

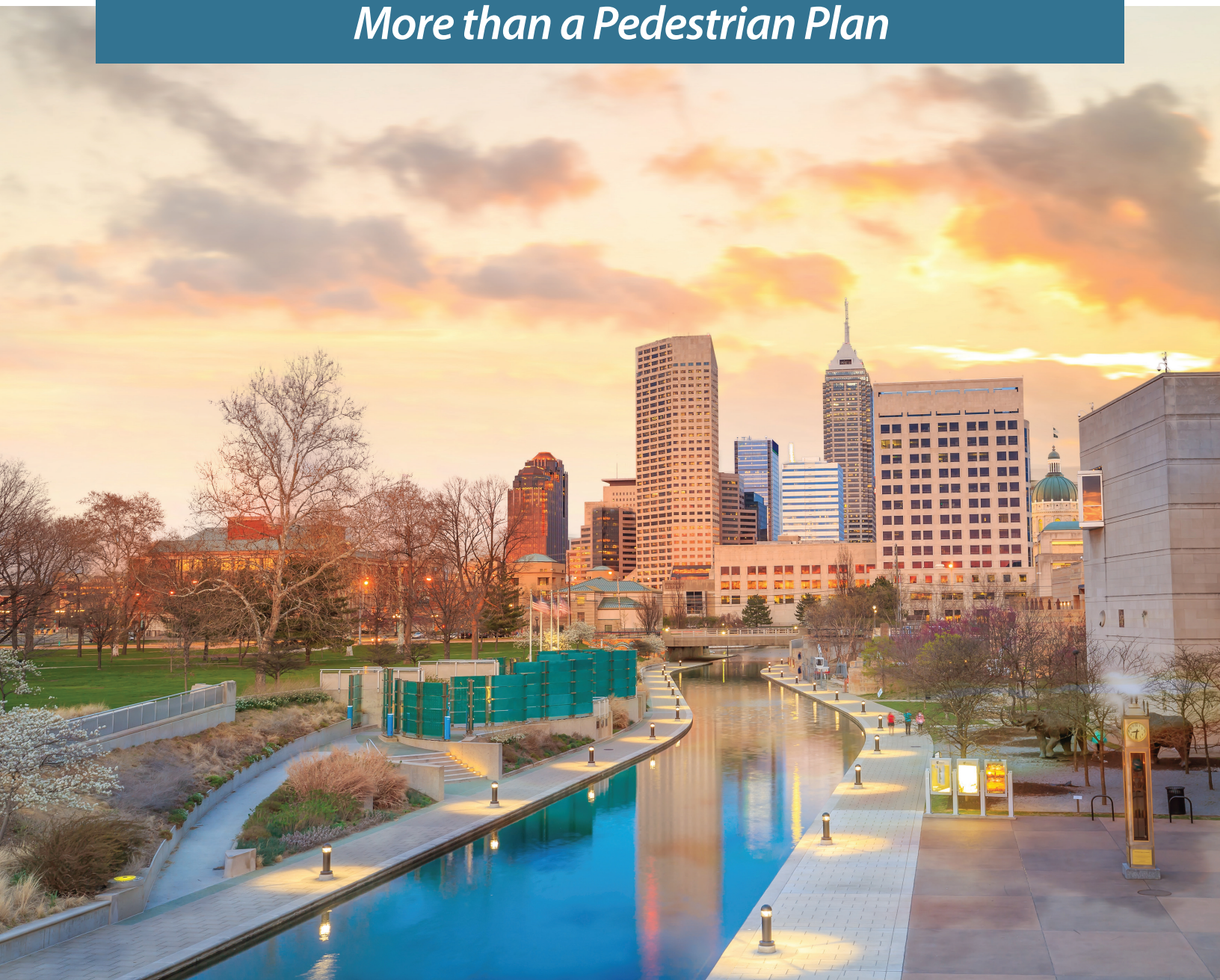


**American Planning Association**

*Making Great Communities Happen*

# INDY WALKWAYS

*More than a Pedestrian Plan*



## INDIANAPOLIS/MARION COUNTY

### Pedestrian Plan

[Health by Design](#) leveraged Plan4Health funding and community partnerships to develop Indianapolis/Marion County, Indiana's first Pedestrian Plan.

