbside landscaping improvements (Smith, 2005).

Still, it is commendable for Neighborhood Planning Leadership Teams to take the initiative to prepare sidewalk needs assessments and project lists based on observed, on-the-ground conditions, and to make these assessments while the NP process is underway and residents are already in the planning mind frame. This will help avoid having to scramble to create such a project list later, should funding suddenly become available.

Public health advocates could assist with initial needs assessments by educating residents on best practices for completing walk- or bike-ability audits of their

neighborhoods, providing technical assistance for mapping or other analysis, and generally encouraging such efforts on the part of neighborhood stakeholders. This encouragement could include general education about the benefits of walking and cycling infrastructure, a topic that will also be crucial to discussions with affected property owners when sidewalk installation becomes viable. The opportunity for public outreach and health education permeates this and every further recommendation of this report.

Recreational Facilities

Scottie Ivory and Pastor Cedric Mitchell cite the Chestnut Pocket Park as one of the greatest successes of their Neighborhood Plan (2005). Chestnut had first lobbied for such a park during the 1998 Bond Election, “because the kids were walking in the streets” (Ivory, 2005). Pastor Mitchell agrees that “youth and kids were very important. That’s why we did the pocket park, for the kids. Now it’s used every day” (2005). Though this park was eventually funded with Bond money, the actual process of building the park took more time than advocates like Ms. Ivory predicted, due to delays with permit applications and final approvals. She notes, “You had to call every day, and work, work, work” (Ivory, 2005).

The recreational facilities projects included in East César Chávez’s Top Ten Recommendations relate to tree plantings, landscaping, and other aesthetic and amenity improvements, rather than creating an entirely new park. Kathy McWhorter notes one success when Austin Energy was going to install transmission lines in Festival Beach Park in East César Chávez. “We said, ‘If you’re going to mess up our park, you have to give us trees;’” Austin Energy did donate trees, which neighborhood volunteers then planted (McWhorter, 2006).

These experiences underline the importance of ongoing neighborhood persistence and dedication to desired Action Items, combined with a willingness to be flexible. Steps to a Healthier Austin and other health groups might first research and then provide education to residents regarding City processes, including permit and Bond money applications. A standard resource would then be available to help neighborhoods secure necessary permission for desired projects. Adam Smith emphasizes the importance of flexibility, stating that community members will be more successful in getting projects implemented, “if you’re willing to work with the City department and compromise. Groups that dig their heels into set positions on an issue reduce their chances of accomplishing things, and might even come across as cranks” (Smith, 2005). The Parks and Recreation Department and other SHA partners could help neighbors brainstorm creative solutions, like the Austin Energy tree/power line compromise.

Traffic Safety

Another example of a neighborhood success that depended on flexibility and good knowledge of City processes occurred during a street reconstruction project in East César Chávez. When the COA was rebuilding East César Chávez Street, the Neighborhood Planning Leadership Team succeeded in convincing Public Works to install underground wiring and other infrastructure that would be necessary to support lit pedestrian crossing signs and signals overhead. Though the actual signals were not funded or completed in conjunction with this street project, “If traffic counts ever justify the signs and lights, the underground stuff is already in place” (Renteria, 2005). The neighborhood outlined future cost implications of tearing out the road surface when asking the City to preemptively install the necessary wiring.

Chestnut and East César Chávez Neighborhood Planning Leadership Team members both discuss traffic turn signal and dedicated turn lanes when asked to describe projects from their plans that have been the most successful in improving health and safety conditions (Ivory, 2005; McWhorter, 2006; Mitchell, 2005; Slade, 2006). Though most often associated with vehicle-vehicle collisions rather than specific pedestrian or cyclist injuries, signals and turn lanes provide increased structure and traffic predictability for those navigating intersections not only in cars, but also on foot or bicycle. Too, while this report's focus is on improving the safety of the walking and cycling environment, reducing the number and impact of vehicle collisions, injuries, and fatalities also presents a significant public health concern.

The signals and turn lanes cited by Chestnut and East César Chávez interviewees were funded through the set amount of City money automatically earmarked for neighborhoods completing a Neighborhood Plan. Because some turn signals and lanes fell in these NPs' Top Ten Recommendations, those projects received priority for this first funding allocation. Additional traffic safety projects in both NPs remain unfunded and unbuilt, and more needs have emerged in the years since NP adoption. Some of these traffic safety problems have only become evident since the first Action Items were completed. As Arvella Slade comments, "Now we know we needed left turn signals in both directions [at the prioritized intersections], where only one direction was requested in the Plan. If we get a chance to ask again, we'll request those, too" (Slade, 2006).

Local health groups may wish to study the location and frequency of transportation collisions, fatalities, and injuries to help prioritize City traffic safety projects in areas and at intersections where many such crashes occur. Providing such data and analyses could help bolster neighborhoods' requests for traffic safety

infrastructure, even if vehicle counts, speeds, or other engineering studies do not on their own suggest such a need.

