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

Workshop Report
February 4, 2016

Prepared By:

Prepared For:

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

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

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

Workshop Planning Team

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

Workshop Logistics Team

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

Consultants

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

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

Introduction

● Overview
● Purpose
● What is a Healthy Community and Why Build Them?
● An Emerging Partnership

Planning the Workshop

● Initiating the Idea
● Acquiring Funding and Resources for the Workshop
● Crafting a Workshop Plan

Workshop Summary and Outcomes

● Site Visits
● Keynote Address
● Morning Workshop

Next Steps

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

Appendices

● Appendix A: Stakeholder Interview Summary
● Appendix B: Workshop Meeting Plan
● Appendix C: Keynote Address Presentation
● Appendix D: Workshop Small Group Verbatim Notes
● Appendix E: Facilitator Guide
● Appendix F: Planning Processes Handout
● Appendix G: Workshop Agenda
● Appendix H: Workshop Flyer
● Appendix I: Workshop Attendees
"The obesity epidemic is an epidemic of physical inactivity and poor nutrition. We can fix this!"

Mark Fenton, December 2015
Introduction

Overview

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

- What are the **core values** that should guide our goal to build healthy communities?

- What **follow-up actions** are needed to form and sustain a broad commitment to building healthy communities?

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

- Who should **lead, convene and coordinate** this effort?

Purpose

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

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

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

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

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

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

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

1 Centers for Disease Control and Prevention, Healthy Places web site, http://www.cdc.gov/healthyplaces/about.htm
An Emerging Partnership

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

Workshop Planning Team Organizations

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

Sponsors

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

Initiating the Idea

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

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

**ISSUES**

1. **A general lack of awareness/understanding** of the link between transportation and health and the associated opportunities for cross-sector coordination.

2. **Variability in infrastructure, capacity and resources to foster cross-sector planning.** Improving coordination and communication across jurisdictions can lead to numerous opportunities for information sharing and peer exchange.

3. **Numerous transportation planning efforts currently or soon to be underway in the region.** These are often staffed by separate agencies, sometimes with overlapping scope and goals, and community partners are often unaware of each other’s respective planning efforts. (See sidebar for a partial list of projects).

4. **Coordination of health services** may be contingent on the available of transportation to access service.

5. **Public input and outreach is fragmented** and community leaders or interested residents must navigate numerous competing opportunities to provide input into key transportation planning decisions.

---

**System Planning Processes**

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

**Project Planning Processes**

- Albany to Corvallis multi-modal trail
- Bailey Branch line in southern Benton County
- 53rd Street Roundabout in Corvallis
- OR 34/US 20 South Bypass project
Acquiring the Funding and Resources for the Workshop

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

The TGM funds provided the following resources:

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

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

**Logistics Team**

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

**Stakeholder Interviews**

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

- Charlie Fautin, Benton County Health Department Deputy Director
- Josh Wheeler, Benton County Director of Public Works
- Karen Levy, Linn Benton Health Equity Alliance and Brigetta Olson, Willamette Neighborhood Housing Services (together)
- Kim Whitley, InterCommunity Health Network Chief Operations Officer
- Frank Moore, Linn County Department of Health Services Health Administrator
- Mike Adams, Sweet Home Public Works Director
- Phil Warnock, Transportation Programs Manager, Oregon Cascades West Council of Governments
Workshop Report • February 2016

STAKEHOLDER INTERVIEWS

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

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

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

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

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

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

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

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

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

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

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

The full summary of the stakeholder interviews is attached in Appendix A.
The workshop planning team determined the workshop purpose to be:

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

- **increase awareness** among transportation, land use, and public health professionals of the links between health, community design, and transportation;

- **identify communication, coordination, and collaboration opportunities** for local transportation, land use planning, and public health officials;

- **identify resources available** for community engagement, with a view to ensuring equity for diverse groups, including senior citizens and people with disabilities, in transportation planning and decisions;

- **identify policy issues**, insofar as they relate to active transportation, health, and community design, that warrant consideration by local policy makers and community coalitions; and

- **identify appropriate follow-up actions** for the OCWCOG and its partners to take as they work to improve health through active transportation.”
The Workshop Structure

The workshop had two parts:

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

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

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

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

The Meeting Plan

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

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

Site Visits

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

Albany

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

Corvallis

Fenton met in South Corvallis to identify assets and opportunities and toured:
- South Corvallis on 99E;
- Western and 35th, Oregon State University campus (key pedestrian conflict); and
- 26th and Campus Way, Oregon State University campus (bicycle/pedestrian congestion between classes).
Familias Activas

- Drivers cards are the most important transportation issue, and the lack of legal ability to drive can have a ripple effect on families and individuals. In the past, individuals were able to legally acquire driver’s cards, but those are slowly expiring and people who were accustomed to driving no longer can. They must choose between driving illegally to get to work, medical appointments, or other services, or find another means. Family lives are disrupted by the need to juggle driving responsibilities, finding different ways to get where they need to, or finding neighbors who can help with emergency transportation. Transit is often unreliable or does not go where it is needed, further disadvantaging individuals who cannot drive. Individuals may end up late to doctor appointments. The loss of driver’s cards creates additional, ongoing stress on individuals who are faced with the choice of driving illegally or finding another means.

- It can be difficult for parents to participate in their children’s education, or to volunteer at the school, because background checks are required.

- To get families out and active, parks need to include restrooms and drinking fountains. Smoking and dog waste at parks also lessen their attractiveness or ability to use for those with asthma.

- Two opportunities regarding transit included increased transit coverage and frequency, including coverage near West Albany High School and improved distribution and use of Spanish-language transit information.

- Improved pedestrian connectivity and lighting will make walking a safer and more viable option and improve access to transit; for example, at Queen and Waverly, and Waverly and 21st. One parent has a difficult time bringing her child to the school bus, and eventually a neighbor invited them to walk through their property to access the bus stop on Waverly.

- There is a cultural inclination for Latinos to not check the weather, so they may not be prepared for walking in the rainy season. Also, there is no local weather report in Spanish.

Corvallis

South Corvallis

- Speed and safety are ongoing concerns along 99W in South Corvallis. 99W splits the neighborhoods and separates people from the school, parks, stores and needed services. There is only one direct connection to the rest of the city – 99W over the river.

- Ideas for South Corvallis:
  » Retrofitting/Road diets: Use visual cues to slow traffic (traffic calming). A complete streets policy can also help with this.
  » Create a plan for 99W considering increased industrial, residential growth, and concepts for South Corvallis centers. Create an economic improvement district or do community organizing.
  » Rapid flashing beacons to improve safety.
  » Willamette Neighborhood Housing Services grant for healthy community planning.
  » Potential to transfer 99W to the City of Corvallis.
Keynote Address

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

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

Key points from the presentation:

Risk Factors

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

- Tobacco use
- Physical inactivity
- Poor nutrition

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

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

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

In the last 30 years 20 percent of the population has been getting 30 minutes a day of physical activity; that figure hasn’t changed, suggesting that traditional approaches have been ineffective.
It is important to change how communities think and talk about health:
- The obesity epidemic is actually an epidemic of physical inactivity and poor nutrition.
- Current programming is ineffective. How should the conversation actually start?
- How does the physical setting help/hurt the epidemic?

How can our day to day environment be another factor for ‘stickiness’?
- Studies have shown that exercise participation may increase in the short term with programming, but in the long term behavior stays the same. This behavior change doesn’t ‘stick’ with current methods. Other cues need to direct individuals towards the change (family, friends, institutional, infrastructure, community design, policy).

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

**Four Elements of Healthy Design**

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

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

The 2015 Surgeon General’s Report on walking also recognizes the importance of walkable communities\(^2\). The report had two call to actions:
- Promote physical activity
- Build more walkable world, whether urban, suburban or rural

\(^2\text{Step it Up! The Surgeon General's Call to Action on Walking and Walkable Communities}\)
The morning workshop began with introductory remarks and a short presentation by Mark Fenton that expanded on the evening presentation. His presentation focused on case studies from other areas and how the Linn-Benton region might move forward to build healthy communities.

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

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

Equity was defined as inclusion, for people of all ages and all populations, ensuring everyone gets served in the process of, and outcomes related to, building healthy communities. The groups emphasized the importance of early engagement of the community and neighborhoods that do not usually participate in planning. For this core value, inclusion also extended to “cultural competency,” as stated by one group, meaning awareness that different populations will need outreach in different ways.

Other high priority core values identified by multiple groups included:
- Safety – defined as both physical safety along transportation facilities and the creating safe spaces to participate in planning efforts.
- Health in all policies – taking health into account in a very wide range of projects, programs and policies.
- Sustainability – expressed by the groups as durability of follow-up efforts, environmentally low impact, and the triple bottom line of social, environmental and economic sustainability.

The image below denotes the core values identified. Word size corresponds to how many groups identified each value.

---

3 The dot counts were: Equity, Inclusion, Involvement (39); Safety (11); Health (11); and Sustainability (10). See Appendix D for further information.
Demonstration and pilot projects were prioritized the highest by the participants, who placed 33 percent of the dots (35 of 103 dots) on these types of follow-up actions. Example pilot projects included SW 3rd Street in South Corvallis and a bike round-about on the Oregon State University campus. Additionally, participants prioritized walk audits in neighborhoods as pilot projects. The audits were described as “active transportation audits,” encompassing all modes of travel and across a broad spectrum of land uses- schools, churches, shopping areas, and “everywhere” as expressed by one group.