The City of Indianapolis, the Marion County Public Health Department, and Health by Design partners developed the community's first Pedestrian Plan, with a long-term vision for a more walkable and healthy Indianapolis. The plan establishes clear, equitable, data-driven priorities for future investments in walking projects and programs, making the community safer and more accessible for all who walk or roll to get where they need to go.

Adopted by the Metropolitan Development Commission on May 4, 2016, the plan covers the 940,000 residents of Marion County.

More than a plan, the Pedestrian Plan offers a checklist of prioritized investments and a framework for considering future infrastructure projects. By increasing opportunities for physical activity and advancing health equity, Health by Design has made the healthy choice easier where the citizens of Indianapolis live, learn, work, and play.

Read the [Pedestrian Plan](#).

### State of Walkability Report

The State of Walkability report, a companion piece to the Indianapolis/Marion County Pedestrian Plan, provides a snapshot of Indianapolis walkability and the physical, social, and health implications of living in a neighborhood unsupported by safe walking infrastructure and comfortable walking environments. The report is available [here](#).

### Prioritization Methodology

A method to prioritize investments is necessary to ensure that pedestrian projects with the greatest impact are funded first. The Pedestrian Plan's prioritization approach uses quantitative data (including health and equity, pedestrian safety and comfort, pedestrian demand and TOD potential, high crime areas, and near-term revitalization areas), project-specific criteria, and funding levels to identify the highest priority projects. The methodology is available [here](#).

### Why Planning and Public Health?

Planning in the United States originated with a public health purpose. Planning and public health professions were united by a focus on urban reform and a goal to prevent outbreaks of infectious disease. As planning diverged from its common roots with public health, the profession's attention moved to managing land use, physical development, and supporting infrastructure. In contrast, public health professionals worked to continue addressing infectious diseases, and then more recently, chronic diseases. These separate missions have led to a siloed approach to influencing the social determinants that significantly impact individual and population health. Plan4Health works to break these silos and to reconnect planning and public health through a shared vision of healthy places, making the healthy choice easier.

Going through [Plan4Health], I had this realization. In the early days of planning, back in the early 1900s, planning and public health were almost the same thing. We had a huge communicable disease problem in major cities and solved that problem by having planning regulations. . . . Now we're facing a chronic disease problem. So, I think using the same lessons that we learned about how you plan, build, and engineer a city can help solve part of the chronic disease problem.

Brad Beaubien, AICP, long range planning administrator  
Indianapolis Department of Metropolitan Development



## What is Plan4Health?

Anchored by American Planning Association (APA) chapters and American Public Health Association (APHA) affiliates, with funding through the Centers for Disease Control and Prevention's Division of Community Health, [Plan4Health](#) supports creative partnerships to build sustainable, cross-sector coalitions. The 35 coalitions participating in the Plan4Health project are working to increase access to nutritious foods or to increase opportunities for physical activity. All coalitions include planners and public health professionals as well as a range of community-based organizations, such as universities, local governments, and others committed to building healthy, vibrant communities.

The investments that APA and APHA have made in members across the country will potentially impact millions of residents through policy, systems, and environmental improvements. The same investments will potentially impact more than 60,000 planners and public health professionals who will have access to the best practices and lessons learned from their peers involved in Plan4Health. Plan4Health speaks to a larger movement to connect community members and local professionals through national associations—and to sustain this work through the institutionalization of health and planning practices in coalitions and organizations throughout the country. Plan4Health is one initiative in the movement to build healthy communities, shifting daily decisions in professional practice to view planning as an essential strategy for chronic disease prevention.

## THE HEALTHY COMMUNITIES MOVEMENT

Coalition-based work to advance healthy, vibrant communities has been led by the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, and countless community members and nonprofit organizations across the country.