Additional recommendations for health groups' involvement to secure funding and advocate policy change appear in the Overall Recommendations section, below.

Personal Safety

As documented in Tables 5.1, 5.2, and 5.5, both Chestnut and East César Chávez requested and successfully received additional lighting along streets and in alleyways as part of their Neighborhood Plan Top Ten Recommendations. This is partly because Austin Energy has an established procedure for installing new streetlights upon request (Smith, 2005), but the neighbors had to make the suggestion. Street lights may therefore be a fairly easy and straightforward way for health groups to become involved in improving neighborhood safety, or, in the words of Adam Smith, “at least the feeling of safety” (2005). SHA and others could start by simply providing public outreach about the possibility of requesting Austin Energy streetlights. Follow up projects could include mapping streetlight locations, surveying the darkest parts of the neighborhood, or otherwise helping neighbors identify prime locations for new lighting.

A more difficult but repeated personal safety request involves additional Austin Police Department (“APD”) patrols, walking beats, or new stations. Both Chestnut and East César Chávez included increased APD presence somewhere in their NPs, but neither community feels they have achieved this goal (Ivory, 2005; Mitchell, 2005; Renteria, 2005). Scottie Ivory reports that Chestnut has been writing letters and otherwise requesting a police substation at 12th Street and Chicon Street since 1988. She feels, “APD can do anything they want to, if it’s one of their projects. It’s just a matter of getting them to listen and do it” (Ivory, 2005). Pastor Cedric Mitchell has a more

sympathetic perspective. Regarding the Chestnut NP's requested regular APD walking beat, he remarks:

The number of shootings that have happened across Austin recently has caused a refocusing of APD resources. It's not that they don't want to do [a Chestnut walking beat], it's that they don't have enough resources to spread around. They need more officers. (Mitchell, 2005)

It is certainly problematic that APD resources are limited, but this condition is not something a Neighborhood Plan can affect. Also, recent events in East Austin have reduced minority groups' trust in police officers, including instances of excessive force, brutality, and delayed response to calls (Austin-American Statesman, 2005). Such suspicion needs to be addressed if APD presence is to be a fully positive addition in these neighborhoods.

Neighborhood Planning Leadership Teams can respond like Chestnut's, by working with APD as often as possible to open communication channels (Ivory, 2005) and increase officer visibility and trust. "That [visibility] deters crime in itself" (Mitchell, 2005). Health organizations may help create opportunities for neighborhood and police collaboration, even by introducing community and APD leaders to each other and facilitating workshops on crime reduction and other issues of concern.

Also, there are projects the neighborhood can undertake on its own to address public safety. Adam Smith emphasizes, "The Neighborhood Planning Leadership Teams should identify things that can be done under their own volition, like a Neighborhood Watch. Public safety doesn't have to fall entirely on APD" (2005). Chestnut's Public Safety Committee heads an initiative to contact absentee landlords to clean up and improve vacant lots and abandoned houses (Ivory, 2005). East César Chávez's Crime & Safety group runs the East Austin Crimewatch Newsletter and a neighborhood "Citizens on Patrol" team (Renteria, 2005). Both communities have been particularly successful at

staging neighborhood cleanups, bringing volunteers from all ages and areas of the community together to invest in improving the appearance and feeling of safety in their neighborhood (Ivory, 2005; McWhorter, 2006; Renteria, 2005).

These are projects that not only can be done without lobbying for City support and oversight, but actually are better coordinated by the neighborhoods alone. Health groups could be most helpful here by assisting with logistics and outreach, securing funding, and recruiting volunteers. These actions could be used to support all types of physical activity-related Action Items.

OVERALL RECOMMENDATIONS

Funding

Interviewees cited money as one of the top barriers to project implementation. Adam Smith comments, “NPs can be very ambitious. The range of money needed to do different projects is huge” (2005). City-funded NP projects have received money from Bonds, dedicated NP funds, and department budgets. However, “It depends where a department’s priorities are. Sometimes they just have so many projects ahead of NPs that Action Items just can’t be done” (Smith, 2005). One challenge, then, is for Neighborhood Planning Leadership Teams to convince City offices that their NP projects should receive high priority. This requires consistent and flexible lobbying, which in turn demands dedicated community members armed with accurate information and positive relationships with City representatives. Scottie Ivory summarizes, “Any time you work with a City department, what it takes is to be persistent. If you drop the ball, they will forget you” (2005). Health organizations with established City contacts could help schedule and facilitate meetings between City staff, Council members, and residents, and help neighborhoods prepare compelling proposals.

Still, City funding will always be limited, and new neighborhood needs will always exist. Another option for funding specific Action Items is for Neighborhood Planning Leadership Teams to seek and apply for appropriate grants, at every level from local to federal. East César Chávez has prepared a Safe Routes to School grant proposal (Renteria, 2005). Chestnut applied for and received a “Weed and Seed” grant “to weed out criminal activity and seed in those things...to make a more wholesome neighborhood” (Ivory, 2005). Chestnut also used grant money to offer youth a small stipend to participate in neighborhood cleanups (Mitchell, 2005). This “gave the kids a feeling of working, and earning their own money” (Ivory, 2005).