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

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

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

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

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

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

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

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

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

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

Prepare and Adopt Core Values

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

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

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

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

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

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

Select Two or Three Low Cost Pilot Projects to Accomplish in the Next Year

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

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

Conduct a Project and Process Inventory, and Review the Scopes of Work for Opportunities to Integrate Health into Their Efforts in a Proactive Fashion

The range of projects reviewed should be comprehensive and include:

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

Launch a Specific Series of Walk Audits and Community Events Related to Building Healthy Communities

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

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

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

Continue the Partnership

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

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

<table>
<thead>
<tr>
<th>Appendices</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A: Stakeholder Interview Summary</td>
<td>24</td>
</tr>
<tr>
<td>Appendix B: Workshop Meeting Plan</td>
<td>30</td>
</tr>
<tr>
<td>Appendix C: Keynote Address Presentation</td>
<td>36</td>
</tr>
<tr>
<td>Appendix D: Workshop Small Group Verbatim Notes</td>
<td>46</td>
</tr>
<tr>
<td>Appendix E: Facilitator Guide</td>
<td>62</td>
</tr>
<tr>
<td>Appendix F: Planning Processes Handout</td>
<td>66</td>
</tr>
<tr>
<td>Appendix G: Workshop Agenda</td>
<td>67</td>
</tr>
<tr>
<td>Appendix H: Workshop Flyer</td>
<td>68</td>
</tr>
<tr>
<td>Appendix I: Workshop Attendees</td>
<td>69</td>
</tr>
</tbody>
</table>
Stakeholder Interviews Summary

Joe Dills (APG) and Laura Krull (APG) conducted stakeholder interview with city and county staff and organizational leaders on October 20, 2015 in Corvallis and Albany. Theresa Conley (COG) joined for the interview with Kim Whitley. Two additional interviews (Mike Adams and Phil Warnock) were conducted by telephone on October 27th and October 30th.

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

The interviews were intended to help the team design the workshop and ensure it fits the common and individual interests and issues of partners in Linn and Benton Counties. A summary of the responses by question follows in the sections below.

1. What project or program has your organization been involved in that included collaborations and connections related to transportation and health? This could include community design, active transportation or access to community services.

The most commonly mentioned projects were Healthy Kids Healthy Communities, Tunison Park in Corvallis, South 3rd Street transportation improvements (Corvallis) and the planning for the proposed Corvallis-to-Albany Path. Perspectives on these projects are described below. Other projects mentioned are also listed.

Healthy Kids Health Communities. A Robert Wood Johnson grant (5 year project) allowed for a specialist to work part time in the Health Department and part time in the Parks Department.
This provided increased collaboration between the two departments. One outcome was increased usage of a sports scholarship for minority participation. The application information was initially produced only online and in English. Because of the partnership between departments, the outreach strategy changed. The information was posted in Spanish and at the community centers.

**Tunison Park.** The health department provided capacity building and coaching to help local neighbors work with park planners and officials. The neighborhood association was able to get the park on the list for capital improvements, and it has seen an increase in use.

**Health Impact Assessment of speeds on South 3rd street.** Local interests had coalesced around the idea of decreasing speeds on South 3rd Street to improve pedestrian and bike safety. Benton County Health Department was the lead on the HIA, and a health impact assessment of the speeds was prepared. This project was noted as positive from the perspective of health and transportation being “at the table” together. On the negative side, the final outcome was a decision by ODOT to not reduce speeds due to prioritization of trucking needs and rigid transportation performance measures. One suggestion on a next project was to slow speed through design. Planting trees along the street could both provide a buffer for pedestrians on the sidewalks so pedestrians could feel safer and create a visual change to slow traffic.

**Corvallis-Albany Path.** This project was described as a missed opportunity for collaborative planning, and making the health-transportation connection. The project would create a multi-use path to connect Corvallis and Albany. The project received opposition from farmers concerned about impacts and property owners in North Albany who believe it is not a good use of funds. Grant funds awarded through ConnectOregon were returned. Interviewees said that the project was still valuable, but would need to “prove its value”. It was cited as an opportunity in the future.

*Other projects noted included:*

**North Albany Park.** This project was cited as a collaboration between the property owner, parks department and transportation. Public works provided the money for roads to allow for accessibility.

**Non-Emergency Transportation.** The Cascades West Ride Line run by COG is a Medicaid backed program for services for people with disabilities was cited as an important transportation service that provides access to care.

**Monthly Coalition Meeting.** One interviewee mentioned a recent workshop where CPTED (Crime Prevention through Environmental Design) was discussed. Law enforcement officers attended as well, and the workshop was a good opportunity to see how everyone had the same vision.

**Connections to Junction City.** Benton County Public Works is looking at transit options to increase regional connectivity and offer a service to Junction City.

**Employer Wellness Programs.** Benton County provides financial incentives to encourage health and wellness, including incentives for active transportation to work. Samaritan has a Wellness Council, provides health assessments, and is creating a bike share program.

**Old Auction Yard.** The Corvallis Comprehensive Plan includes a vision to create a hub here. This was cited as a good opportunity for collaborative planning in the future.

**Benton County Transportation System Plan.** An update of the Benton County TSP is getting underway.
**Health Action Community Environment.** A past project, not currently active. “It fizzled” per one interviewee.

**Health Impact Assessment for the 53rd roundabout.**

**Pathways in Monroe.**

**Benton County-Corvallis collaboration on snow routes.** The county provides snow plows and has worked with Corvallis to prioritize “lifeline routes” such as access to the hospital.

**Various trail projects making connections to natural areas.** The Sweet Home All Lands Collaborative was mentioned as an example of collaboration between local, municipal and state agencies and National Forest service to increase pedestrian and hiking connections.

**Shuttle bus system.** The programs are both local and in Linn County and allow for free or reduced fares to medical and educational services.

**Safe Routes to School.** Sweet Home has been working with COG and ODOT for their SRTS program. There has been strong engagement from the community, with the police chief and local businesses involved in promoting the program. The program centers around the junior high school, with other efforts stemming from there.

**Completing sidewalk connectivity**

School district no longer offering bus service to students living within a distance of the school.

2. Please describe your organization’s priorities or focus as they relate to providing healthy transportation options or access to community services.

Responses included:

- **Health in all policies.** This health department priority seeks to inform elected officials about the presence of health in policies. If they made a decision that has adverse health impacts, at least they were aware.
- **Safety as a priority in infrastructure projects.** Safety is main concern, then health. If safety could be improved to a threshold, then health could be the main focus.
- **Access to health services** for all.
- **Underserved populations are at the table** and the representation is authentic.
- **Chronic disease prevention.**
- **Build healthier communities together.** This priority is about ensuring people get to the right care at the right time with the highest quality.
- **Linn County Health Department service areas.** This include environmental health, developmental disabilities, alcohol and drug services, public health services, and mental health services.

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

Needs:

*Interviewees emphasized collaboration, and projects that required departments to work together. One noted that after collaboration between Parks and Public Health, they no longer needed the grant to require this collaboration, the mindset was already there. Responses included:*
Access for all in terms of income, rural vs. urban, citizenship, language, as well as access to all services from health care to food to recreation.

Creating structure in the public process to build relationships with the community. We know that community input is important so there is a need to find better ways to bring them into projects. For example, Familia Sectivas in Albany gave input to Parks and Rec for Sunrise Park because the Health Equity Alliance already had a relationship with both parties.

Non-emergency medical transportation. Transportation becomes a problem to those who don’t have a choice. An example cited was undocumented workers who don’t have access to dial-a-ride vouchers. Regional differences were also noted: Corvallis has a free bus system and Albany does not.

Alternative transportation/non-single occupancy vehicles. Regional connectivity issues exist in the area as there are many options to live, work in the area. Additionally, easier first/last mile and multi-modal transitions.

Access to care and services. Access is important to both medical providers and to basic community services such as healthy food. Examples of barriers: dental offices are on one side of town, and doctors’ offices are on another. There are no grocery stores in some areas. “You can educate people all day, but if they aren’t close to a grocery store, many will choose less healthy food that is close to them.” Another example is the limits of non-emergency transit; the Ride Line program provides transportation to medical visits only, not to other services that are also important to health, such as the grocery store.

Regional connectivity. Access to regional hospital services is a challenge from some rural communities.

It is a cultural shift for some residents to see the value in transportation beyond one person one car, especially when local walking and biking routes are not safe and convenient.

Improve street system to add more bike lanes and encourage more biking and walking

Transit agency literacy. Easy to read material for individuals of all ages, mental abilities and different languages. One idea was good marketing material that is distributed at health care appointments to not only show the different transit options to health care, but also to educate residents generally on transit.

CCO investing in transit services. Addressing how individuals are going to get to health care services is critical. In the long run it would pay off for them and their customers.

Opportunities:

Corvallis Albany Path. Even given the controversies, this project was cited as an opportunity for future collaboration between transportation, health, and other interests.

Regional Health Information Collaboration. A new data warehouse of health information is in the works within Samaritan Health and other health care providers. Down the road, this is a potential opportunity to inform community health initiatives, research, and land use and transportation planning with a robust database of health information.

Integrated system for transportation to services. One interviewee noted that the voucher system for transportation services could be enhanced in collaboration with medical providers. The idea is: when individuals come in for a service via a transportation voucher and get a follow-up appointment, they would also receive a voucher for transit. The voucher doesn’t cost anything to the provider/government until it’s cashed in.
Tangible projects that bring people together. Several interviewees noted that the best way to bring people together was through collaborative work on tangible projects, as opposed to more conceptual discussions and meetings. Per one person: “People have to believe in it, not just attend another meeting.”

Non-emergency transportation services generally. Most of the interviewees cited the importance of this service.

Increased local economic development has led to more pedestrians. This increased economic vitality creates more reasons to bike and walk.

Create a central repository for outreach and marketing materials.

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

Three barriers were cited by multiple interviewees. First, interviewees emphasized funding as a main barrier, partially due to lack of resources, partially due to the restrictions that come with some funding sources. Second, many mentioned the different stylistic approaches between fields and how on-going collaboration is what overcomes this barrier. Per one person: “It takes constant oiling.” Third, interviewees cited community involvement in the Latino communities as an area that needed improvement and was lacking in some current projects. In summary, the barriers noted included:

- Funding. Grants and funding comes with restrictions that change the type of projects that can get done.
- Land use. In rural areas, the farming community doesn’t expect to see bike paths/lanes. Active transportation is perceived to not mix well with farm use.
- Different organizational and professional cultures. For example, the health department has a different approach than ODOT, which can make working together difficult.
- Authentic engagement. For example, outreach to the Latino community shouldn’t be just an afterthought, but should be done in conjunction with the English outreach and the overall approach to outreach.
- Engaging policy makers.
- Unsafe streets/poor quality of roads. This barrier to active transportation is a direct disincentive to walking and biking in some areas.
- Multiple voices. One interviewer noted “there is not enough of us” advocating for the connections between health, transportation and community design.
- Past issues. One interviewer mentioned that past conflicts can be a barrier to good intergovernmental communication.