Plan4Health has benefited from the investments of others and the ongoing commitment to prevent chronic disease. For more information about work at the intersection of the built environment and health, refer to the selected resources below:

[Making the Case for Active Cities: The Co-Benefits of Designing for Active Living](#)

[Intersections: Health and the Built Environment](#)

[Summarizing the Landscape of Healthy Communities](#)

## What is Health by Design?

### HEALTH BY DESIGN

#### Mission

To create a built environment that promotes physical activity and protects the natural environment through education, advocacy, and action.

#### Values

**Integrity:** Demonstrating respect and fairness toward all, valuing each person's opinions and skills, and conveying the coalition's message honestly and ethically.

**Cooperation:** Communicating and making decisions based on clear, open processes, the inclusion of many voices, and consensus building when possible.

**Achievement oriented:** Setting measurable goals and timelines to evaluate the success and progress of the coalition's efforts.

**Learning experience:** Emphasizing education, both with members and through community outreach efforts, to strengthen and develop the coalition and mission.



Plan4Health grantee [Health by Design](#) is an established coalition of diverse partners working to ensure that communities throughout Indiana have neighborhoods, public spaces, and transportation infrastructure that promote physical activity and healthy living. By raising awareness, providing education and encouragement, and monitoring how places impact residents, Health by Design champions a built environment that promotes active living and protects the natural environment.

Formed in 2006, Health by Design was launched in partnership with the Marion County Health Department and passionate community advocates after an inspiring lecture by Dr. Lawrence Frank. Dr. Frank, a researcher and social scientist, sparked the conversation between planning and public health in Indianapolis—and stakeholders and residents were committed to maintaining that early momentum.

Within Indianapolis, Health by Design has led numerous initiatives at the intersection of planning and public health. From the [2008 ordinance](#) that requires sidewalks for all new private development to the [2012 Complete Streets policy](#), Health by Design has created safer, more walkable communities. Plan4Health offered Health by Design—in partnership with the Marion County Public Health Department, the City of Indianapolis, and hundreds of engaged residents—the opportunity to build on the success of previous policy, systems, and environmental improvements and to pursue the development of a pedestrian plan.

## WORLDS APART

A 2015 report, [Worlds Apart: Gaps in Life Expectancy in the Indianapolis Metro Area](#), produced by the Richard M. Fairbanks School of Public Health at Indiana University–Purdue University Indianapolis (IUPUI) in partnership with the Polis Center at IUPUI for the SAVI Community Information System, illustrates the stark differences in life expectancy throughout Indianapolis. In zip code 46033—a northeastern suburb of Indianapolis—residents have a life expectancy of 83.7 years, similar to some of the world’s healthiest countries (such as Switzerland and Japan at 83 and 84 years, respectively). Contrast this with zip code 46225, immediately south of Monument Circle, where life expectancy drops to 69.4 years—a figure that is worse than many developing countries.

More walkable areas of Indianapolis afford residents the opportunity to live healthier lifestyles and, in turn, increase their life expectancy. Some areas of Indianapolis have an average life expectancy greater than 80 years (such as in the far southeast and northeast neighborhoods); however, people’s lives are expected to be 10–15 years shorter in areas surrounding downtown Indianapolis. The lowest life expectancy in the city is in the downtown, Near Southside, and Garfield Park neighborhoods. While downtown does have walking infrastructure, other factors play a role in shorter life expectancies, including income.

—State of Walkability Report (p.27)

## Why Indianapolis?

Like many Midwestern cities, Indianapolis was designed and developed with automobiles as the primary mode of transportation—and, also like many cities, residents have become increasingly physically inactive and are experiencing high rates of chronic disease.

According to the [2017 County Health Rankings](#), Marion County ranked 92 out of 92 Indiana counties in health factors and 79 out of 92 in health outcomes. The [2017 American Fitness Index](#) placed Indianapolis 48 out of the 50 most populous metropolitan areas in the United States based on various measures of health, community resources, and policies that support physical activity.

## What was the process?

From early 2015 to May 2016, Health by Design led an ambitious process to develop Indianapolis’ first Pedestrian Plan. Within the overall project framework, the coalition identified key goals: ongoing community engagement, a comprehensive communications campaign, and rigorous data analysis.