Public health organizations could research, publicize, and maintain a database of funding opportunities that the grassroots Neighborhood Planning Leadership Teams may not otherwise learn about, or even know to look for. Grants available for parks, neighborhood beautification, and physically active built environment projects could come from federal or state government sources, as well as local groups like Keep Austin Beautiful or the COA Parks and Recreation Department (McWhorter, 2006; Smith, 2005). Some roadway improvements may also be eligible for state and federal Safe Routes to School grants and Transportation Enhancements funds as part of the 2005 federal SAFETEA-LU legislation, depending if they are included in the Austin-area Long Range Transportation Plan. Steps to a Healthier Austin may wish to consider the possibility of allowing neighborhood groups to become Steps partners or otherwise apply for SHA funds, for projects related to the CDC’s stated goals of increasing physical activity and preventing and reducing the incidence of diabetes and obesity.

Education and Outreach

Health departments and advocates have unique resources for creating public outreach programs on everything from the general benefits of walking and cycling to the particular causes of and treatments for obesity and diabetes. Education campaigns could be geared to every stage in the planning process, starting with encouraging residents to participate in drafting the Neighborhood Plans and suggesting activity-supportive Action Items. For example, Scottie Ivory notes that parents became interested in the Chestnut NP after a forum regarding schools, because “they want to work with us in making it safe for those children to walk from those schools, home” (2005). Again, appealing to residents’ self-interest and daily concerns motivates participation.

Neighborhood Planning Leadership Teams start with fliers, newsletters, and phone trees to recruit planning participants (McWhorter, 2006; Renteria, 2005), and have even gone door-to-door (Ivory, 2005). Neighborhood Teams could benefit from health organizations’ assistance in crafting and distributing outreach programs and documents, and identifying local leaders who may be interested in taking charge in the planning process. All of SHA’s partners are expert in some aspect of health; these groups could not only use their expertise to educate neighborhood stakeholders, but could even send their own representatives to planning meetings and workshops and have a direct voice in the Neighborhood Plans. Specifically regarding Steps to a Healthier Austin member organizations, groups like the American Diabetes Association, the City Parks and Recreation Department, and the Austin Independent School District could craft announcements from their particular perspective and expertise, applying and volunteering their knowledge of how best to stimulate and speak to motivations and concerns regarding physical activity, parks, and personal health and safety.

Such outreach could also help motivate and recruit volunteers to help implement neighborhood-initiated Action Item projects, like cleanups, tree plantings, and crime watches. Arvella Slade comments, “We need people to be interested in their own area of the neighborhood and get people to do something about it if they can” (2006). Pastor Mitchell in Chestnut and Kathy McWhorter in East César Chávez both describe instances where neighbors participated in vacant lot cleanups and parks projects, and subsequently were more committed to successful long-term maintenance of these sites. Mitchell reports, “We haven’t had to do any more [cleanups] since the first ones, because our neighborhood is more aware, more dynamically diverse, and really cares about the area’s appearance” (2005).

Similarly, McWhorter prizes a story in which neighbors of all ages and ethnicities came together to build a tiled arch in Comal Park, which was immediately vandalized. Ever since the community all cooperated to repair the damage, residents have volunteered to manage surrounding landscaping, and “everyone is more committed to watching over the artwork” (McWhorter, 2006). The arch has never again been vandalized. When community members are directly involved in creating neighborhood improvements, they are more likely to “own” these projects and participate in their upkeep and supervision. It is important to help recruit resident volunteers not only because certain projects cannot be done without their help, but also because their involvement often translates into lasting community strength.

Technical Assistance and Policy Change

Health groups’ knowledge may also be applied to seeking and advocating for policy changes necessary to complete physical activity- and health-promoting projects. First, organizations may complete research studies to support neighborhood and City

requests. Adam Smith suggests that reports identifying zip codes with a high incidence of health indicators could bolster NPZD's arguments for certain land use patterns, like mixed-use developments and clusters of density, that are associated with higher rates of walking and cycling (Smith, 2005; McCann & Ewing, 2003). Studies documenting airborne particulates and smog, too, may help "substantiate the case for increasing density in the urban core" (Smith, 2005). If these design and land use patterns that support walking, cycling, and mass transit do lead to modal shift away from the private automobile, the result would be reduced vehicle emissions.

Research activities could also include documenting City policies and procedures, outlining what NPs have the authority to accomplish. This would assist in building appropriate resident expectations for and trust in plans. Regulations at all levels of government may limit Action Items' feasibility. For example, certain traffic engineering standards limit where crosswalks or pedestrian signals may be installed, and "certain state transportation standards declare that roads built and designed to be 45mph roads cannot be marked down to 35mph" (Smith, 2005). When residents are told that traffic calming, crosswalks, or reduced speed limits are not justified in their neighborhood, they often feel that the City planning staff is unreasonably blocking projects they believe are needed based on their daily experiences (ANC, 2006, January 21). Research on these policies could not only stem neighborhood distrust of the City, but also provide a primer on policies lobby groups and activists may seek to have amended.