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

Making sure the workshop was not a “one and done” event was consistently mentioned by interviewees as a key outcome. Identified outcomes included:

- Finding common ground and a shared vision.
- Creating an early and long term vision, and the road map to get there; identifying the “early wins” along with the vision.
Identify 1 to 2 tangible projects that partners can really collaborate on, using the experience of working together as the way to define a new model of collaboration.

Thinking beyond typical role. For example, public works would look beyond the “fix and build” mentality and think about who it is impacting.

People recognizing the connection between health and transportation.

Transportation options that are accessible by all types of individuals (disabled, ageing, language barriers).

A core group that is committed to a group of projects that is sustainable over time.

Show shared benefits. When you make this specific improvement to transportation, you increase this health outcome and vice versa. These mutual benefits can create momentum to build relationships.

Increased coordination around and awareness of transportation. If a class runs from 7:00-8:45 but the bus service stops running at 8:30, moving the class earlier could increase access to more individuals, especially if the target audience does not have consistent access to a vehicle.

6. Looking beyond the workshop, what follow-up actions do you see for the COG and its partners to take as they work to promote healthy communities through transportation planning and programming? This can include community design, active transportation, or increased access to community services.

Interviewees emphasized the need for a central group, organization or individual that is able to see the bigger picture and help all the agencies identify all the pieces at play. COG was identified as a good organization for this role because they have representation from many jurisdictions.

The workshop should be the start of a process. The workshop can act as a catalyst to start a larger process and relationship building.

COG can be the convener, a neutral party and advocate for connecting health and transportation.

Creating a new perception of what we could or should be talking about regarding health and transportation.

Funding. Creating partnerships and a shared vision can offer a leg up in knowing what funding is out there and strength the funding application process through existing relationships.

Regular follow up that is productive. Continuing the dialogue is important, but it must be productive. People are busy and the follow-up needs to show progress and results.

A bigger role for employers and insurers to play. An important outcome will be to help employers and insurers see the value of connecting health and transportation.
Linn-Benton Workshop: Connecting the Dots between Health & Transportation
Annotated Meeting Plan – 12-02-15

Workshop Purpose
The purpose of the Linn-Benton Building Healthy Communities Workshop is bring together practitioners and stakeholders in the fields of health, transportation, and community design in Linn and Benton Counties to:

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

This workshop is intended as the first step in enhancing collaboration between health, transportation and community design policy makers, practitioners, and stakeholders in the Linn-Benton area. It will be preceded by a keynote presentation on the previous evening (December 8th) where policy makers, stakeholders, workshop participants and the interested public will hear a presentation by Mark Fenton, a national expert in building healthy communities. Next steps will be discussed in the workshop and captured in the report to be prepared after the workshop.

Workshop Logistics
Date, Venue, Timeline
Date/Time: Wednesday, December 9, 2015, 9:00 AM to 12:15 PM
Location/Venue: The LaSells Stewart Center, Agricultural Room, Oregon State University, 875 SW 26th Street, Corvallis
Day-of Timeline
- 8:00 AM – All tables and chairs are set out. APG and OCWCOG arrive.
- By 8:30 AM – Audio-visual is up and running.
- 8:30 PM – Additional staff and Mark Fenton arrive.
- 8:40 AM – Facilitator briefing. (short overview by Joe, training will have previously occurred)
- 9:00 PM – Meeting begins (see agenda for workshop timeline).
- By 12:15 – Meeting ends; takedown begins.

Staffing and Roles - Tentative
- Joe Dills (APG) Workshop manager, facilitator
- Laura Krull (APG) Workshop coordinator/co-manager
- Theresa Conley (OCWCOG) Liaison to venue, lead for Logistics Team roles, AV lead/liaison
- Mark Fenton Speaker, floater resource person during small group work
- Theresa Conley Welcome table staff
- Ali Bonakdar Welcome table staff
- Lee Lazaro Welcome table staff
- Theresa Conley, Sara Hartstein Refreshments acquisition and set up
- Tatiana Dierwechter Small group facilitator
- Sara Hartstein Small group facilitator
- Erin Sedlacek Small group facilitator
- Karen Levy Small group facilitator
- Phil Warnock Small group facilitator
- Tina Dodge Vera Small group facilitator
- Chris Bentley Small group facilitator
- Sarah Ballini-Ross Small group facilitator

All Project Team attendees have an active role in this event. Everyone should make an effort to actively welcome and engage visitors.

Other Logistics
Day-of event contacts:
- Joe Dills 971.208.8532
- Laura Krull 503.459.6835
- Theresa Conley 541.231.0453
- LaSells-Stewart Center contact: Deb Weitzman, 541.737.7725 or 541.737.2402
Greeting and seating
This will be guided seating – details to be determined. The goal is to have a mix of health, transportation, community design and other representation at each table. The seating will be arranged, as possible, so that there are tables with Linn County participants, tables with Benton County participants, and mixed/regional tables. The idea here is that the unique perspectives and relationships within counties are important enough to use as an organizing protocol for seating. Further, with some cross-county tables and regional “questions” inserted into the small group work, the regional perspective will come out. In sum, it’s a “both-and” approach.

Inventory of Health, Transportation and Community Design Efforts
To provide a baseline of information, an “inventory” of health, transportation and community design efforts in the region will be compiled. The goal is to help educate workshop participants about work already being done, so that their time can be focused on “looking ahead” in the workshop. A document will be prepared and made available to workshop participants prior to the workshop. A summary slide or two will follow Mark Fenton’s presentation, and participants will be asked for any additions to the inventory.

Annotated Agenda

Welcome and Introductions (9:00 AM)
- Theresa will convene the meeting, welcome everyone, and say a brief opening (how we got here, what the expectation is for the workshop, thanks to Logistics Team and Workshop Planning Team), and introduce Joe
- Joe will invite a round of self-introductions (name and affiliation). Note: 60 folks is a lot, but knowing who is there and hearing the diversity of partners in the room will be very worthwhile.
- Joe will give a brief overview of the agenda and introduce Mark.

Presentation and Q&A (9:15 – 10:00)
- Mark Fenton’s presentation (20-25 minutes)
- Q&A, facilitated by Joe (15-20 minutes). This will include a question as to whether anyone has an addition to the inventory to note.

Small Group Work (10 – 11:15, breaks are individual and self-selected)
- Joe will introduce the small group part of the agenda with a “here’s how it works” description
- The flow of the small group work will be:
  a. Facilitators and recorders will introduce themselves
Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

b. Self-introductions are made around the table. Note: This is a quick repeat of name and affiliation, but also a short answer to “What interests you about building healthy communities?” This is intended to help the group get to know each other and “warm up.”

c. Facilitators pose question 1, followed by a round robin of responses with recording of them on the easel-pad. Then there will be discussion around the table about the “why-how-other thoughts” sparked by the list. During this part, recorders will take notes on their own notepads – the easel-pad list can be revised if needed to capture a good idea or revision (with the okay of the originator of a comment). Facilitators will be alert to which ideas have regional applicability and ask the recorder to note them with the group’s permission. This total process is a maximum of 15-17 minutes (5-7 to pose and build the list; 10-12 to talk about it).

d. Repeat for questions 2-3-4 Note: 4 questions is a fairly short list, but it is about right for how long a small group likes to sit and chat in the workshop setting. Also, the 15-17 minute allocation is about the minimum needed for a quality discussion of any one topic. So, it’s a balance.

e. The group will choose a reporter.

f. The group will identify its top 1-2 ideas from each question that it wishes to nominate for the dot exercise. They will circle them on the easel-pad notes. (5-10 minutes)

g. During the small group work, both Joe and Mark will “float” to the tables, serving as “active” resource people to help the groups as needed

Report outs (11:15 – 11:40)

- Each group will give a 3-minute report out of its top ideas
- Easel notes will be taped or tacked to the wall during the report outs.

Dot exercise (11:35 – Noon)

- The purpose of the dot exercise is to identify ideas that participants think are the highest priority for follow-up.
- Each person will be given 5 dots. They will review the lists and place them on the ideas they think are the highest priority for follow-up. They need to spend at least 1 dot on a core value, 2 dots on the top ideas from the report-outs, and can spend the other 2 anywhere they like – multiple dots on an idea are okay. Joe will encourage them to go with their instincts and not overthink it so this moves along.

Closing (Noon – 12:15)

- Joe and Mark will note the dot trends for the group and summarize the preferences. Joe will describe next steps (a report they will all get) and thank the group.
- An opportunity will be given by each sponsor to say a few words of thanks
- Joe will give the official “we are adjourned”.

Linn-Benton Workshop: Connecting the Dots – Meeting Plan 12-02-15
Set-up

- Projector, screen, power will be pre-set by venue.
- OCWCOG will coordinate whether laptop is needed or just thumb drive will work, including version of PPT so that all systems are compatible, tested and work. Venue provides computer, but APG will bring backup laptop.
- Rounds and chairs will be pre-set by venue.
- Round tables and chairs will be set (to capacity) in each of the two breakout rooms. One room (Agriculture Production Room) will be for the presentation, so it will have seating for folks working in that room, plus additional chairs and standing room for others until the small group work starts.
- Basic seating arrangement is 8 folks to a table, plus easel. Our facilitators and recorders will include practitioners that have a good contribution to make and need to participate – which is fine. This will just need to be made explicit to the group (Joe can do that up front).
- As noted above we will need extra chairs in the main room for people to use during the presentation and Q&A.
- Wall space and room set up will be needed so can tape up 36+ sheets of easel paper for the dot exercise. Tables may need to be moved to accommodate this.

Materials List

APG brings:

- Easels with pads and crossbars x 4 – check ahead they everything works/fit
- Medium Dots
- Markers x 10 with extras
- Painters tape
- Pins
- Pads of paper for recorders
- Sign-in sheets
- Name tags, pre-printed (sticky, not plastic)
- APG Meeting case for general supply
- Camera (charged)
- 30 copies of Inventory
- Extra laptop

COG brings:

- Easels with pads and crossbars x 6 – check ahead they everything works/fit
- 11x17 posters as signage for workshop
Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

Draft Small Group Questions

1. What are the core values that should guide our goal to build healthy communities? *Think about how your agency or group can help further the goal.* Note: Facilitators will help participants make affirmative value statements/phrases as opposed to single-word values.