We’ve had a variety of planning meetings this year that have been so well attended, with a lot of energy. We have the sort of usual suspects, which we’re so thankful for . . . we’ve also had nonprofit organizations. The disability community has been at the table and providing really important information. . . . It’s been a really wonderful experience to have this shared agenda setting.

Sandra Cummings, chronic disease coordinator  
Marion County Public Health Department

## DEVELOPING WALKWAYS

An overarching communications strategy was central to this Plan4Health project. The stated purpose of the campaign was to encourage walking and engage the public in advocating for and improving walkability. It included branding the campaign. In addition, implementation of that campaign supported robust public engagement throughout the pedestrian planning process.

Early on, it was understood that one unifying name would be needed for this initiative. Health by Design is an existing coalition with numerous statewide projects, so it didn't make sense to rely solely on that brand. Furthermore, this project was a true collaboration between the City of Indianapolis, the Marion County Public Health Department, and Health by Design; it was important that no one entity be perceived to be solely responsible for project activities.

One of the earliest project activities was a facilitated meeting of representatives from partner organizations to begin discussion of the promotional campaign and what it would entail. The meeting lasted four hours and had 20 participants. Discussion topics included the campaign objectives, potential target audiences and their mindsets, the broader community context, potential measures of success, and potential calls to action. The discussions and content developed in the initial meetings formed the foundation for the eventual campaign plan. Health by Design's graphic design consultant was in attendance at both of the meetings, to listen to the dialogue and begin conceptualizing a logo.

As the partner meetings had not led to any clear branding options, the public relations firm decided to hold a creative brainstorming charrette with a handful of local marketing and communications colleagues. The graphic designer attended, as well. The group went through a facilitated discussion and a series of activities designed to elicit branding and messaging ideas. The group came up with four potential names and four potential taglines. The ideas were presented to campaign committee partners, as well as the pedestrian plan project management team and consultants,

and an online survey was used to collect feedback. A third meeting was then held, attended by 14 partners. The tactics determined at the prior meeting were discussed further, as was the campaign name. Based on that dialogue, a core team finalized the campaign name, WalkWays, and tagline, Moving Indy Forward.

Immediately after the name was finalized, the graphic designer went to work producing three black and white logo options. Those were again shared with campaign committee partners, the pedestrian plan project management team, and consultants for feedback. Once the logo was selected, four color choices were offered, and the core team made a selection.

While the name and logo were being finalized, a parallel process of website development was under way. Meanwhile, the pedestrian planning process was also under way, and the first round of public engagement was quickly approaching. That open house date was driving the overall time line, and there were a variety of related activities under way related to the campaign "launch." Tasks included developing content for the website, establishing social media accounts, preparing a promotional flyer and invitation emails, notifying key stakeholders and elected officials of the event, creating the agenda and materials, and writing and distributing a press release.

Several members of the project team had a specific role in launch preparation, and even more were asked to provide input, review content, and test web functionality. The process showed the strength and commitment of our partners and resulted in great energy and impact in kicking off the public-facing elements of the project.

—Kim Irwin, executive director, Health by Design



## PLAN4HEALTH PROJECT PARTNERS

Health by Design

City of Indianapolis

Marion County Public Health Department

American Planning Association - Indiana Chapter

Indiana Public Health Association

Indiana State Department of Health

Indianapolis Metropolitan Planning Organization

Indianapolis Public Transportation Corporation (IndyGo)

Indianapolis Neighborhood Resource Center

Local Initiative Support Corporation

YMCA of Greater Indianapolis/Top 10 Coalition

Engaging Solutions

Nelson Nygaard

## REFLECTING ON DATA COLLECTION

The development of the Pedestrian Plan required extensive use of existing data from the City of Indianapolis and the Marion County Public Health Department. Early on in the planning process, it became apparent that the full range of ideal data would not be available because it is not currently collected and/or monitored. Examples include information about the presence and location of crosswalks throughout the city, information about the type and location of pedestrian signals, and some economic development forecasting.

Data available through the Marion County Public Health Department was self-reported. Self-reported data has known limitations, but this planning process highlighted some significant discrepancies between data, collected as part of a recent community needs assessment, and similar data collected using spatial analysis. One specific example includes the distance between a place of residence and the nearest park. In addition, based on findings of a parallel Health by Design project, data related to pedestrian crashes was found likely to be significantly underreported in police records.

