

In June 2017, Oregon's Public Health Advisory Board (PHAB) established a set of accountability metrics to track progress towards the modernization of Oregon's public health system. These metrics emphasize Oregon's population health priorities and help identify when goals aren't being met. These metrics also identify where public health can work with other sectors to achieve shared goals. Active transportation is one of two Public Health Accountability Metrics for Environmental Public Health.

Process measures for local public health authorities were created to highlight key actions that will need to be taken to forward progress on the accountability metrics. These process measures bring attention to the unique and essential roles and functions of local public health authorities (LPHAs).

Process Measure:

The local public health process measure for the active transportation measure reads as follows:

Local Public Health Authority participation in leadership or planning initiatives related to active transportation, parks and recreation, or land use

Additional information about this process measure, including a list of governing or leadership boards and/or activities that would qualify as meeting this measure, is available at (add link to website).

Responses to the following questions will provide baseline information for this process measure. Results will be reported in the 2019 Public Health Accountability Metrics Report.

- * 1. Name of person completing this survey

- * 2. Job title

- * 3. Email address

- * 4. Local public health authority

Transportation System Plans

Definition: A Transformation System Plan defines the transportation system desired for the future and how it can be achieved. It identifies transportation systems, as well as outlines policies and strategies necessary to meet existing and future travel needs (motor vehicle, pedestrian, bicycle, transit and freight) based on projected population and employment growth and community aspirations.

* 5. Is your county currently developing a **Transportation System Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Transportation System Plans

* 6. Do you, or another staff of your LPHA, currently participate in an advisory committee for the development of the **Transportation System Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Transportation System Plans

* 7. How is your LPHA participating in the advisory committee for the development of the **Transportation System Plan**? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Transportation System Plans

* 8. Why is your LPHA not participating in the development of the **Transportation System plan**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Comprehensive Plans

Definition: The comprehensive plan, also known as a general plan, master plan or land-use plan, is a document designed to guide the future actions of a community. It presents a vision for the future, with long-range goals and objectives for all activities that affect the local government. This includes guidance on how to make decisions on public and private land development proposals, the expenditure of public funds, availability of tax policy (tax incentives), cooperative efforts and issues of pressing concern, such as farmland preservation or the rehabilitation of older neighborhoods areas. Most plans are written to provide direction for future activities over a 10- to 20-year period after plan adoption. However, plans should receive a considered review and possible update every five years.

* 9. Is your county currently developing a **Comprehensive Plan** for land use?

- ☐ Yes
- ☐ No
- ☐ Unsure

Comprehensive Plans

* 10. Do you, or another staff of your LPHA, currently participate in an advisory committee for the development of the **Comprehensive Plan** for land use?

- ☐ Yes
- ☐ No
- ☐ Unsure

Comprehensive Plans

* 11. How is your LPHA participating in the advisory committee for the development of the **Comprehensive Plan** for land use? (Check all that apply)

- ☐ My LPHA has dedicated resources (FTE or other) to developing this plan.
- ☐ I, or another staff of the LPHA, am a committee member.
- ☐ I, or another staff of the LPHA, have provided public health data and information.
- ☐ I, or another staff of the LPHA, attend meetings.
- ☐ Other (please specify)

Comprehensive Plans

* 12. Why is your LPHA not participating in the development of the **Comprehensive Plan** for land use?
(Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Zoning Code Updates

Definition: Local (municipal) law that specifies how and for what purpose each parcel of private real estate may be used. Also called zoning ordinance.

* 13. Is your county currently planning for zoning code updates?

- ☐ Yes
- ☐ No
- ☐ Unsure

Zoning Code Updates

* 14. Do you, or another staff of your LPHA, currently participate in an advisory committee for the development of **zoning code updates**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Zoning Code Updates

* 15. How is your LPHA participating in the advisory committee for the development of **zoning code updates**? (Check all that apply)

- ☐ My LPHA has dedicated resources (FTE or other) to developing zoning code updates.
- ☐ I, or another staff of the LPHA, am a committee member.
- ☐ I, or another staff of the LPHA, am a co-developer of zoning code updates.
- ☐ I, or another staff of the LPHA, have provided public health data and information.
- ☐ I, or another staff of the LPHA, attend meetings.
- ☐ Other (please specify)

Zoning Code Updates

* 16. Why is your LPHA not participating in the development of **zoning code updates**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Bicycle and Pedestrian Plans

Definition: defines the bicycle and/or pedestrian element of the TSP in greater detail. May be incorporated into TSP as a chapter or adopted as a stand-alone document.