Advocating policy change is a larger long-term goal compared to implementing NP Action Items, but such changes could enable the future inclusion and completion of important but currently restricted projects.

Health Departments and NP Action Items

The NP topics most clearly directed at health departments are those calling for improved access to health services. Though City of Austin NPs no longer include a Public Health chapter, there are Action Items in these sections of the Chestnut and East César Chávez plans that have yet to be completed. These Action Items are targeted directly to the Austin/Travis County Health & Human Services Department (“HHS”), and HHS has the highest likelihood of being able to implement them. NP Public Health chapters include items like neighborhood satellite clinics (Mitchell, 2005), screenings and educational events (Ivory, 2005), and publication of available services (Chestnut NP, 1999; East César Chávez NP, 1999). Lori Renteria recounts that East César Chávez had an HHS staff contact early in the planning process who helped conduct research and draft Action Item proposals. Since losing this staff member and the HHS chair of its Neighborhood Planning Leadership Team, East César Chávez has been unable to keep track of the status of its Public Health Action Items (Renteria, 2005). SHA, HHS, and others could review these chapters to discover what may be possible under their authority and what cannot be completed at this time. At the least, Neighborhood Planning Leadership Teams’ implementation tracking efforts would benefit from an update on the status of these Action Items.

Overall, public health organizations could make great strides in assisting NP implementation simply by taking note of the plans and making contact with Neighborhood Planning Leadership Team representatives. Interviewees in this study made several direct suggestions for how Steps and HHS could participate in completing their plans, including helping to track Action Items, engaging Neighborhood Planning Leadership Team Health Committee Chairpersons, and drawing resident interest (McWhorter, 2006; Mitchell, 2005; Renteria, 2005).

Kathy McWhorter specifically outlines one East César Chávez Action Item in which SHA could easily participate. The Neighborhood Planning Leadership Team has been working with the Parks and Recreation Department to install informational kiosks in various public spaces in the neighborhood, and would welcome educational materials on health, chronic disease prevention, and SHA partner programs (McWhorter, 2006). If SHA, the Health Department, or other health organizations are able to dedicate staff time and resources to making regular contact with the Neighborhood Planning Leadership Teams, they may find that simple, inexpensive, and direct outreach opportunities arise constantly from this principal planning source: the existing committees of community members most dedicated to implementing Neighborhood Plans and making positive changes to their neighborhoods.

It is a fact of local government structure, funding, and budgeting limitations that not every project desired by every neighborhood can be completed. To maintain citizen trust in planning's purpose, it is therefore important that neighborhoods understand the limitations of what Plans can reasonably be expected to accomplish. City staff and officials must strive to accurately and consistently convey the neighborhoods' role in implementation, seeking funding sources and tracking desired Action Items. Stakeholders must be active not only during NP development, but also in the ongoing push for implementing the most valued Action Items and enforcing the plan as it governs other agencies' and developers' projects.

Chapter 6: Final Observations and Recommendations for Future Research

In the City of Austin, Neighborhood Plans represent an excellent data source documenting resident-requested, citizen-prioritized, and City-approved project proposals. Based on this study, I recommend that Steps to a Healthier Austin, the Austin/Travis County Health and Human Services Department, and other advocates for physical activity-related built environment change at the neighborhood level use NPs to inform agendas, budgeting, and policy-making. Public health organizations nationwide may similarly look to their local plans for programming guides.

HEALTH AND PHYSICAL ACTIVITY OPPORTUNITIES IN NEIGHBORHOOD PLANNING

This report investigates the Top Ten Recommended Action Items in the Chestnut and East César Chávez Neighborhood Plans to target health-related projects given highest priority by two communities showing disproportionate levels of diabetes and obesity. Chapter 4 outlines practices shown to be successful for advocating inclusion of health-related Action Items in the plans in the first place, and Chapter 5 presents strategies for achieving Action Item implementation. Health groups wishing to become involved in neighborhood planning may use these as a guide for their involvement, starting with the plan writing process and continuing through adoption and implementation.

As a result of their Top Ten prioritization, many of this study's Action Items were implemented shortly after plan adoption. In the future, health advocates may go beyond the Top Ten, reviewing every Action Item to extract those linked to physical activity. Notably, such Action Items are not limited to "Health" or "Public Safety" sections of the NP, but are found throughout plan documents, including in particular those chapters

addressing transportation, parks, and land use. SHA and other public health organizations using NPs to guide spending, policy decisions, and agenda programming must therefore consider the entire plan, and not assume that all health-related Action Items will be explicitly labeled as such.