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

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

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

**Connecting the Dots on Some Very Long Walks.**

Mark Fenton
Tufts University

Linn & Benton Counties, Oregon Dec. 2015


**My comments:**

- The real epidemic we face.
- The stickiness problem.
- The environmental solution.
- A call to action: speak up, act up, step up!

Zion Nat’l Park, West Rim Trail, mile 31, ~4:00 pm

Spring run-off in Zion.

Zion Nat’l Park, West Rim Trail, mile 31, ~4:00 pm

ANGELO LANDING
STRENUOUS CLIMB
NARROW ROUTE WITH CLIFF EXPOSURES
HAZARDOUS DURING THUNDERSTORM, DARKNESS, AND ICE/SNOW CONDITIONS

Mark Fenton, Tufts University
www.markfenton.com

Connecting the Dots Between Health and Transportation in the Linn-Benton Region
The real risk . . .


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

Control: counseling + placebo
Lifestyle: nutrition + 150 min. PA
Drug: counseling + Metformin

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

My thought:
Evolve the discussion. It’s not just an obesity epidemic. It’s an epidemic of physical inactivity and poor nutrition.*

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

The problem with exercisers & advocates:

- Many people don’t find it easy to be physically active.
- Many don’t think about the environmental impact of their travel choices . . .

Grand Canyon Rim-to-Rim-to-Rim, 44 miles, 11,000’ elevation loss/gain; 17 hrs. >
Mark Fenton, Tufts University  
www.markfenton.com
Connecting the Dots Between Health and Transportation in the Linn-Benton Region

Three numbers describe the epidemic of physical inactivity:
30 minutes of daily physical activity recommended (60 min for youth).
< 20 % of Americans who meet the recommendation (thru LTPA).
365,000 Estimated annual deaths in America due to physical inactivity & poor nutrition. (2nd only to tobacco.)

Surgeon General’s Report 1996  
Physical Activity Guidelines 2008  
www.health.gov/paguidelines

• 150 min/week; more better.
• Any is better than none.
• Can be broken up.
• 300 min/week for children.
• Reduced risk for CVD, diabetes, osteoporosis, obesity, dementia, clinical depression, cancers . . .

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

Exercise Participation  
Effect of Short Bouts, Home Treadmills  
(Jakicic et.al., JAMA 282, 16)

Why is it flat?  
The stickiness problem.
Exercise Participation  
Effect of Short Bouts, Home Treadmills  
(Jakicic et al., JAMA 281, 16)

Socio-ecological successes?  
Tobacco use  
Seatbelts, child safety restraints  
Vaccines  
Recycling

Social Ecology Model  
Determinants of behavior change

Individual motivation, skills
Interpersonal - family, friends, colleagues
Institutional - school, work, health care & service providers
Community - networks, facilities
Public Policy - laws, ordinances, permitting practices & procedures

Sallis & Owen, Physical Activity & Behavioral Medicine.

Necessary and important, but not enough. >

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

Changes in Walking & Cycling to School, 1969 to 2001  
Ham et al., Jour. of Physical Activity & Health, 2008, 5, 205-215

It’s the environment, stupid!


Necessary and important, but not enough. >

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

It’s the environment, stupid!

• 220 miles, nine mountain passes 9,000’-13,600’.
• 7 days = ~31 miles/day!

Can our day-to-day environments be made more “sticky?”

YES! Four Elements of Healthy Design:

1. Land use. Live, work, shop, play, learn, pray.
   - Compact neighborhoods, shared open space.
   - Housing above, retail below.

2. Network of facilities:
   - Sidewalks, bike lanes, multi-use trails.
   - Shorter blocks, links between cul-de-sacs.
   - Reliable, affordable transit.

Bicycle network elements:
   - Sharrow
   - Bike lane
   - American River Tr.
   - Protected bike lane

Mark Fenton, Tufts University
www.markfenton.com

Connecting the Dots Between Health and Transportation in the Linn-Benton Region
3. Site Design:

Which setting is more inviting & functional for travel on foot and by bicycle?

Site Details . . .

• Buildings near the sidewalk, parking on street or behind.
• Function & comfort: trees, benches, lighting, awnings, human scale design.
• Details: bike parking, open space, plantings, materials.

4. Safety & access.

• Engineering can markedly improve safety.
• Increasing pedestrian and bike trips decreases overall accident & fatality rates.

Lane re-alignments

• 5 or 4 lanes reduced to 3, “road diets.”
• Reduces collisions & severity.
• Improves performance for pedestrians, bikes.

Surgeon General’s call Sep 9, 2015:

How do you help?

• Speak up: To family & friends, students, colleagues, the media, especially community leaders.
• Act up: Help improve the built & policy environments for P.A.
• Step up: Be a role model—build lifestyle activity into your day!
Counseling physical activity...

Used to ask:
- What sports have you enjoyed?
- Prefer group or solitary activities?
- Competitive or not?
- Instructor or self-motivated?
- Morning person?
- Measure fitness, estimate Max HR.

Now also ask:
- Where do you live, work, shop, do daily tasks . . . ? How do you get around?
- Own a bike, safe to park it? Transit pass?
- Map opportunities: parks, trails, friends, shopping, bank, post office . . . ?

Speak up & connect the triple bottom line . . .

Healthy Environment
Healthy Economy
Healthy People
Prosperity
Planet

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

The Next Generation of Home Buyers:
- Taste for in-town living.
- Appetite for public transportation.
- Strong green streak.
- Americans are driving less overall!

Private sector:
Developers, lenders, builders, realtors.

Columbia Greenway Rail Trail

Blackstone Valley Rail-with-Trail; RI

Lincoln RI, near Blackstone Bike Trail
Walkability. Why we care & why you should too!
National Association of Homebuilders, Mar. 2014
- Consumer desire
- Flexibility in design
- Lower development costs . . .

Act up: Support five national movements changing the physical activity landscape.
(Fenton, Community Design & Policies for Free Range Children, Childhood Obesity 8(1), Feb 2012)
1. Healthy planning & zoning.
2. Complete Streets.
3. Transportation trail networks.
5. Comprehensive Safe Routes to School.

1. Show up at a planning or school board meeting. Testify in behalf of:
   - Keeping schools close to where kids live!
   - No big box & strip malls—build villages.
   - Neighborhood corner stores (w/ healthy choices) & pocket parks.

2. Influence the roads plan w/ planning, public works, university & electeds.
   - Complete Streets: Pedestrians, bicyclists, transit riders, & drivers of all ages & abilities considered in every road project (new, repair, maintenance).

You need spur trails, links, & on-street bike facilities . . .

Benefits of protected bike facilities
BikeWalkAlliance.org
GreenLaneProject.org
- Support real estate values.
- Increased retail revenue.
- Recruiting & retaining skilled employees.
- Healthier, more productive workers.
3. Develop a network of transportation trails.
   • Connect to other parts of network: sidewalks, bike lanes, transit.
   • Focus on destinations: schools, shopping, parks, senior housing.
   • Balance the cries of the NIMBY, BANANA, & CAVE people.

   • Bike share program. >
   • Community “buy a bike rack.” v
   • Student, staff ID’s as transit passes. Use them!
   • Teach bicycle skills, safety, repair in our schools. v

5. Safe Routes to School – more than just an encouragement program!
   • All 5 E’s: Engineer bike lanes, racks, sidewalks; educate & encourage walk/bike groups; enforce proper speeds.
   • Evaluate?

Recommendations:
   • Do this all the time, not just as an “event.”
   • Improve the trail through the park.
   • Plant a garden, trees along the way.
   • 5 minute safety delay on cars at dismissal.
Step up: Be an active role model.

Leave the car behind at least one trip per week; walk, bike, or take transit instead. And invite someone along.

This guy is a new model of success!

Castle Peak, CO 14,279'

For more: www.markfenton.com
TheBigOutside.com


My closing question to you:

What would you recommend to make your community “stickier”? Specific policies or practices or infrastructure improvements? How can you help make it happen?
December 9, 2015 Workshop
Small Group Notes

Overview
The text below is the verbatim notes from the small group process of the Linn-Benton Building Healthy Communities workshop held December 9, 2015. There were nine groups of between 7-9 participants including a facilitator and recorder. Each group brainstormed and discussed responses to each of the four discussion questions. They then identified which of the responses were of most importance to them for follow-up actions, indicating those as “circled” responses. After the small groups completed their work, all of the sheets were taped to the workshop walls and the groups came together and each one reported their findings. Next, all individuals were given 5 dots to identify ideas that participants thought were the highest priority for follow-up. Each participant was given 5 dots and was instructed to place them on the ideas they thought were the highest priority for follow up. Participants were asked to spend at least 1 dot on a core value, 2 dots on the top ideas from the report-outs and the remaining two anyway they like. After which the dot trends were noted and the group was informed that the next step was a final report on the workshop that all participants would receive.

Key:
Italicized: notes that were circled
Bold: notes that had dot(s), with number of dots indicated in the far right column
Bold italicized: Circled and dots
All other emphasis is as written by the groups

Question 1: Core Values
What are the core values that should guide our goal to build healthy communities? Think about how your agency or group can help further the goal.