* 17. Is your currently currently developing aBicycle or Pedestrian Plan?

- ☐ Yes
- ☐ No
- ☐ Unsure

Bicycle and Pedestrian Plans

* 18. Do you, or another staff of your LPHA, currently participate in an advisory committee for the development of the **Bicycle or Pedestrian Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Bicycle and Pedestrian Plans

* 19. How is your LPHA participating in the advisory committee for the development of the **Bicycle or Pedestrian Plan**?

- ☐ My LPHA has dedicated resources (FTE or other) to developing this plan.
- ☐ I, or another staff of the LPHA, am a committee member.
- ☐ I, or another staff of the LPHA, am a co-author of the plan.
- ☐ I, or another staff of the LPHA, have provided public health data and information.
- ☐ I, or another staff of the LPHA, attend meetings.
- ☐ Other (please specify)

Bicycle and Pedestrian Plans

* 20. Why is your LPHA not participating in the development of the **Bicycle or Pedestrian Plan**?

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Transit Development Plans and Transit Master Plans

Definition: A long range plan for the future of the transit system. Should inform the Transportation Systems Plan.

* 21. Is your county currently developing a **Transit Development Plan or Transit Master Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Transit Development Plans and Transit Master Plans

* 22. Do you, or another staff of your LPHA, currently participate in an advisory committee for the development of the **Transit Development Plan or Transit Master Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Transit Development Plans and Transit Master Plans

* 23. How is your LPHA participating in the advisory committee for the development of the **Transit Development Plan or Transit Master Plan**? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Transit Development Plans and Transit Master Plans

* 24. Why is your LPHA not participating in the development of the **Transit Development Plan or Transit Master Plan**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Safety Plans

Definition: Addresses safety considerations. Topic and scope will vary. Common examples include a transportation corridor that has a high number of crashes (geographic based), or an issue such bicycle safety (topic based).

* 25. Is your county currently developing a **Safety Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Safety Plans

* 26. Do you, or another staff of your LPHA, currently participate in an advisory committee for the development of the **Safety Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Safety Plans

* 27. How is your LPHA participating in the advisory committee for the development of the **Safety Plan**?
(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Safety Plans

* 28. Why is your LPHA not participating in the development of the **Safety Plan**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Neighborhood, Community or Other Local Area Plans

Definition: These plans are typically prepared in support of a Comprehensive Plan and must be consistent with the Comprehensive Plan. They often provide additional guidance on how the Comprehensive Plan will be implemented in a particular area. Not all such plans will address or impact opportunities for active transportation.

* 29. Is your county currently developing a **Neighborhood, Community or Other Local Area Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Neighborhood, Community or Other Local Area Plans

* 30. Do you, or another staff of your LPHA, currently participate in an advisory committee for the development of the **Neighborhood, Community or Other Local Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Neighborhood, Community, or Other Local Area Plans

* 31. How is your LPHA participating in the advisory committee for the development of the **Neighborhood, Community or Other Local Area Plan**? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Neighborhood, Community, or Other Local Area Plans

* 32. Why is your LPHA not participating in the development of the **Neighborhood, Community, or Other Local Area Plan**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Parks and Recreation Plans

Definition: A plan for the future of parks in the community. Usually includes trails and paths which are part of the park system. May be adopted as a chapter of a Comprehensive Plan.

* 33. Is your county currently developing a **Parks and Recreation Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Parks and Recreation Plans

* 34. Do you, or another staff of your LPHA, currently participate in an advisory committee for the development of the **Parks and Recreation Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Parks and Recreation Plans

* 35. How is your LPHA participating in the advisory committee for the development of the **Parks and Recreation Plan**? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Parks and Recreation Plans

* 36. Why is your LPHA not participating in the development of the **Parks and Recreation Plan**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Safe Routes to School Action Plans

Definition: describes walking and biking facilities within a specified radius around a school to identify barriers for children walking and biking to school. Proposes a course of action.

* 37. Is your county currently developing a Safe Routes to School Action Plan?