The use of data in developing a prioritization methodology was central to this project. The unavailability and unusability of some data indicators made it difficult to proceed with analysis as originally planned. Instead, proxy data was used and/or a different approach became necessary, though ultimately, this did not diminish the project or its findings. The use of data—particularly as measures of health, safety and equity—is extremely important in the work of planning and public health.

We should not let data limitations keep us from finding ways to integrate it into projects, but we must be aware and thoughtful about how it can then be used. We must commit to improving this data by allocating resources, looking for partnership opportunities to ensure its timely and accurate collection, adjusting methods to improve reliability of self-reported data, merging data sources to expand the picture, and building in checks and balances.

—Kim Irwin, executive director, Health by Design

## Community Engagement

Recognizing the importance of community engagement not only to ensure a strong pedestrian plan, but also to raise awareness about walking and walkability, the coalition provided multiple opportunities for organizations and individuals to shape the work.

The coalition designed and launched WalkWays: Moving Indy Forward in October 2015, hosting a community cinema and open house to begin promoting the project and requesting feedback from residents. See Developing WalkWays for more information about the development of the comprehensive communications campaign.

Health by Design and Plan4Health project partners also developed a trade-offs survey. Understanding that funding for pedestrian infrastructure investments is limited, the coalition encouraged community members to prioritize environmental improvements—and to weigh in on the planning process. Over 1,700 online and paper responses were received between October 2015 and January 2016, reflecting the support of the community to pursue the Pedestrian Plan as well as the leadership team's intentional engagement of residents from across the city. In February 2016, five public open houses were held to share the State of Walkability report findings, to present the data and process for project prioritization, and to seek feedback from the 150 people who attended the meetings. An additional online survey with 600 respondents further refined the plan itself.

Meetings with partner organizations, key stakeholders, and local decision makers occurred throughout the project. An election in November 2015, midway through the Plan4Health project period, meant a chance to engage newly elected city-county council members. Health by Design initiated conversations, providing information and guidance to not only support local leaders in their work, but also to set the stage for future action.

## Data Analysis

Health by Design and the Plan4Health project partners were committed to using all available data to develop a plan that prioritized immediate investments and provided guidance for future projects. The coalition completed a State of Walkability report to understand the current conditions of neighborhoods in Indianapolis as well as to benchmark the work of Indianapolis in comparison to cities across the county. The coalition and project consulting team completed an extensive series of maps through a variety of lenses: population density, equity index, chronic disease rates, pedestrian comfort—and more.

In order to systematically recommend investments when the need far outweighs the available funds, the coalition reviewed the data and focused on three lenses: health, safety, and equity. Weighing the most vulnerable neighborhoods and residents living with higher rates of chronic disease more heavily, the coalition articulated its values through its own “trade-off” process.



Combining the six data layers resulted in a map of high priority areas, with three tiers.

### What was the outcome?

The three final products were released by Health by Design and Plan4Health project partners in early 2016: The Indianapolis/ Marion County Pedestrian Plan; Appendix A: State of Walkability —A Companion Piece to the Indianapolis/Marion County Pedestrian Plan; and Appendix B: Prioritization Methodology. Together, these documents provide an accessible, transparent summary of the plan process, reflecting the range of community feedback as well as the comprehensive analysis of data. Indianapolis' first Pedestrian Plan was adopted by the Metropolitan Development Commission in 2016.

This Pedestrian Plan identifies a new way to spend the city's pedestrian funding, focusing on a prioritization strategy for investments. The prioritization approach helps the city to do two things: (1) identify high priority areas where pedestrian projects and programs are most needed and can address health, equity, and safety; and (2) rank pedestrian projects within the highest priority areas to identify those that should be completed first.