Table One

- **Accessibility** – safety for all (equity)
- Access/frequency of services – low income and mentally challenged
- Accessibility for all
- Usability
- Equity
- **Sustainability**

Circled + 1 dot
Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

- Durability
  - Resources cost over time
  - Triple bottom line
- Education on available options/how to use
- Infrastructure
- Engagement of community
- Efficiency (system)/convenience e.g. time
- Attractiveness – are the facilities attracting users
- Critical mass
- Allocating the resources ($) differently
- Responding to different lifestyles

### Table Two

- Sustainability – culture of wellness
- Helping every kids thrive
- *Equity/inclusion of everyone in contributing and solutions serve all*
- Integration of public health into transportation and other decisions
- Safety broadly defined (cars plus other modes)
- Merging rural and urban
  - Adequately addressing fringe areas
- *Engagement of neighborhoods – community support and buy-in/ add input into designs*
- Supporting feel of community/rural character while supporting walking and biking
- Responsive to input not driven by preconceived notions
- Place matters/connection to place and community
- *Coordinated efforts/collective shared outcomes*
  - Collaboration
- *Long term impact not just short term efficiency*

### Table Three

- Long-term
- *Equity*
- Better health outcomes
- *Health in ALL policies*
- Consider carbon etc.
  - Extraction
  - Putting back on Earth
- Sustainable local economy

Circled + 7 dots

Circled + 4 dots

Circled + 4 dots

Circled + 1 dot

Circled + 7 dots

Circled + 1 dot

Circled + 11 dots
Connecting the Dots Between Health and Transportation: Building Healthy Communities in Linn and Benton Counties

- Connectivity/inclusion
- Economic development <<CAUTION>>

<table>
<thead>
<tr>
<th>Table Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Multimodal friendly</td>
</tr>
<tr>
<td>- Equity</td>
</tr>
<tr>
<td>- <strong>Safety</strong></td>
</tr>
<tr>
<td>- <strong>Accessibility</strong></td>
</tr>
<tr>
<td>- <strong>Connectivity</strong></td>
</tr>
<tr>
<td>- Environmentally smart</td>
</tr>
<tr>
<td>- Economically smart</td>
</tr>
<tr>
<td>- Integrated</td>
</tr>
</tbody>
</table>

Circled + 11 dots
Circled + 3 dots
1 dot

<table>
<thead>
<tr>
<th>Table Five</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Agency resource connectivity</td>
</tr>
<tr>
<td>- <strong>Equity</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>- Access to services</td>
</tr>
<tr>
<td>- Is access safe</td>
</tr>
<tr>
<td>- Safe space (public)</td>
</tr>
<tr>
<td>- Design</td>
</tr>
<tr>
<td>- Cost effectiveness</td>
</tr>
<tr>
<td>- Community stake holder involvement</td>
</tr>
<tr>
<td>- Streamlining process</td>
</tr>
<tr>
<td>- Cultural competency</td>
</tr>
</tbody>
</table>

Circled
Circled
Circled
1 dot

<table>
<thead>
<tr>
<th>Table Six</th>
</tr>
</thead>
<tbody>
<tr>
<td>- <strong>Everyone gets served/equity</strong></td>
</tr>
<tr>
<td>- Choices/no one size fits all policy</td>
</tr>
<tr>
<td>- Preference for under-represented and low income populations/equity and justice</td>
</tr>
<tr>
<td>- Multimodal options/Complete Streets/4 modes</td>
</tr>
<tr>
<td>- Collaboration among agencies</td>
</tr>
<tr>
<td>- Health-oriented options emphasize healthy preferences</td>
</tr>
</tbody>
</table>

Circled + 5 dots
Circled

<table>
<thead>
<tr>
<th>Table Seven</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Equity</td>
</tr>
<tr>
<td>- <strong>Inclusion – “thinking about everybody” including people in the planning</strong></td>
</tr>
</tbody>
</table>

Circled + 9 dots
### Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

<table>
<thead>
<tr>
<th><strong>process</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o Extra effort for harder to reach people</td>
<td></td>
</tr>
<tr>
<td>• <strong>Not</strong> fear – freedom, courage, safety</td>
<td></td>
</tr>
<tr>
<td>• Empowering diverse voices</td>
<td></td>
</tr>
<tr>
<td>• Balanced options – “right solution in the right place”</td>
<td></td>
</tr>
<tr>
<td>o Flexible – “some streets need sidewalks, some need wide shoulders:”</td>
<td></td>
</tr>
<tr>
<td>o Avoid one size fits all solutions</td>
<td></td>
</tr>
<tr>
<td>• COST can better drive decisions</td>
<td></td>
</tr>
<tr>
<td>• Look long term</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Table Eight</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Equity – inclusion</strong></td>
<td></td>
</tr>
<tr>
<td>o All ages (8-80)</td>
<td></td>
</tr>
<tr>
<td>o All populations</td>
<td></td>
</tr>
<tr>
<td>• Human scale</td>
<td></td>
</tr>
<tr>
<td>• Flow</td>
<td></td>
</tr>
<tr>
<td>• Low stress</td>
<td></td>
</tr>
<tr>
<td>• Aesthetics</td>
<td></td>
</tr>
<tr>
<td>• Slower speeds</td>
<td></td>
</tr>
<tr>
<td>• Collaboration</td>
<td></td>
</tr>
<tr>
<td>• Health in all policies, design</td>
<td></td>
</tr>
<tr>
<td>• Accessibility</td>
<td></td>
</tr>
<tr>
<td>• Multi-use/multi-modal</td>
<td></td>
</tr>
<tr>
<td>• Normalizing multi-modal use</td>
<td></td>
</tr>
<tr>
<td>• Safety</td>
<td></td>
</tr>
<tr>
<td>• <strong>Sustainability</strong></td>
<td></td>
</tr>
<tr>
<td>o Environmentally low-impact</td>
<td></td>
</tr>
<tr>
<td>o Supporting social connections</td>
<td></td>
</tr>
<tr>
<td>o Less $</td>
<td></td>
</tr>
<tr>
<td>o Health benefits</td>
<td></td>
</tr>
<tr>
<td>• <strong>Connectivity</strong></td>
<td></td>
</tr>
</tbody>
</table>

Circled + 15 dots

Circled + 3 dots

3 Dots
Question 2: Follow up actions

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

Table One:

- **Price of parking as disincentive to auto use**
- **Efficiencies in bus service to services during mid-day rush hour**
  - S/N Corvallis circulator
  - Smaller buses
- Park and rides
- Combined regional system
  - Increased federal/state funding opportunities
  - Regional planning
- **Design of city/county standards to support active/healthy communities**
- **Update/Comprehensive Plan to include a vision**
- Local gas tax/fee dedicated to active transportation
- Engage major employers
- Expand community engagement to groups that don’t typically participate
- **Eliminate transit fares across the board in the region**
- Expand emergency ride home
- Use demonstration project

Table Two

- **Assess what’s happening/survey**
  - Opportunities?
- Benton County Transportation Plan – expand bike/pedestrian/transit component
- **Do more to engage community in ongoing efforts**
  - Enlist leaders (ex. Corvallis Sustainability Coalition)
- **Use demonstration projects and replicate**
  - Laughing Planet/Farmer’s Market
  - Paint some intersections – Green Paint for bike crossings
- Push to Platinum bike rating
- **Build comprehensive timeline**
- **Build projects into budgets**
  - Clear record of decisions to prioritize
Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

- Monroe bike path
- **Be clear on mission and repeat story of why we’re doing this (real life impacts to families)**
  - Train people on messages and story
- Shared learning/peer professional development
- Perceived vs. real hurdles
- Bailey Branch trail
- Albany/Corvallis trail

<table>
<thead>
<tr>
<th>Table Three</th>
</tr>
</thead>
</table>
| - Meaningful engagement  
| - Open communication, broadly  
| - **Create policy on action plans to work cross-disciplines**  
| - **Seek institutional support for a cross discipline staff**  
| - Adopt Complete Streets and Best Practice  
| - More information sharing  
  - City, county, OSU, rural areas  
| - Work with OSU |

<table>
<thead>
<tr>
<th>Table Four</th>
</tr>
</thead>
</table>
| - **Collaborative communication [4 dots]**  
  - Connect food, housing and transit  
| - Establish community vision – continually updated  
| - Integration of regional transit/systems and services  
| - Travel training – community education  
| - CPTED policy  
| - **High priority on “clustered complete communities”**  
| - Minimize single occupancy vehicle trips  
  - Enforce with land use design or parking spaces  
| - **Walkability audits in every neighborhood**  
  - Active transportation audits  
  - Bike, auto, transit, walking (in schools, churches, businesses, shopping, everywhere)  
| - Policy for bikes/separate bike speed |

<table>
<thead>
<tr>
<th>Table Five</th>
</tr>
</thead>
</table>
| - **Interagency collaboration**  
| - Transportation evaluations |

Circled + 6 dots
Circled + 7 dots
Circled + 3 dots
Circled + 3 dots
Circled + 4 dots
1 dot
Circled + 11 dots
Circled
Connecting the Dots Between Health and Transportation in the Linn-Benton Region

Inter-departmental collaboration
Walk audits
Including stakeholders (new and old)
Recruit participation

**Community engagement**
- Go to the people
- Rally the troops

Gain community support
Plain language
Bilingual language
Multiple community engagements
Review and update codes/plans
Code enforcement
Release of information
Cultural competency/and what it means
Developing/implement successfully
Health Impact Assessments (HIA)

<table>
<thead>
<tr>
<th>Table Six</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adopt NACTO and Complete Street standards</strong></td>
</tr>
<tr>
<td>Regular communication among agencies</td>
</tr>
<tr>
<td><strong>Demonstration projects – if you build it, they will come</strong></td>
</tr>
<tr>
<td>Community empowerment – for voices not at the table</td>
</tr>
<tr>
<td>Training/membership on boards/assistance with access, language, cultural modes, physical disabilities</td>
</tr>
<tr>
<td>Engaged and competent decision-makers who respond to community input</td>
</tr>
<tr>
<td>Keep momentum going through activities/events</td>
</tr>
<tr>
<td>Transportation services evaluated by safety, health in all policies, social equity, all modes of transportation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table Seven</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data</strong></td>
</tr>
<tr>
<td>- Publish data (specific to transportation)</td>
</tr>
<tr>
<td>- Use for evaluation</td>
</tr>
<tr>
<td>- Need to be able to show trends</td>
</tr>
<tr>
<td>- Investigate best practices, other communities</td>
</tr>
<tr>
<td>- Easy to access, use to support advocacy</td>
</tr>
</tbody>
</table>

**Better community support to build political will**
Community events to broaden understanding
Base policy change on community prioritization and broad community input

Circled + 2 dots
Circled + 9 dots
Circled + 2 dots
Circled + 1 dot
Circled + 3 dots
### Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

- Use earned media
- Go where people are
- Define leadership
  - Rally troops
- Realize our community is small and this work is achievable – shift our thinking from lack mentality and fear, to empowerment
- *Identify and empower community champions*

#### Table Eight

- **Continue cross-sector collaboration and educating each other**
  - Shared funding opportunities
  - Advocacy
- Shared planning
- Reach out to those not here
- Collect and analyze safety data/accidents
- Community organization to be better represented by elected officials
- **Pilot projects (e.g. bike boulevard, street calming)**
  - SW 3rd South Corvallis
  - Bike round-a-bout on campus
  - Pedestrian malls
- Explore disincentives
- Maintenance
- Community education RE: Traffic laws
- More neighborhood centers
- Identify missing pieces/links
- Health in all policies

#### Table Nine

- Continue/broaden conversation
- Evaluation and metrics
- Make it matter; citizen empowerment
- **Policy and citizen maker education/engagement**
- **Multi-discipline/agency collaboration**
- Limited access issues with elderly and people with disabilities
- Recreational opportunities
- Health and transportation in all policies

Circled
Circled + 2 dots
Circled + 17 dots
Circled + 3 dots
Circled + 5 dots
### Question 3: Barriers
What are the barriers that need to be overcome to implement the follow-up actions just discussed?

