

Million Hearts in Municipalities on the Move: Complete Streets Collaboration in Albany County, NY



Synopsis

Albany County Department of Health (ACDOH) collaborates with the regional Metropolitan Planning Organization (MPO), community-based organizations (CBOs), municipal leaders, urban planners, and community groups to promote Complete Streets (CS) policies and plans. This work affects over 310,000 upstate New York residents by creating built environments that promote physical activity and create active communities; thus, innovatively reducing obesity, diabetes and hypertension. The built environment refers to the human-made surroundings, from buildings to parks, in which people live, work, and play on a day-to-day basis.

Challenge

Heart disease is the leading cause of death in Albany County, NY. Among adult residents, 30.8% have physician-diagnosed hypertension, which is higher than the Upstate New York rate of 27.3%, and 31.5% Albany County adult residents have high cholesterol. According to the 2014 Expanded Behavioral Risk Factor Surveillance System, 21.7% of adults in Albany County do not participate in leisure-time physical activity; 8.7% of adults lack access to safe locations for physical activity; and 62.8% of adults are overweight or obese.¹ There is a significant disparity in rates of cardiovascular and obesity-related disease within the County. For example, South End and West End neighborhoods of Albany have Hypertension Prevention Quality Indicators (PQI) 2016 observed rates approximately three times the Albany County rate of 5.2/10,000;² South End – 21.0; West End – 15.8.³ These comorbidities disproportionately occur in select communities of Albany, Green Island, Watervliet and Cohoes, representing 126,898 residents that have limited access to resources, and experience socio-economic hardship and other health disparities. In addition, limited access

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to physical activity resources results in residents being unable to implement healthy lifestyle changes that could prevent and reduce incidence of cardiovascular diseases.

Solution

Complete Streets are roadways designed for safe access by all users and promote activities including walking and biking. People living in areas where they can walk and bike safely, have access to public transportation, and are able to complete 35+ minutes of physical activity weekly are less likely to be overweight.⁴ With funding from the Centers for Disease Control and Prevention (CDC) and the National Association of County and City Health Officials (NACCHO), the 2017-2018 Million Hearts® in Municipalities project, and the local IMPACT NYSDOH CDC-funded State and Local Public Health Action 1422 Program, ACDOH conducts CS Symposiums, supports pop-up demonstrations (temporary street treatments that provide an experience of safer, more engaging streets), and provides a CS Lending Library for County municipalities. In addition, ACDOH established an interdisciplinary and multi-agency partnership – the CS Active Communities Mini-Grant Advisory Board – to coordinate the CS mini-grants for pop-up demonstrations.

This work brings together an interdisciplinary team to help municipalities develop and implement CS policies and plans. ACDOH, regional MPO, municipal leaders, urban planners, and interested community groups and organizations attended the symposium in April 2018. A total

of 9 municipalities representing over 310,000 residents shared their experiences, challenges, and successes, while learning about the impact of CS on the health of their communities. Participants identified the need for ongoing support and leadership from the County and for a lending library that provides reusable materials needed to deliver pop-up demonstrations. ACDOH actively works with 7 of its 19 municipalities to provide ongoing CS guidance and support.

Results

The CS Symposium held on April 25, 2018 brought together 36 attendees from 9 municipalities representing over 310,000 residents. The county executive delivered a statement for Albany County that called for a commitment to implement CS countywide. The symposium was co-facilitated by a nationally recognized CS advocate and a local CS consultant firm. Attendees received education on how the built environment contributes to healthy living and improves quality of life for residents, while also participating in learning opportunities that facilitated discussion on the opportunities and challenges in implementing CS.

ACDOH continues to enhance connections with municipalities by attending local board meetings and community engagement events to support and provide technical assistance. Building the lending library is an unexpected result that contributes to the sustainability of the work. In fall 2018, the library will provide equipment and materials to support the implementation of pop-up demonstrations at no cost to municipalities. Additionally, the CS Active Communities Mini-Grant Advisory Board continues to review project submissions. To date, with the support from ACDOH, four New York pop-up events have been coordinated, with two in Colonie and Cohoes in Spring 2018, and two in Watervliet and Albany, scheduled for fall 2018.

Figure 1, right: The 2018 Complete Streets Symposium including a walk audit through the streets of Downtown Albany, NY.

Lessons Learned

Project challenges include the logistics around purchasing and contract procedures within local government. It is essential to plan adequate time for these processes and to understand the methods for each of the parties. Moving forward, it will be challenging to develop the capacity to meet the ongoing support needs of municipalities.

Additionally, it is challenging to measure the impact of CS on a community's physical activity level (PAL), as plans are implemented over a period of years. ACDOH is exploring the feasibility of designing a countywide interdepartmental team to meet this challenge and is engaging partners across the region, state, and nation to determine the best methods for capturing PAL metrics.

Ongoing success is attributed to the interdisciplinary partnerships that the ACDOH leverages for diverse expertise, funding, and resources to support municipalities. This provides layers of support that contribute to the sustainability of the project. The continuum of CS stages outlined by the National Complete Streets Coalition of Smart Growth America are strategically implemented by ACDOH. This approach builds the capacity for municipalities to implement CS and strengthen interdisciplinary relationships to sustain the work. CS plans are shared and developed with the regional MPO, which helps to assure support for and alignment with regional plans.





Figure 2: Village of Colonie before Complete Streets Pop UP Event.



Figure 4: Community partners at Complete Streets pop-up event held May 12, 2018 in the Village of Colonie, NY.



Figure 3: Village of Colonie, NY Complete Streets pop-up event held May 12, 2018.

Endnotes

¹ The New York State Expanded Behavioral Risk Factor Surveillance System 2013-2014 (2014 eBRFSS) was designed to supplement the Center for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS), which is conducted annually in New York State. The purpose of the 2014 eBRFSS was to produce local information on key public health issues. Data for the project were collected from April 15, 2013 to May 10, 2014. The 2014 eBRFSS reached households with both landline telephones and cell phones. Like the annual BRFSS, New York State's 2014 eBRFSS was designed to represent the non-institutionalized adult household population, aged 18 years and older. http://www.hcdiny.org/content/sites/hcdi/ebfrss_chart_books/Albany.pdf

² The New York State Department of Health [Hospital Inpatient Prevention Quality Indicators \(PQI\) for Adult Discharges by County \(SPARCS\): 2016](https://health.data.ny.gov/Health/Hospital-Inpatient-Prevention-Quality-Indicators-P/iqp6-vdi4/data) <https://health.data.ny.gov/Health/Hospital-Inpatient-Prevention-Quality-Indicators-P/iqp6-vdi4/data>

³ The New York State Department of Health [Hospital Inpatient Prevention Quality Indicators \(PQI\) for Adult Discharges by Zip Code \(SPARCS\):2016](https://health.data.ny.gov/Health/Hospital-Inpatient-Prevention-Quality-Indicators-P/5q8c-d6xq/data) <https://health.data.ny.gov/Health/Hospital-Inpatient-Prevention-Quality-Indicators-P/5q8c-d6xq/data>

⁴ Sallis, James F, et al. (2009). "Neighborhood built environment and income: Examining multiple health outcomes." *Social Science and Medicine* 68:1285-129 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3500640/>

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