—Pedestrian Plan (p. 17)

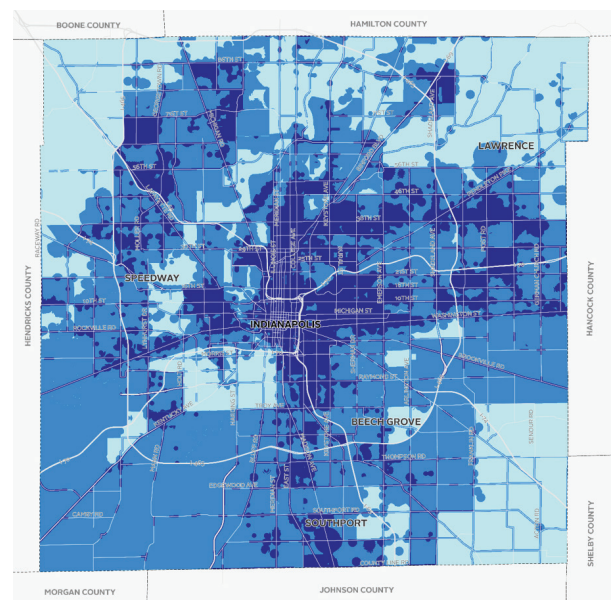
The plan itself offers a framework for understanding current areas of need as well as how to prioritize future opportunities in the broader context of creating and sustaining a walkable community. Organized into three Ps, Programs, Policies and Procedures (detailed in the chart), the plan recommendations provide guidance and action steps for residents and decision makers alike.



Indianapolis' budget gap. State of Walkability Report, p. 49



Image of six indices to find the "hot spots" where the factors come together, pointing to areas of high priority. Pedestrian Plan p. 19



Map of high priority areas, with the darkest blue representing Tier 1 (highest priority), and the lightest blue representing Tier 3 (lowest priority). Pedestrian Plan p. 26

## The Three Ps

**Programs** encourage and celebrate walking and play a role in identifying additional needs throughout the city.

P1.7 TRAFFIC CALMING PROGRAM				
<b>Goal</b> 	<b>Description</b> Develop a neighborhood traffic calming program	<b>Rationale</b> <ul style="list-style-type: none"> <li>Traffic calming programs for neighborhood streets will manage vehicle speeds and volumes, which is particularly important on streets without sidewalks</li> <li>Indy does not have a dedicated traffic calming program</li> </ul>	<b>Actions</b> <ul style="list-style-type: none"> <li>Develop an annual work plan for traffic calming projects</li> <li>Educate the community on the types, benefits, and tradeoffs of traffic calming projects</li> <li>Identify and include traffic calming projects in future pedestrian project lists (prioritized according to the Pedestrian Plan's fr/work)</li> <li>Implement education and outreach campaigns that explain how to use new types of infrastructure (for all modes), helping both motorists and pedestrians to understand traffic control changes</li> </ul>	<b>Partners</b> <ul style="list-style-type: none"> <li>Department of Public Works</li> <li>Neighborhood liaisons</li> <li>Local Initiatives Support Corporation of Indianapolis</li> </ul>
<b>Phasing</b> 				



Example program, *Pedestrian Plan*, p. 45

**Policies** determine the requirements for developers to contribute to the citywide walking network and establish an approach to allocating and operating the public right-of-way.

P2.6 NO RIGHT TURN ON RED AND OTHER TURN RESTRICTIONS				
<b>Goal</b> 	<b>Description</b> Develop a no right turn on red policy in downtown Indianapolis, and additional turn restrictions	<b>Rationale</b> <ul style="list-style-type: none"> <li>People walking in downtown are exposed to potential conflicts with vehicles during dedicated walk phases if right turn movements are permitted on red</li> <li>Majority of collisions involving pedestrians are at intersections</li> </ul>	<b>Actions</b> <ul style="list-style-type: none"> <li>Identify right turn on red restriction opportunities in downtown and at skewed signalized intersections</li> <li>Analyze traffic impact of right turn on red restrictions (apply LOS thresholds developed in recommendation P2.5)</li> <li>Install regulatory signs and stripe advanced stop bars where right turn on red restrictions are applied</li> <li>Educate motorists about right turn on red restrictions</li> <li>Identify left turn on red restrictions for movements from a one-way street to another one-way street</li> </ul>	<b>Partners</b> <ul style="list-style-type: none"> <li>Department of Public Works</li> <li>Indianapolis Metropolitan Police Department</li> </ul>
<b>Phasing</b> 				

Example policy, *Pedestrian Plan*, p. 51

**Procedures** are day-to-day practices—from street management to project delivery—that have a profound impact on the quality of the city's walking environment.