#### Table One
- **Overcoming downtown opposition to increased cost of parking/reduction in parking**
- Multiple providers/jurisdictions
- Politics
- Apathy
- Capacity
- Transitioning from current behaviors/lifestyles
- Existing built environment
- **Lack of broad community support for these values**
- Increased cost of code/design standards

#### Table Two
- **Preexisting conceptions**
  - Perceived vs. reality
  - Balancing consumer perception of these issues vs. the evidence
- **Trust building**
- Time/commitment
- **Finances (Perceived and real)**
- Other priorities that conflict/must be balanced
- **Short term crises/responsiveness to this**
- **Support for controversial, tough, unpopular decisions**
- **Existing transportation system (institutional barrier)**
- Inertia
- Public apathy/sustaining interest
- Change takes time
- **Geographic coordination over distance; less personal, not in-person meetings**
- Equity (who has power? Who shows up?)
  - Language, timing, child care, history of discrimination
- Differing values rural/urban (is this real?)

#### Table Three
## Connecting the Dots Between Health & Transportation:
Building Healthy Communities in Linn and Benton Counties

- Funding priorities
- **Regulatory/statutory stuff**
- Jargon
- Inflexibility in position descriptions and external timelines
- Lack of effective communication
- *Lack of understanding of public perception*
- No broad equity

### Table Four

- **Land use and city codes (development)**
- *Community “buy-in”*
- Perception
- *Community partner disconnect*

### Table Five

- Time
- Apathy
- **Transportation**
- **Economics/costs**
- Fear/anxiety
- *The process*
- Language
- *Lack of understanding*
- *Lack of knowledge of resources*
- Gossip
- Stigma

### Table Six

- Non-responsive public officials [2 dots]
  - Private campaign finance
- **Traditional funding silos/State and Federal policies block collaboration**
  - Political jurisdictional boundaries
- **Getting the message out to diverse populations and folks with different challenges (languages, disabilities, communication)**
  - Language differences – 11% of Benton County populations, more in Linn and Lincoln (Health Navigators)
- **Getting people to change their behavior (Leads to stickiness problem)**

- Circled + 1 dot
- Circled + dots
- 1 dot
- Circled
- Circled + 3 dots
- Circled
- Circled
- Circled
- Circled
- Circled
- Circled + 2 dots
- Circled + 2 dots
- Circled + 2 dots
- 1 dot
## Table Seven

- Cost
- **Apathy**
  - Organizations
  - Political will
  - False sense of security
- Fear
- Car addiction
- Historical one size fits all approach to community planning and individuals
- Local/regional approach – how to be aware
- **Lack of awareness**
- Reaching people where they are in terms of change
- Time/timelines in the planning process
- **Polarization**
  - Regional/local
  - Political
- Talent/work force
  - Skill
  - Diversity
- Accountability
  - Who will do it?
  - Who will gather, coordinate data?
- Silos
  - Lack of coordination

## Table Eight

- Funding
- **Political will**
- **Attitudes/perceptions**
  - Auto-centric
  - Stigmas
- Lack of policies, or existing policies with other priorities
- No limits on cars (on campus)
- Regional transit connections
- **Affordable housing near work**
- Bike space on transit
- Funding priorities
- Financial rewards for parking (annual permits or free parking)
- Destination functional attributes (bike parking, showers)
- Lack of incentives
- No support for flex schedules/telecommuting
- No cross-discipline groups, on-going
- Fear of economic/business impacts (negative) loss of parking
- Lack of long-range vision
- Public participation (fear, awareness)
- Ignorance of each other’s efforts

<table>
<thead>
<tr>
<th>Table Nine</th>
</tr>
</thead>
<tbody>
<tr>
<td>- <strong>Silos</strong></td>
</tr>
<tr>
<td>- Institutional inertia</td>
</tr>
<tr>
<td>- Lack of affordable housing, displacing people, increase in rent</td>
</tr>
<tr>
<td>- Aversion to risk</td>
</tr>
<tr>
<td>- <strong>Meet where your audience is; culturally sensitive, involvement</strong></td>
</tr>
<tr>
<td>- Reactive vs. proactive</td>
</tr>
<tr>
<td>- Existing code/regulation</td>
</tr>
<tr>
<td>- Time</td>
</tr>
<tr>
<td>- Funding</td>
</tr>
<tr>
<td>- Information sharing</td>
</tr>
<tr>
<td>- Environmental impacts</td>
</tr>
<tr>
<td>- Return on Investment (ROI)</td>
</tr>
<tr>
<td>- Evaluation</td>
</tr>
</tbody>
</table>

Circled

Circled + 9 dots
Question 4: Leaders
Starting from the premise that a broad partnership of diverse interests should work together to build healthy communities in the Linn-Benton area, who should lead, convene and coordinate this effort?

<table>
<thead>
<tr>
<th>Table One</th>
<th>Table Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Broad stakeholder group</td>
<td>• OCWCOG</td>
</tr>
<tr>
<td>• Backbone organization? COG? MPO’s? Sustainability Coord?</td>
<td>• City councils</td>
</tr>
<tr>
<td>• Vehicle to coordinate among MPOs and COGs</td>
<td>• County commissions</td>
</tr>
<tr>
<td>• Expand Corvallis Sustainability Coalition to represent larger area</td>
<td>• CAMPO (doesn’t include rural areas)</td>
</tr>
<tr>
<td>• Healthy community</td>
<td>• Planning agencies</td>
</tr>
<tr>
<td>• Safe routes to school</td>
<td>• Transportation</td>
</tr>
<tr>
<td>• School districts/education sector</td>
<td>• School boards</td>
</tr>
<tr>
<td>• Employers</td>
<td>• Health departments</td>
</tr>
<tr>
<td>• Representatives from government agencies</td>
<td>• Hospitals</td>
</tr>
<tr>
<td>• Community organizations</td>
<td>• Government staffs – Albany, Corvallis, Philomath, Linn, Benton</td>
</tr>
</tbody>
</table>

Circled + 3 dots
Circled + 2 dots
Circled + 5 dots

New entity?
- Regional and local dedicated staff person?
- Stealth team
- Greg Wilson City of Corvallis
Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

<table>
<thead>
<tr>
<th>Table Three</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Realtors Developers</td>
</tr>
<tr>
<td>- Interdepartmental team at County</td>
</tr>
<tr>
<td>- Center for Transportation (plus health) / Promotion</td>
</tr>
<tr>
<td>- All mayors and elected officials – Lead</td>
</tr>
<tr>
<td>- Oregon State University – Lead</td>
</tr>
<tr>
<td>- League of Minority Voters (LMV)– convene</td>
</tr>
<tr>
<td>- OCWCOG – convene, coordinate</td>
</tr>
<tr>
<td>- Board of Commissioners (BOC) – Lead</td>
</tr>
<tr>
<td>- New position – lead, convene, coordinate</td>
</tr>
<tr>
<td>- Hospital – Lead</td>
</tr>
<tr>
<td>- School Districts</td>
</tr>
<tr>
<td>- Sustainability Coalition – Convene</td>
</tr>
<tr>
<td>- D.A.’s Office – Convene</td>
</tr>
<tr>
<td>- Partners: School Districts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table Four</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Decision makers – policy, community, youth, business leaders; leaders</td>
</tr>
<tr>
<td>- Advocacy groups; leaders</td>
</tr>
<tr>
<td>- Non-profits; leaders</td>
</tr>
<tr>
<td>- Health Department; conveners</td>
</tr>
<tr>
<td>- Corvallis Area Metropolitan Planning Organization (CAMPO), Albany Area Metropolitan Planning Organization AAMPO, CWCOG; conveners</td>
</tr>
<tr>
<td>- Front line staff; conveners</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table Five</th>
</tr>
</thead>
<tbody>
<tr>
<td>- City planners</td>
</tr>
<tr>
<td>- Existing space involving leaders who manage those spaces</td>
</tr>
<tr>
<td>- Identify key people to make changes</td>
</tr>
<tr>
<td>- Stakeholders that can advocate</td>
</tr>
<tr>
<td>- Health world speaking into design/plans</td>
</tr>
<tr>
<td>- Engineers</td>
</tr>
<tr>
<td>- City councilors</td>
</tr>
<tr>
<td>- Balance of regional/city/county</td>
</tr>
<tr>
<td>- Health department</td>
</tr>
<tr>
<td>- County</td>
</tr>
<tr>
<td>- Non-government agency</td>
</tr>
</tbody>
</table>
Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

- Regional entity to coordinate/facilitate
- ???