Similarly, most residents active in these plans' creation and implementation were not specifically driven by, and do not necessarily even recognize, the health implications of projects like sidewalks, recreational facilities, and traffic calming. Rather, community stakeholders support such items for different reasons, such as building transportation network connectivity, improving aesthetics and safety, and creating a positive atmosphere for children and youth. SHA and similar organizations may use the planning process as a reciprocal educational opportunity, to discuss the health benefits of physical activity with community members, and to uncover what they perceive as their neighborhood's built environment barriers to active recreation and transportation.

PERSONAL SAFETY AS A PLANNING AND HEALTH ISSUE

Among the Top Ten prioritized Action Items in the Chestnut and East César Chávez Neighborhood Plans, those that remain incomplete largely address crime levels, police presence and communication, and real and perceived threats to personal safety. The best practices evaluated in Chapters 4 and 5 can be applied to promote these public safety projects, but further effort is needed to test approaches specifically targeted to advocating and completing neighborhood safety Action Items. Such research will be supplemented and informed by ongoing academic efforts to elicit the causal relationships between built environment, safety, and physical activity.

Though the COA decided subsequent to the Chestnut and East César Chávez plans to remove safety and health sections from the scope of future NPs, these remain

real, tangible concerns at least for these two neighborhoods' residents. Such fundamental fears must be addressed before any physical activity increase can be expected or responsibly promoted. In truth, safety issues may even outweigh any other built environment characteristic's influence on activity behavior.

Alfonzo's "Hierarchy of Walking Needs" presents a theoretical construct for this concept (2005). Expanding from Maslow's 1954 theory of motivation, Alfonzo posits that, "some needs are more basic and fundamental than others. An individual must satisfy these more basic needs before he or she can consider higher-order needs" (Alfonzo, 2005:818). Under this model, multiple individual, social, and built environment factors interact to shape physical activity behavior decisions, but these range in importance of influence. Alfonzo defines the most basic need for walking decisions as one of feasibility, based on personal ability, and proceeds through the higher-order urban form needs of accessibility, safety, comfort, and pleasurability. Though none of the needs is "necessary or sufficient to induce walking...the absence of higher-order needs...does not restrict the choice to walk if lower-order needs have not been fulfilled" (2005: 819). Applying this idea to the neighborhood, if residents feel unsafe, no amount of sidewalks, bicycle lanes, or park facilities will alone draw them outdoors to walk or cycle.

Multiple findings suggest that the safety need as it relates to physical activity behavior is fundamental, and remains unmet, in Chestnut and East César Chávez. First, as introduced in Chapter 2, Vest and Valadez found through a Behavioral Risk Factor Surveillance System study across the SHA intervention area:

Persons who perceived their neighborhoods as less than extremely safe were more than twice as likely to have no leisure-time physical activity, and those who perceived their neighborhoods as not at all safe were nearly three times as likely to have no leisure-time physical activity. (Vest & Valadez, 2005)

In contrast, the correlation between physical activity and factors such as sidewalks and lighting did not reach statistical significance (Vest & Valadez, 2005).

Second, the Chestnut and East César Chávez Neighborhood Plans document specific resident requests and opinions that mark crime and personal safety as an overriding concern. For example, during a prior City Bond process, Chestnut requested a police substation in their area that was requested again in the NP, but was deemed not feasible under APD budgeting and staff limitations (Chestnut NP, 1999; Ivory, 2005; Mitchell, 2005). Surveys conducted during the Chestnut and East César Chávez planning process, and discussed in Chapter 4, suggest that safety dominates all other neighborhood issues. 57% of Chestnut residents surveyed cited “the need for improved police visibility” as one of the highest priorities; “non-residents identified public safety as the highest priority” (Chestnut NP, 1999:21). East César Chávez respondents ranked “Neighborhood feels safe” as the most important asset a neighborhood can offer, superseding affordable housing, parks and social ties, and jobs and transit (East César Chávez NP, 1999).

Finally, the analysis of Austin Police Department crime records presented in Chapter 3 indicates that personal safety concerns in these neighborhoods are well founded. Both communities fall in the 78702 zip code, which experiences a disproportionate amount of crime relative to its population. While the SHA intervention area houses roughly half of the Austin population, nearly 70% of the City’s year 2004 crimes were committed in SHA zip codes. Further, in comparison to other SHA zip codes, 78702 shows the greatest disparity between the proportion of the Austin population it houses and proportion of crimes it experienced in 2004.

Illustrating all of these indicators, multiple interviewees for this report cited safety as one of the primary discussion topics effective for drawing residents to participate in

the planning process (Ivory, 2005; Renteria, 2005; Slade, 2006). For any individual or group working to improve built environment conditions and hoping to see increased physical activity and improved health in these neighborhoods, the issue of safety simply cannot be ignored.

STEPS FOR FUTURE RESEARCH AND PRACTICE

The next step to apply these findings to public health and planning practice involves asking how practitioners in these fields may work to affect safety conditions and perceptions. Regarding specific Neighborhood Plan items, there are certain public safety projects neighborhoods can undertake on their own, like organizing Neighborhood Watch programs and neighborhood cleanups. Groups like Steps to a Healthier Austin could assist with programming logistics, administration, and the search for volunteers.

