



Original article

## Healthy by Design: Using a Gender Focus to Influence Complete Streets Policy



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### ABSTRACT

**Background:** Public health leaders in Yellowstone County, Montana, formed an alliance to address community-wide issues. One such issue is Complete Streets, with its vision of safe streets for all. This case study focuses on development and adoption of a Complete Streets policy. It examines how a community coalition, Healthy By Design, infused a gender focus into the policymaking process.

**Methods:** An incremental and nonlinear policymaking process was aided by a focus on gender and health equity. The focus on a large constituency helped to frame advocacy in terms of a broad population's needs, not just special interests.

**Results:** The city council unanimously adopted a Complete Streets resolution, informed by a gender lens. Healthy By Design further used gender information to successfully mobilize the community in response to threats of repeal of the policy, and then influenced the adoption of a revised policy.

**Conclusions:** Policies developed with a focus on equity, including gender equity, may have broader impact on the community. Such policies may pave the way for future policies that seek to transform gender norms toward building a healthier community for all residents.

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A Complete Streets policy aims to include the needs of all people, regardless of how they travel, into transportation decision making. At the heart of a Complete Streets policy is a concern for equity and addressing the needs of key constituent populations. Smart Growth America, a national nonprofit organization dedicated to “making neighborhoods great together,” describes Complete Streets policies as “formalizing a community's intent to plan, design, operate, and maintain streets so they are safe for all users of all ages and abilities” (Seskin, 2012, p. 9).

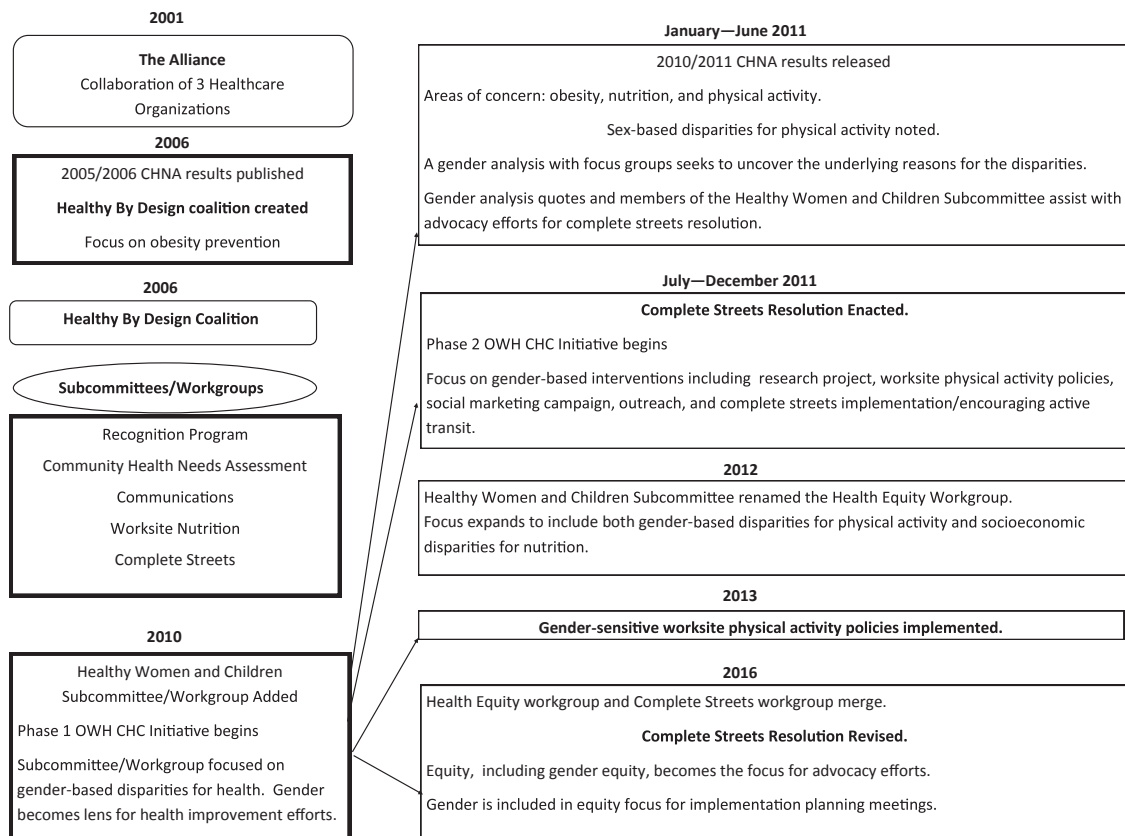
By designing streets with all modes of transportation in mind, active transportation such as walking and bicycling becomes more accessible, and the safety of every type of roadway user is supported. The Robert Wood Johnson Foundation's Commission to Build a Healthier America (Cubbin, Pedregon, Egerter, & Braveman, 2008) emphasized the importance of neighborhood