**Table Six**

- *Change agents – creators and early adopters always start a process – empower “unreasonable people”*
- Is it “leading” or *convening* that really matters?
- Private sector, profit-driven, engagement leads the way
- Public health, transportation agencies have convened community groups (ex. South County)
- **How do we engage the business community?**
- Don’t stand in the way of positive change!
- Chamber of Commerce, homebuilders, health and auto insurers, realtors, OHP/IHA, small retail, restaurants/taverns

**Table Seven**

- Better coordination of the following groups; work smarter, let organizations do what they do best
- COG, SHS/IHN-CCO, CCO CACs and work groups
- Community partners
- Regional partners
- School systems
- EL Hubs
- Public Health and advisory groups CHIP/CHA groups
- Diverse input – people who are most affected
- Public works
- Faith organizations
- Housing
- **Need a system/framework/collaboration**
  - Create linkages/prioritize efficiency
  - Extend work

**Table Eight**

- **COG – form committee(s)**
- Neighborhood and advocacy organizations
  - Senior, accessibility, housing, bike/pedestrian
- Public works
- City Councils/County Commissioners/INHCCO/ Elected/ Appointed officials)

Circled + 1 dot

Circled + 1 dot

Circled + 1 dot

Circled + 2 dots
Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

- US!
- Public Safety
- Schools
- Health care providers
- Developers/Real Estate
- Housing providers/Agencies
- State/Federal Representatives (ODOT)
- Academics/Researchers/Students
- Coalitions (Linn-Benton Health Equity Alliance)
- Large employers
- Public Health - Linn/Benton/Lincoln Departments
- **Regional Healthy Communities Steering Committee**

<table>
<thead>
<tr>
<th>Table Nine</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Respected, collaborative (attributes of one concept), multiple leads</td>
</tr>
<tr>
<td>- School districts, cities, counties, health, faith community</td>
</tr>
<tr>
<td>- <strong>Central Facilitator (Neutral)</strong></td>
</tr>
<tr>
<td>- Large coalition to bring multiple groups together (like COG on a larger scale)</td>
</tr>
<tr>
<td>- Out workshop sponsors</td>
</tr>
</tbody>
</table>

Circled + 2 dots

Circled + 11 dots
Facilitator’s Guide

12-02-15
Prepared by Angelo Planning Group

Thank you for volunteering to be a facilitator at the upcoming Health and Transportation workshop. This guide is intended to brief you for the facilitator training (Friday, December 4, see below) and the workshop itself. Attached is the full annotated meeting plan for the workshop. Listed below is the “need to know” parts for the facilitation, much of which is taken directly from the meeting plan.

The Basics

Arrival: Arrive at 8:30 AM please. There will be a very short Facilitators briefing at 8:40 AM. The greeters at the welcome table will point you to the briefing.

Location/Venue: The LaSells Stewart Center, Agricultural Room, Oregon State University, 875 SW 26th Street, Corvallis.

Workshop Purpose: See attached meeting plan for the definitive statement.

Facilitator Training: Friday, December 4, 10:00-11:00 AM
Conference call number is: 1-800-261-0546, Meeting ID: 9333307, then #

Facilitation Tips

- Relax, have fun, and set a congenial tone for the group.
- Eye contact and smiles go a long way toward fostering a positive group discussion.
- Ensure that everyone has an opportunity to participate.
- Help participants get their ideas out (this in not likely a problem for this workshop!).
- Help the recorder to capture ideas is short form “verbatim” phrases. Stop and check in as needed: “Did we capture that correctly?”
- Make sure no one dominates the discussion at the expense of others.

A few strategies for helping your group to be productive are listed below. These are more applicable to workshops with the general public, but are offered here for your information.

- If someone dominates the table discussion- you can say: “That’s interesting. Let’s see what others think about it.” Or “We do have to move on, but you can note further comments on your feedback form.”
Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

- If someone is disagreeable - you can say “Your point about _______ (find merit in something they have said) is interesting. We do have to move on, but you can note any further thoughts on your feedback form.”
- If someone engages in a side conversation- you can say “What input do you have for the group to consider?”
- If members of your group disagree and can’t move on- you can say “I hear strong feelings on both sides of this issue. We do have to move on, but let’s record both your thoughts.”
- If a member of your group is too shy to participate- you can ask questions that you are certain he/she can answer.

Recorders Tips
- Try to capture “verbatim” phrases where possible (it will likely be about 70-80%). If someone says: I know this great project that would be perfect for working more with health professionals. It’s a new trail being considered in the Arnold Creek neighborhood. I think it would provide a direct walking route to the local store that will be much better than Boones Ferry Road.” Write: Great project, Arnold Creek trail, direct route to store.
- Write a little larger than you think you need too.
- The questions/discussion are structured so that you first write responses on the easel pad, then take additional notes on the 8.5x11” pad during discussion. So there will be four cycles of standing-then-sitting to your role.

Can You Participate?

Yes! Facilitators and recorders can participate.

Our volunteer facilitators and recorders have lots to add to this dialogue. With limited workshop space, we want to get everyone involved. So, the good news is you get to participate. To balance the facilitator and participant role, always start by being the facilitator. Interject your thoughts only selectively as others are answering the questions, so it is clear you are letting them speak. Provide your answers last.
Small Group Breakout Sessions – Step by Step

Note: breaks are individual and self-selected. There won’t be an official break.

Introductions and Discussion Questions (10 – 11:15 AM)

Facilitators will ask for self-introductions around the table. This will be a quick repeat of name and affiliation, but also with a short answer to “what interests you about building healthy communities?” Keep this part moving, short answers - 5-7 minutes.

Facilitators will pose question 1, followed by a round robin of responses with recording of them on the easel-pad. Then there will be discussion around the table about the “why-how-other thoughts” sparked by the list. During this part, recorders will take notes on their own notepads – the easel-pad list can be revised if needed to capture a good idea or revision (with the okay of the originator of a comment). This total process is a maximum of 15-17 minutes (6-7 minutes to pose and build the list; 9-10 minutes to talk about it).

Repeat for questions 2-3-4

The questions are:

1. What are the core values that should guide our goal to build healthy communities? Think about how your agency or group can help further the goal.

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

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

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

Once the group is through all 4 questions, the group should choose a reporter and then identify its top 1-2 ideas from each question that it wishes to nominate for the dot exercise. These should be circled on the easel-pad notes (5-10 minutes)

Report outs (11:15 – 11:40)

- Each group will give a 3-minute report out of its top ideas
Easel notes will be taped or tacked to the wall during the report outs.

**Dot exercise (11:35 – Noon)**
- The purpose of the dot exercise is to identify ideas that participants think are the highest priority for follow-up.
- Each person will be given 5 dots. They will review the lists and place them on the ideas they think are the highest priority for follow-up. They need to spend at least 1 dot on a core value, 2 dots on the top ideas from the report-outs, and can spend the other 2 anywhere they like – multiple dots on an idea are okay.

**Closing (Noon – 12:15)**
- Joe and Mark will note the dot trends for the group and summarize the preferences. Joe will describe next steps (a report they will all get) and thank the group.
- An opportunity will be given by each sponsor to say a few words of thanks
- Joe will give the official “we are adjourned”.

*Quick note of acknowledgement:* The above guidelines include contributions from fellow facilitators and friends at JLA Public Involvement and Cogan Owens Green. Thanks to them. – Joe Dills, APG
Recent, Current, or Upcoming
Health and Transportation Activities in the Linn – Benton Area

Health
Benton County Strategic Plan, 2012 Community Health Assessment (CHA), and 2013-18 Community Health Improvement Plan (CHIP)
Intercommunity Health Network Coordinated Care Organization Community Health Improvement Plan (IHN CCO CHIP), 2014
OCWCOG Area Plan on Aging, 2013-16
Linn County Strategic Plan, 2012 Community Health Assessment (CHA), and 2012-2015 Community Health Improvement Plan (CHIP)
Linn County Community Food Assessment, 2011
Benton County Community Food Assessment, 2014

Transportation
Albany Area MPO Regional Transportation Plan and Transit Development Plan
Linn County Transportation System Plan
City of Millersburg Transportation System Plan
Highway 20 Safety Study – Corvallis to Albany
City of Philomath Transportation System Plan
City of Lebanon Transportation System Plan
Linn County and Benton-Lincoln County Coordinated Public Transportation-Human Services Transportation Plan updates
Benton County Transportation System Plan update
City of Corvallis 20/20 Visioning Process
City of Corvallis Transportation System Plan and Transit Development Plan
Corvallis Area MPO Regional Transportation Plan
Corvallis Area Scenario Analysis of Greenhouse Gas Emissions
Corvallis Climate Change Adaptation Planning process (Benton County, City of Corvallis, Corvallis Sustainability Coalition, and other partners)
Sweet Home School District Safe Routes to School Plan
Oregon Department of Transportation Bicycle and Pedestrian Plan, Transportation Options Plan, Passenger Rail Study, and Rail Plan
Connecting the Dots Between Health & Transportation: Building Healthy Communities in Linn and Benton Counties

Workshop Agenda

Check-In 8:30-9:00

Welcome and Introductions 9:00-9:15
Ag Production Room

Presentation by Mark Fenton and Q&A 9:15-10:00
Ag Production Room

Small Group Breakout Sessions 10:00-11:15
Ag Production Room or Ag Leaders Room

Report Outs 11:15-11:35
Ag Production Room

Group Exercise 11:35-12:00
Ag Production Room

Closing Remarks 12:00-12:15
Ag Production Room

Mark Fenton is a leading expert on designing healthy, walkable communities. He is a national public health, planning and transportation consultant, an adjunct professor at Tufts University’s Friedman School of Nutrition Science and Policy, and former host of the “America’s Walking” series on PBS television. He has authored numerous books, including the bestselling “Complete Guide to Walking for Health, Weight Loss, and Fitness.”

This event was made possible with assistance from the Oregon Transportation Growth Management Program and the following partners:
Connecting the Dots Between Health & Transportation

December 8-9, 2015

Building Healthy Communities in Linn and Benton Counties

- Join community partners for a conversation about health, transportation, and community design.
- Learn about what is happening now to make our communities healthier.
- Discover what actions the region can take to build a healthier future.

**Mark Fenton** is a leading expert on designing healthy, walkable communities.

Mark is a national public health, planning, and transportation consultant, an adjunct professor at Tufts University's Friedman School of Nutrition Science and Policy, and former host of the "America's Walking" series on PBS television. He has authored numerous books, including the bestselling "Complete Guide to Walking for Health, Weight Loss, and Fitness".

This event is made possible with assistance from the Oregon Transportation Growth Management Program and the following partners:

JOIN US FOR TWO EVENTS:

**Part 1:**
Community Speaker Event

Tuesday, Dec 8th
6:30 – 8:00 pm
OSU LaSells Stewart Center

Mark Fenton will present a blueprint for a healthier community. The event will have simultaneous Spanish-language interpretation.