For those projects requiring additional money or City action, health groups could collect persuasive crime and health data, help neighborhoods organize effective lobbying efforts, and secure alternate funding opportunities. Interviewees for this report commented that any neighborhood seeking City assistance must have a dedicated group of individuals willing to spend time lobbying, armed with “education on the City system...who at the City to talk to, how to apply for permits” (Mitchell, 2005). Planner Adam Smith comments, “Some neighborhoods are better organized, more politically savvy. They have worked with City departments or the planning system in the past, and know how to go in and request what they want” (Smith, 2005). Health officials and planners could collaborate to develop a program educating neighbors on this system. Staff could be further instrumental in organizing events or meetings to introduce residents and City officials, to establish relationships that might otherwise never exist.

Most important regarding future research agendas, planning and health groups could devote staff time and resources to seek emerging best practices for addressing neighborhood safety. Neighborhood Plans document projects that residents have requested, and plan content analysis and related surveys can firmly establish the existence of safety or other concerns. Professional planners and health workers have a unique opportunity to go beyond NP contents, using the plans as a guide to local needs and a starting point for project ideas, but employing their expertise and resources to explore proven as well as potential methods to address safety, physical activity, and health in a rich, multidisciplinary way.

CLOSING THOUGHTS

One crucial unknown currently overshadows public health/built environment researchers worldwide. We remain uncertain of how the complex social, individual, and environmental factors that permeate our daily lives relate to and affect physical activity outcomes. Without an evidence-supported, multiple-tested theory of a causal relationship between neighborhood characteristics and active transportation and recreation behavior, any recommendations in this and other reports for best planning practices to promote physical activity remain hypotheses.

However, this uncertainty is motivating researchers, practitioners, and funding organizations to devote increasing attention to the established correlation between urban form and physical activity. In the words of Edward Tufte, “Correlation is not causation, but it sure is a hint” (Tufte, 2006). Groups with as seemingly diverse agendas as the Centers for Disease Control and Prevention, the Trust for Historic Preservation, and the Environmental Protection Agency are funding healthy built environment initiatives. 2003 saw entire special issues of the American Journal of Health Promotion and The

American Journal of Public Health devoted to built environment/physical activity investigation. Activists ranging from smart growth and environmentalist groups to alternative transportation and social equity advocates are coming together to elicit the lessons of land use and automobile dependence.

Less than half of adults residing in the Steps to a Healthier Austin intervention area meet the Surgeon General's recommendations for daily physical activity to promote health and prevent disease (SHA, 2005). Combined with low-density land use patterns sprawling out of the urban core, gentrification is threatening to remove East Austin residents ever farther from social, employment, and educational centers. Nationwide, we know that while sprawl and motorized transportation trips are spreading, physical activity rates are falling as obesity and diabetes become epidemic. While we await definitive agreement on the built environment/physical activity link, we must act on the best information currently available to address community health and quality of life.

In Austin and in communities around the world, public health and planning organizations may begin to collaborate and identify items of particular saliency to local residents, and develop programming to encourage both healthy living and meaningful public participation in the planning process. Planning's original directive – "to protect the public health, safety, morals, and general welfare" – has greater meaning and suggests more possibilities than ever before.

Appendix A: Planner Interview Protocol

Planning participants:

- 1) What community groups or individuals were most active in this NP Process?
- 2) How did they get involved, and were they specifically invited?
- 3) What were the different roles that participants took on?
- 4) How was health, physical activity, or safety part of the NP process discussion?

Physical Activity Action Items:

- 5) Who facilitated the inclusion of physical activity-related AIs in the NP?
- 6) What facilitated their implementation?
- 7) What was the process for implementing the completed AIs? (Budget, Neighborhood Planning Team action, outside agency, etc)
- 8) How were the implemented AIs funded? [CIPs, grants, etc]
- 9) What were the challenges to getting the AIs implemented? From the City? From the neighborhood? From businesses or other organizations?

Results and Recommendations:

- 10) Can you tell me about particularly successful projects? (i.e. heavily used parks, or reductions in pedestrian/cyclist accidents at an intersection)
- 11) Can you tell me about any health or recreation organizations particularly involved in this community that may be stakeholders in implementation?
- 12) For those AIs that have not been implemented, what is the status, and what are the barriers to completion?
- 13) What suggestions do you have for what other groups or community members could do to achieve implementation?
- 14) What types of studies, data, or surveys could the public health community provide that would be helpful in the NP process? (eg health and physical activity data, neighborhood audits, etc)
- 15) What was the key agenda or purpose of your and your organization's involvement?

Appendix B: Community Interview Protocol

General:

- 1) How did you learn about the NP process?
- 2) Can you tell me about how did you decided to get involved, and what you did?
- 3) How did leadership groups, individuals, or city staff influence your decision to participate?
- 4) How did health, outdoor recreation, physical activity, or safety concerns motivate you to participate?