P3.4 CONSTRUCTION MANAGEMENT				
<b>Goal</b> 	<b>Description</b> Establish a construction management program that works with contractors to implement preferred construction management practices, construction management plans and phasing, construction management meetings, and inspections	<b>Rationale</b> <ul style="list-style-type: none"> <li>The current construction boom has created construction zones that leave pedestrians stranded or require inconvenient detours</li> </ul>	<b>Actions</b> <ul style="list-style-type: none"> <li>Schedule construction management meetings weekly, bi-weekly, or monthly (depending on construction activity) to ensure construction management plans are responsive to changes in the right-of-way and cumulative construction impacts</li> <li>Conduct random construction inspections and establish a fee schedule for infractions</li> <li>Develop strict temporary traffic control requirements to help provide a continuous, direct, and uninterrupted travel paths for pedestrians regardless of age and ability (including those with visual, cognitive, and mobility impairments)</li> </ul>	<b>Partners</b> <ul style="list-style-type: none"> <li>Department of Code Enforcement</li> <li>Department of Public Works</li> <li>Local developers</li> <li>Utility companies</li> </ul>
<b>Phasing</b> 				

Example procedure, *Pedestrian Plan*, p.56



## What was the impact?

The approval of the Pedestrian Plan has had a positive impact on established advisory groups within city government and has led to a broader conversation about how all modal groups could interface, enhancing their shared power as legitimate decision-making entities. Health by Design and Plan4Health partners will continue to develop the pedestrian advisory group to ensure that the excitement and momentum launched by WalkWays is integrated throughout city systems.

While Health by Design, the Marion County Public Health Department, the City, and many others within the public health system and community at-large are working to alleviate the chronic disease burden in Indianapolis/Marion County, a greater cultural shift toward healthy community design and sustained healthy behavior choices is necessary to ensure that healthy lifestyles are the default for subsequent generations. Dedicated resources—financial, staffing, and technical—are needed for collaborative planning to occur between the local health department, transportation and land-use planners, academic institutions, social service agencies, and interested citizens in order to support Indianapolis/Marion County residents in leading longer and healthier lives.

—Statement of Purpose, Health by Design,  
Plan4Health Application, 12/22/2014

The WalkWays website continues to be a resource for community members excited and energized about walkability. The calendar of events connects walkers to walking clubs and walking groups. From Walk Urban Indy and the YMCA to the Girl Trek Walking Team, finding a walking partner and fun destination is just a click away.

The plan is also making an immediate impact as a model for others, with several other initiatives incorporating the conceptual framework of the Pedestrian Plan into new active transportation infrastructure throughout Indianapolis.

The Plan4Health project team moved seamlessly from plan development to plan implementation, engaging local leaders and community stakeholders in the application of recommendations. The opportunity to continue the momentum of Plan4Health through [Planners4Health](#) has not only amplified the ongoing cross-sector collaboration in Indianapolis, but has also strengthened connections with the Plan4Health project team in Columbus, Indiana.

Indy WalkWays has supported a culture of health in Indianapolis, building on the assets of the community and elevating the importance of design to make healthy choices easier for everyone.

## LISTEN, WATCH, AND READ MORE FROM HEALTH BY DESIGN AND PLAN4HEALTH:



[Kim Irwin, executive director, Health by Design](#)



[Indianapolis Walking Towards First Pedestrian Plan](#)



[Partnering4Health: Building Healthier Communities](#)



[City Leaders Create Plan to Improve Sidewalks, Make Indy More Walkable](#)



[Plan4Health Blog: A Campaign to Get Indy Residents Walking](#)



[How \\$500 Million Turned Car-Centric Indianapolis Into a More Walkable City](#)



[Plan4Health Peer Learning with Indy Walkways](#)