Who should attend: Policy makers, community members, and those seeking to learn more about the intersections of health and transportation.

**Part 2:**
Practitioners' Workshop (registration required)

Wednesday, Dec 9th
9:00 am – 12:00 pm
OSU LaSells Stewart Center

Workshop for practitioners with focused conversations about local issues and opportunities for coordination. Attendance at ‘Part 1’ is not required.

Who should attend: Professionals and committee members in the fields of health, planning, and transportation.

Register at: [https://healthandtransportation.eventbrite.com](https://healthandtransportation.eventbrite.com)

For more information contact tconley@ocwcog.org
Connecting the Dots Between Health & Transportation:
Building Healthy Communities in Linn and Benton Counties

<table>
<thead>
<tr>
<th>Participant List and Organization</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fred Abousleman, Oregon Cascades West Council of Governments</td>
<td></td>
</tr>
<tr>
<td>Jen Akeroyd, Corvallis TSP/TDP TAC</td>
<td></td>
</tr>
<tr>
<td>Kristin Anderson, Benton County Community Development</td>
<td></td>
</tr>
<tr>
<td>Melissa Anderson, City of Albany</td>
<td></td>
</tr>
<tr>
<td>Mitch Anderson, Benton County Health Services</td>
<td></td>
</tr>
<tr>
<td>Rebecca Austen, Lincoln County HHS</td>
<td></td>
</tr>
<tr>
<td>Sarah Ballini-Ross, Oregon Cascades West Council of Governments</td>
<td></td>
</tr>
<tr>
<td>Robyn Bassett, City of Corvallis</td>
<td></td>
</tr>
<tr>
<td>Trent Began, Samaritan health Plans</td>
<td></td>
</tr>
<tr>
<td>Mike Beilstein, City of Corvallis</td>
<td></td>
</tr>
<tr>
<td>Lisa Bennett, Oregon Cascades West Council of Governments</td>
<td></td>
</tr>
<tr>
<td>Chris Bentley, Benton County Community Development</td>
<td></td>
</tr>
<tr>
<td>Hank Berg, Sweet Home Senior Center</td>
<td></td>
</tr>
<tr>
<td>Ali Bonakdar, Corvallis Area MPO</td>
<td></td>
</tr>
<tr>
<td>John Bosket, DKS Associates</td>
<td></td>
</tr>
<tr>
<td>Suzette Boydston, Samaritan Senior Companion Program</td>
<td></td>
</tr>
<tr>
<td>Anna Brodie, League of Women Voters</td>
<td></td>
</tr>
<tr>
<td>Doug Brodie</td>
<td></td>
</tr>
<tr>
<td>Ken Bronson, SHSC/Linn Shuttle</td>
<td></td>
</tr>
<tr>
<td>Cinda Bruce, Lincoln County</td>
<td></td>
</tr>
<tr>
<td>Laurel Byer, Benton County Public Works</td>
<td></td>
</tr>
<tr>
<td>Tarah Campi, Oregon Cascades West Council of Governments</td>
<td></td>
</tr>
<tr>
<td>Iris Carrasco, OSU Extension</td>
<td></td>
</tr>
<tr>
<td>Linda Carroll, Linn-Benton Community College</td>
<td></td>
</tr>
<tr>
<td>Theresa Conley, OCWCOG</td>
<td></td>
</tr>
<tr>
<td>Pat Crozier, Linn County Health Services</td>
<td></td>
</tr>
<tr>
<td>Sarah Daniels, Linn County Alcohol and Drug</td>
<td></td>
</tr>
<tr>
<td>Trish Daniels</td>
<td></td>
</tr>
<tr>
<td>Kent Daniels, Benton County/City of Corvallis</td>
<td></td>
</tr>
<tr>
<td>Lissa Davis, City of Jefferson</td>
<td></td>
</tr>
<tr>
<td>Lisa Degraaf, Benton County</td>
<td></td>
</tr>
<tr>
<td>Tatiana Dierwechter, Benton County Health Department</td>
<td></td>
</tr>
<tr>
<td>Tina Dodge Vera, OSU Extension Service Linn and Benton County</td>
<td></td>
</tr>
<tr>
<td>Mat Dolata, DKS Associates</td>
<td></td>
</tr>
<tr>
<td>David Dowrie, Benton County</td>
<td></td>
</tr>
<tr>
<td>Walt Eager, Citizen Climate Lobby</td>
<td></td>
</tr>
<tr>
<td>Larry Eby, IHN-CCO CAC</td>
<td></td>
</tr>
</tbody>
</table>
### Participant List and Organization

Georgia Edwards, City of Tangent  
Bill Emminger, Benton County Health Department  
Charlie Fautin, Benton County Health Department  
Leah Fisher, Oregon Health Authority  
Rebekah Fowler, Consultant  
Kaye Fox, City of Brownsville  
Phillip Fox, Brownsville Senior Center  
Breanna Fraser-Hevlin, Oregon State University Extension  
Sandra Garver, Linn County Mental Health  
Kevin Grant, Corvallis Sustainability Coalition  
Valeria Grigg Devis, Oregon Department of Transportation  
Stephanie Hagerty, Samaritan Health Services  
Roberta Hall, Corvallis Sustainability Coalition Transportation Action Team  
Sara Hartstein, Benton County Health Department  
Trevor Heald, Cyclotopia  
Debra Higbee-Sudyka, Sierra Club  
Betty Johnson, Mid-Valley Health Care Advocate  
Meghan Karas, Bicycle and Pedestrian Advisory Board  
Brooke Kaye, Oregon State University - SNAP-Ed  
Dick Knowles, Linn Local Advisory Committee  
Marilyn Koenitzen  
Sharon Konopa, City of Albany  
Chuck Kratch, Benton County Roads Advisory Committee  
Lee Lazaro, Benton County Special and Rural Transportation  
Suzanne Lazaro, Infiniti Rehab / Willamette Educational Service District  
Karen Levy, Linn Benton Health Equity Alliance  
Evan Manvel, Department of Land Conservation and Development  
Mary Marsh-King, Benton County  
David Martineau, City of Albany  
Jeffrey Maxwell, Linn County Developmental Disabilities  
Sean McGuire, Benton County Government  
Tim McQueary, Linn County  
Stephanie Millar, Oregon Department of Transportation Health & Transportation Liaison  
JoAnn Miller, Samaritan Health Services  
Charlie Mitchell, Oregon Cascades West Council of Governments  
Ed Moore, Department of Land Conservation and Development
## Participant List and Organization

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blanca Nunez</td>
<td>La Organizacion de Latinas Unidas (OLU)</td>
</tr>
<tr>
<td>Brigetta Olson</td>
<td>Willamette Neighborhood Housing Services</td>
</tr>
<tr>
<td>Jim Owens</td>
<td>Consultant</td>
</tr>
<tr>
<td>Jean Palmateer</td>
<td>Oregon Department of Transportation</td>
</tr>
<tr>
<td>Patricia Parsons</td>
<td>Benton County Health Department</td>
</tr>
<tr>
<td>Jeffrey Powers</td>
<td>Benton County Natural Areas &amp; Parks</td>
</tr>
<tr>
<td>Dave Rabinowitz</td>
<td></td>
</tr>
<tr>
<td>Bob Richardson</td>
<td>City of Albany</td>
</tr>
<tr>
<td>Sandy Roberts</td>
<td>Albany Police Department</td>
</tr>
<tr>
<td>Erin Seldacek</td>
<td>Linn County Health Services</td>
</tr>
<tr>
<td>Gigi Sims</td>
<td>Corvallis School District</td>
</tr>
<tr>
<td>Court Smith</td>
<td>Oregon State University OPAL</td>
</tr>
<tr>
<td>Joselyn Stangel</td>
<td>Linn County Public Health</td>
</tr>
<tr>
<td>Laurie Starha</td>
<td>Benton County Public Works</td>
</tr>
<tr>
<td>Marge Stevens</td>
<td>City of Corvallis Climate Action Plan Task Force</td>
</tr>
<tr>
<td>Ellen Tappon</td>
<td>Alliance for Recreation and Natural Areas</td>
</tr>
<tr>
<td>Jay Thatcher</td>
<td>LCI, Transportation Planning Steering Committee</td>
</tr>
<tr>
<td>James Tibbot</td>
<td>InterCommunity Health Network Coordinated Care Organization (IHN-CCO)</td>
</tr>
<tr>
<td>Jenna Tilt</td>
<td>Oregon State University</td>
</tr>
<tr>
<td>Felisa Torres</td>
<td>OLU</td>
</tr>
<tr>
<td>Biff Traber</td>
<td>City of Corvallis</td>
</tr>
<tr>
<td>Tami Tracer</td>
<td>IHN-CCO</td>
</tr>
<tr>
<td>Carlos Valdes-Casillas</td>
<td>Corvallis High School</td>
</tr>
<tr>
<td>Greg Verret</td>
<td>Benton County Community Development</td>
</tr>
<tr>
<td>Mark Volmert</td>
<td>Linn County STF</td>
</tr>
<tr>
<td>Mike Volpe</td>
<td>Oregon Cascades West Council of Governments, DSAC</td>
</tr>
<tr>
<td>Phil Warnock</td>
<td>Transportation Programs Manager</td>
</tr>
<tr>
<td>Brooke Watkins</td>
<td>Oregon State University Extension Service</td>
</tr>
<tr>
<td>Rebecka Weinsteiger</td>
<td>Willamette Neighborhood Housing Services</td>
</tr>
<tr>
<td>Kim Whitley</td>
<td>InterCommunity Health Network Coordinated Care Organization (IHN-CCO)</td>
</tr>
<tr>
<td>Meredith Williams</td>
<td>Oregon State University - Transportation Series</td>
</tr>
<tr>
<td>Greg Wilson</td>
<td>City of Corvallis</td>
</tr>
<tr>
<td>Patsy Yelsa</td>
<td>Good Samaritan Health Services</td>
</tr>
<tr>
<td>Joe Zaerr</td>
<td>MCHCA</td>
</tr>
<tr>
<td>Miao Zhao</td>
<td>Albany InReach Services</td>
</tr>
</tbody>
</table>