Top Ten Physical Activity Action Items:

- 5) How were you interested in including these physical activity AIs among the Top Ten Recommendations in the NP? If you were not, who was?
- 6) Can you tell me about what you and others had to do to get the AIs implemented?
- 7) Who was involved in the projects – the neighborhood alone, or other agencies?
- 8) What challenges did you face to get the AIs implemented? From the City? From your neighborhood? From businesses or other organizations?

Results and Recommendations:

- 9) Can you tell me about particularly successful AIs? (i.e. heavily used facilities or services, or reductions in pedestrian/cyclist accidents at an intersection)
- 10) For those AIs that have not been implemented, what are the barriers and current status of the projects?
- 11) Can you think of any health, physical activity, or recreation organizations particularly involved in your community that could help you track and complete NP projects?
- 12) What could other groups do to help you complete these projects?

Appendix C: Status of Top Ten Physical Activity-Related Action Items by Neighborhood Planning Area (“NPA”), 2002

*See notes following this table.

NPA	Top Ten Recommendations	Related Action Items (“AI”)	Status
Central East Austin	2. Facilitate better pedestrian connections across IH-35.	AI 67. See improvements such as crosswalk striping, increased crossing times, beautification, and better-lit underpasses at 7th, 11th, and 15th Streets.	Pending
	4. Work with Huston-Tillotson College to explore options for beautifying the retaining wall along 6 th St.	AI 38.	Pending
	8. Plant more trees in Lott and Kealing Parks.	AI 42. For Kealing Park, include tree planting along the street front edges.	Pending
	9. Provide additional street and alley lighting in the Blackshear/Prospect Hill Area for identified locations.	AI 51.	Complete
	10. Consider a tree-planting program as part of making 7th Street a more pleasant gateway.	AI 69. Work with neighborhood associations to pick a few common trees or plants to give the street a more unified look.	Pending
Chestnut	1. Construct left turn signals and caution lights at four intersections.	AI 10.	Complete
		AI 11.	Complete
		AI 12.	Complete
		AI 13.	Complete
	2. Install additional street lighting as shown on Fig. 2.	AI 9.	Complete
	5. Conduct a neighborhood cleanup. O2.2. Clean and maintain alleys, streets and vacant lots.	AI 21. Create a City Environmental Response Team...goal is a one-time systematic review and clean up effort, with results reported to City Council	Complete
		AI 22. establish a standing neighborhood working group to identify environmental nuisances.	Complete
		AI 24. Develop a long-term strategy to maintain neighborhood cleanliness and appearance.	Complete

Chestnut (cont'd)	7. Construct sidewalks as shown on Figure 2.	AI 8.	Underway
	8. Improve access to preventative health services and expanded opportunities for the youth and elderly.	AI 85. Work with CapMetro to publicize transit opportunities	Complete
	9. Develop a pocket park in Chestnut (funded, with potential sites selected)	AI 26. As a result of the November 3, 1998 bond election, develop a neighborhood pocket park in the Chestnut neighborhood.	Underway
	10. Establish a regular weekend (Thu-Sun) walking beat in Chestnut	AI 51.	Pending
East César Chávez	1. Construct a right turn lane and make other improvements on Cesar Chavez including, but not limited to, historic light posts, landscaping and trees, and sidewalks.	AI 36. Construct a right-turn lane to northbound IH-35 at Cesar Chavez.	Underway
		AI 37. Consider creating a roundabout or traffic circle at Cesar Chavez.	Pending
		AI 38. Adjust timing of traffic signals at IH-35 and Cesar Chavez to allow more travel time for pedestrians. Improve signal timing for North-South traffic crossing CC at Waller, Comal, and Chicon	Complete
		AI 39. Adjust traffic signals after midnight to slow traffic. Keep some lights blinking red.	Complete
		AI 40. Install traffic signals at Chalmers and Cesar Chavez	No Action
		AI 41. Install unobstructed wheelchair ramps and sidewalks on both the north and south sides of Cesar Chavez at IH-35	Pending
		AI 42. Make existing pedestrian-lighted signals and crosswalks on CC safer by encouraging pedestrian traffic to use the south side in the short term. In the long term, improve the north side with pedestrian lights and a pedestrian island.	Pending