- ☐ Yes
- ☐ No
- ☐ Unsure

Safe Routes to School Action Plans

* 38. Do you, or another staff of your LPHA, currently participate in an advisory committee for the development of the **Safe Routes to School Action Plan**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Safe Routes to School Action Plans

* 39. How is your LPHA participating in the advisory committee for the development of the **Safe Routes to School Action Plan**? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Safe Routes to School Action Plans

* 40. Why is your LPHA not participating in the development of the **Safe Routes to School Action Plan**?
(Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Health Impact Assessments for Land Use and Transportation Planning

Definition: HIAs are structured processes for informing public sector decision making processes such as the development of land use and transportation plans. They can be led by public agencies or non-governmental organizations and often have advisory or steering committees or other mechanisms for getting stakeholder input. Not all HIAs related to land use and transportation planning will address or impact opportunities for active transportation.

* 41. Is your county currently developing a **Health Impact Assessment for Land Use or Transportation Planning**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Health Impact Assessments for Land Use and Transportation Planning

* 42. Do you, or another staff of your LPHA, currently participate in an advisory committee for the development of the **Health Impact Assessment for Land Use and Transportation Planning**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Health Impact Assessments for Land Use and Transportation Planning

* 43. How is your LPHA participating in the advisory committee for the development of the **Health Impact Assessment for Land Use and Transportation Planning**? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Health Impact Assessments for Land Use and Transportation Planning

* 44. Why is your LPHA not participating in the development of the **Health Impact Assessment for Land Use or Transportation Planning**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Area Commissions on Transportation

Definition: Regional committees that make recommendations on transportation issues, including making funding recommendations to ODOT.

* 45. Does your county or health district have an **Area Commission on Transportation**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Area Commissions on Transportation

* 46. Do you, or another staff of your LPHA, currently participate in the **Area Commission on Transportation?**

- ☐ Yes
- ☐ No
- ☐ Unsure

Area Commissions on Transportation

* 47. How is your LPHA participating in the **Area Commission on Transportation**? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Area Commissions on Transportation

* 48. Why is your LPHA not participating in the **Area Commission on Transportation**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Planning Commissions

Definition: Planning Commissions: city and county decision making bodies, generally appointed by a City manager or city council. Makes recommendations to City Council on land use decisions.

* 49. Does your county or health district have a**Planning Commission**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Planning Commissions

* 50. Do you, or another staff of your LPHA, currently participate in the **Planning Commission**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Planning Commissions

* 51. How is your LPHA participating in the **Planning Commission**? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Planning Commissions

* 52. Why is your LPHA not participating in the **Planning Commission**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Bicycle and Pedestrian Advisory Committees

Definition: Bicycle and Pedestrian Advisory Committees: some cities may have a standing advisory committee, generally have an application process and is appointed by city manager, mayor or city council.

* 53. Does your county or health district have a **Bicycle and Pedestrian Advisory Committee**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Bicycle and Pedestrian Advisory Committees

* 54. Do you, or another staff of your LPHA, currently participate in the **Bicycle and Pedestrian Advisory Committee**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Bicycle and Pedestrian Advisory Committees

* 55. How is your LPHA participating in the **Bicycle and Pedestrian Advisory Committee**? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Bicycle and Pedestrian Advisory Committees

* 56. Why is your LPHA not participating in the **Bicycle and Pedestrian Advisory Committee**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Transit Agency Board

Definition: Transit Agency Board: if transit agency is a stand-alone district, rather than a department of the city, they are likely to have a board of directors. Selection process will vary.

* 57. Does your county or health district have a **Transit Agency Board**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Transit Agency Board

* 58. Do you, or another staff of your LPHA, currently participate in the **Transit Agency Board**?

- ☐ Yes
- ☐ No
- ☐ Unsure

Transit Agency Boards

* 59. How is your LPHA participating in the **Transit Agency Board**? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> My LPHA has dedicated resources (FTE or other) to developing this plan. | <input type="checkbox"/> I, or another staff of the LPHA, have provided public health data and information. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a committee member. | <input type="checkbox"/> I, or another staff of the LPHA, attend meetings. |
| <input type="checkbox"/> I, or another staff of the LPHA, am a co-author on the plan. | |
| <input type="checkbox"/> Other (please specify) | |

Transit Agency Boards

* 60. Why is your LPHA not participating in the **Transit Agency Board**? (Check all that apply)

- ☐ My LPHA does not have staff capacity to participate in the development of this plan.
- ☐ County leadership does not support LPHA involvement in the development of this plan.
- ☐ Public health has not been invited to participate in the development of this plan.
- ☐ Other (please specify)

Thank you!

The intention of the active transportation process measure is to foster the creation of relationships between local public health professionals and governing or leadership groups that oversee transportation planning. Local public health authorities are uniquely situated to ensure that potential impacts to health are at the forefront of local transportation and land use planning efforts.