features for health and noted certain groups of people, such as children and low-income women, may be more vulnerable to the effects of neighborhood conditions. Research has demonstrated that the built environment can influence physical activity by encouraging activity in neighborhoods with elements of complete streets such as walkable sidewalks and active living-oriented zoning (Leider, Chriqui, & Thrun, 2017; Sallis et al., 2015). In contrast, a lack of pedestrian and bicycle infrastructure and a lack of connectivity are associated with less physical activity (Ewing, Schmid, Killingsworth, Zlot, & Raudenbush, 2003; Saelens, Sallis, & Frank, 2003).

The first Complete Streets policy was adopted in Oregon in 1971. From that time until 1999, there were only seven additional Complete Streets policies adopted in the United States. However, beginning in 2000, Complete Streets policy adoption began in earnest (Moreland-Russell, Eyler, Barbero, Hipp, & Walsh, 2013). By the end of 2015, jurisdictions had adopted 899 Complete Streets policies nationwide (Smart Growth America, 2016). This article describes the journey of one community—the City of Billings, located in Yellowstone County, Montana—to adopt and sustain a Complete Streets policy and the importance of infusing gender equity into the policymaking process. The gender-specific drivers for collaboration and change were aided by the 2010 Coalition for a Healthier Community (CHC) Phase 1 planning grant and 2011 CHC Phase 2 implementation grant, both funded by the U.S. Department of Health and Human Services Office on Women's Health. Figure 1 provides a brief outline of the process.

It is important to recognize this process is complex, and includes multiple stakeholders with different perspectives, addressing multifaceted issues. Throughout the process, stakeholders often supported differing specific objectives, timelines, and methodologies, yet had a common goal of improving the health of the community. A complex system view of organizations helps to explain this concept, because systems are characterized by nonlinear interactive components, self-organization, emergent phenomena, and unpredictability (Zimmerman, 1998). Thus, the Complete Streets policy process was not linear, but instead followed a complex pattern with unexpected intermediary outcomes, peppered with emergent behaviors that could not be predicted. In fact, the recognition and understanding of the nonlinear (Cairney, 2012) policymaking process helped create a climate open to change and may have led to the influence the Healthy by Design (HBD) Coalition had on the Complete Streets policy. This paper describes this complex process, including the influence of a focus on gender that informed the City of Billings's successful policy adoption in 2011, and may have had even more impact on the successful re-adoption and continued implementation in 2016.

Starting in 2001, the alliance began as an affiliated partnership based in Billings, Montana, consisting of the Chief Executive Officers from St. Vincent Healthcare and Billings Clinic (both tertiary care hospitals) and the Yellowstone City-County Health Department (doing business as RiverStone Health) to collaboratively address community-wide issues. The alliance conducted the first Community Health Needs Assessment (CHNA) in 2005 from a desire of their members' respective



**Figure 1.** Gender's role in policy development over time. *Abbreviations:* CHC, Coalition for a Healthier Community; CHNA, Community Health Needs Assessment; OWH, U.S. Department of Health and Human Services Office on Women's Health.

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