East César Chávez (cont'd)	1. (cont'd)	AI 45. Add buffers such as planting areas between sidewalk and streets to slow traffic on Cesar Chavez.	Pending
	6. Plant trees and develop pocket parks.	AI 100. work with City to care for and protect trees, plants, green spaces	Underway
		AI 101. Change ordinance so that all trees greater than 8" in diameter are protected or replaced on all types of properties being developed.	Pending
		AI 102. Monitor maintenance of Town Lake and other green spaces.	Underway
		AI 103. Ensure that the utility department's tree trimming and cutting practices are consistent with the neighborhood goal of tree preservation	Complete
		AI 104. Work with City, nonprofits, and groups/residents to coordinate tree planting in parks, public spaces, and ROW	Underway
		AI 105. Work with other organizations to plant trees along Cesar Chavez	Underway
		AI 106. Develop pocket parks, green spaces, and green corridors (Proposed LU Map)	Pending
		AI 107. Create incentives for new businesses to develop pocket parks, green spaces, and green corridors.	Underway
		AI 108. Encourage community involvement in the landscaping of pocket parks, green spaces, and green corridors.	Pending
	8. Identify and help residents access existing social services and educational programs.	AI 175. Improve transportation services to health and human service facilities.	Pending
	10. Resurface alleys and increase lighting on dark alleys and streets to deter crime.	AI 34. Improve alleys	Underway
		AI 35. Provide streetlights in alleys.	Complete

Holly	5. Develop the appropriate infrastructure for South Side of E. 5th Street	AI 4.1.2 Add additional sidewalks (to insure pedestrian accessibility throughout the neighborhood): South Side of E. 5th Street (Pedernales to Chicon) - sidewalk, curb and gutter and potential street repairs/realignment.	Pending
	10. Install signage to encourage and indicate desired route for truck traffic leading to 7th Street at the following locations.	AI 6.2.8 1. Pedernales & 6th Street (arrow to north to discourage truck traffic heading south into neighborhood); 2. Pleasant Valley & Cesar Chavez; 3. Pleasant Valley & 5th (direct toward 7th Street); 4. Robert T Martinez (if intersection improvements at 7th Street are created to address turn movements for trucks)	Pending
Rosewood	1. Work with APD to strengthen enforcement of laws at problem areas within the NPA (see Areas of Concern)	AI 21. Work with the APD to strengthen enforcement of laws relating to public safety issues involving loitering, drug sales, and prostitution at problem areas within the neighborhood planning area (see Appendix Areas of Concern)	Pending
	2. On northbound Pleasant Valley, add a flashing yellow light with an intersection sign (see notes)	AI 37. ...or another appropriate traffic control.	Approved
	4. Build new sidewalks at locations identified as priorities by the RNPT and responses to the survey (p. 36-37)	AI 34.	Pending
	5. Reduce the speed limit on Pleasant Valley Road (see staff note)	AI 47. ...from East 12th Street to Webberville Road from 40 mph to 35 mph	Pending
	6. Establish a police sub-station in the neighborhood.	AI 18. Establish a police sub-station in the neighborhood at the former SWS site (12th and Hargrave) or in another location that best serves the needs of the area.	Not Feasible
	7. Improve safety at bus stops by adding lighting.	AI 45.	Pending

Rosewood (cont'd)	9. Work with APD to identify existing and possibly programs to reduce loitering and criminal activity in these areas.	AI 24.	Approved
	Action Items Given Priority Grouping 1 on Action Tracking Chart	AI 19. Establish a walking beat or bicycle patrol on E 12th Street from New York Ave. to Harvey St.	Pending
		AI 12. Improve existing streetlights or add new lights at the following locations: (see Plan page 29)	Pending
		AI 3. Organize 1-2 neighborhood cleanups with the Neighborhood Support Program.	Underway
		AI 83. Rezone all of the COA owned parkland and greenbelts in the neighborhood planning area from the existing zoning to Public (P).	Complete
		AI 15. Encourage active on-site management of the Rosewood Projects to decrease the incidence of trash and to address parking issues at the projects.	Pending
		AI 5. Add Manor Rd. from Airport Blvd to the railroad tracks to list of rights-of-way for the City to regularly mow.	Pending
		AI 1. Work with Code Compliance to clean weeds and brush from alleys.	Pending
		AI 2. Work with Code Compliance to clean weeds and brush from vacant lots.	Pending
		AI 6. Organize a creek cleanup of Boggy Creek for its full length in Rosewood.	Pending

Source: Action Item Tracking Chart, COA NPZD, 2002.

This was compiled from Neighborhood Plan documents and the 2002 Action Item Tracking Chart. In some cases, multiple Action Items relate to a single Top Ten Recommendation, as indicated above. Where no specific description is given for an AI, that AI is identical to the wording of its relevant Top Ten Recommendation.

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Abbreviations

ALN	Active Living Network
ALR	Active Living Research
ANC	Austin Neighborhoods Council
APD	Austin Police Department
CDC	Centers for Disease Control and Prevention
Chestnut NP	<i>Chestnut Neighborhood Plan</i>
DHHS	United States Department of Health and Human Services
ECC	East César Chávez
ECC NP	<i>East César Chávez Neighborhood Plan</i>
EPA	United States Environmental Protection Agency
ICare	Indigent Care Collaboration
NP	Neighborhood Plan
NPLT	Neighborhood Planning Leadership Team
SGA	Smart Growth America
SHA	Steps to a Healthier Austin
TRB	Transportation Research Board

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Vita

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