

Guidance for Incorporating Health into the City of Dover's Comprehensive Plan

Prepared by Planning4Health Solutions, November 2017

Acknowledgements

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1 | Overview

Introduction - Plan4Health

In 2016 the Delaware Chapter of the American Planning Association (APA) was awarded a Plan4Health grant to combat two determinants of chronic disease—lack of physical activity and access to nutritious foods. Their project, Delaware Plan4Health, brought together the Delaware Chapter of the APA and the Delaware Public Health Association (DPHA) to work with the Delaware Coalition for Healthy Eating and Active Living (DE HEAL) on integrating health equity into future planning efforts in the City of Dover and Kent County.

Delaware Plan4Health used surveying, geospatial analysis, document review and community charrettes to understand community health issues and how they may be addressed (see Appendix). Based on their findings, the Delaware Plan4Health team developed a series of recommendations for incorporating healthy living into Dover's comprehensive plan update. The comprehensive plan update, scheduled for 2019, is an opportunity to benefit public health by codifying elements into the plan that support healthy communities.

Guidance Document Purpose

The purpose of this guidance document is to aid the City of Dover Department of Planning and Inspection in integrating health and equity concepts into the upcoming comprehensive plan update. This document contains recommendations to strengthen the plan with regard to public health. It is hoped that the Planning Department, the Planning Commission, the City Council and the public will consider these recommendations for the comprehensive plan update with the goal of impacting a healthier future.

DE Plan4Health: Tools

Resident Survey: The Dover and Kent County resident survey captures self-reported information and perceptions regarding physical activity and eating patterns

Geospatial Analyses: The equity composite, retail food environment, park density and active transportation density maps summarize data from the U.S. Census Bureau, State of Delaware, the City of Dover, and Kent County. The maps illustrate priority areas in terms of: health equity; healthy food access; park and open space access; and active transportation networks, respectively.

Scorecard - Plan Review: The Scorecard summarizes an in-depth review of the City of Dover's Comprehensive Plan and the Kent County Comprehensive Plan, providing a measure of how well written plans integrate key modern public health concepts.

Community Design Charrettes: Charrettes are public/stakeholder engagement exercises that often involve visioning project designs and community plans. Dover's charrette included community stakeholders, city planners and members of the public in reviewing maps and data, identifying community priorities, and developing actionable strategies.

See Appendix for information about these tools and their findings.

Planning and Public Health

Today there is a broad understanding that better planning for our neighborhoods and communities can positively influence many factors that affect people's health: land use patterns; air and water quality; urban design; transportation; and parks and recreational facilities to name a few. Given that comprehensive plans touch on so many aspects of a community, they offer a unique opportunity to holistically promote healthy eating and physical activity - and prevent overweight/obesity and chronic health conditions - by proposing modifications to built and social environments. Specifically, the comprehensive plan can, and should, address public health by encouraging the city to grow and develop in a way that provides residents opportunities to be physically active and have access to high quality, healthy foods in their neighborhoods.

Health Challenges¹

Like so many other communities, obesity is a major challenge in Dover and Kent County. Kent County is the most obese county in Delaware, with one third of all adults in the county having obesity². Being overweight or obese can lead to chronic diseases, including heart disease, diabetes, stroke, hypertension and some cancers. Kent County ranks last in terms of length of life, quality of life, health behaviors, and clinical care. Cancer and heart disease are the leading causes of death in those under 75 years of age³.

Physical inactivity and poor nutrition are risk factors for overweight/obesity, and chronic diseases. Physical inactivity is high (28%) and access to exercise opportunities is relatively low (69%) in Kent County². And while food security and access to healthy food levels were on par with the state average², our mapping indicates there are geographic disparities in terms of healthy food retail. Half of all Census Tracts (8 of 16) in Dover are considered food deserts by the U.S. Department of Agriculture⁴.

In terms of equity, Kent County ranks last in social and economic factors². Median household income (\$56,000) is lower than the state average (\$61,000), and a relatively high proportion of children live in poverty (21%)². Dover is more diverse than Kent County and Delaware as a whole, with over half of residents identifying as non-white, and 42% of residents identifying as black⁴. Communities that are low income and communities of color may be at elevated risk for overweight/obesity and certain chronic diseases.

Comprehensive Plans

Comprehensive plans are policy guides for a city or county's long-range development. They anticipate and respond to population change and other challenges by proposing strategies to meet transportation, utilities, land-use, housing, recreation, community facilities, and economic development goals.

¹ Limited data are available publicly for municipalities smaller than counties.

² Source: County Health Rankings, 2017

³ Source: CDC WONDER (primary), County Health Rankings, 2017 (secondary)

⁴ Various data sources accessed through Community Commons

The Seven Core Principles

1. Guided by health equity
2. Mobility for all modes of transportation
3. Recognize health value of park system
4. Community facilities to support health
5. Healthy food systems planning
6. Economic value of healthy communities
7. Compact, mixed-use, place-based land use

2 | Principles for Incorporating Health into Dover's Comprehensive Plan

Principle 1 - Health Equity | let health equity guide the planning process

- Use health data and mapping to evaluate community health needs and opportunities
- When drafting plan chapters, goals and policies, consider health data and maps, and policy systems and environmental change strategies

Principle 2 - Transportation | promote all transportation modes and prioritize mobility

- Prioritize active transportation (walking, biking and transit)
- Planning for automobiles should not come at the expense of pedestrians, cyclists and transit

Principle 3 - Parks and Recreation | let community health needs guide parks and recreation planning

- Evaluate the entire park system (not just individual park facilities), identifying “park deserts” and assessing adequacy of existing facilities
- Improve access to parks, particularly pedestrian and bicycle access
- Provide for programming and a range of recreational activities for all ages and abilities
- Promote passive recreation and trails in natural areas

Principle 4 - Community Facilities | provide facilities that help keep people healthy

- Identify public and private sector facilities that contribute to healthy communities (e.g. libraries, schools, health care facilities)
- Explore opportunities to leverage these facilities and their associated programs/activities to improve health

Principle 5 - Food Systems | promote a vibrant agricultural industry that focuses on rural and urban agriculture

- Strongly focus on maintaining a viable agricultural industry
- Promote urban agriculture and gardening in neighborhoods as a means to expand access to fresh, healthy food

Principle 6 - Economic Development | emphasize strategies to alleviate poverty and improve employment opportunities while expanding healthy food retail

- Evaluate opportunities to expand healthy food retail
- Build the business case for and support healthy food retailers
- Incorporate farmers markets, produce carts, mobile markets and other initiatives into an economic development strategy for healthy food retail
- Generally, emphasize strategies that alleviate poverty, and improve employment opportunities and quality of life, particularly for disadvantaged groups

Principle 7 - Land Use | create compact, walkable, mixed-use, vibrant communities

- Synergize transportation strategies with land use planning to promote walkable and bikable places
- Emphasize proximity and accessibility of parks and community facilities to neighborhoods
- Promote community gardening in neighborhoods
- Provide for a range of housing types and prices
- Encourage place-making and community cohesion, and create places people want to live, work and play

3 | Recommendations for Dover's Comprehensive Plan Update

Introduction	Recommendation 1. Integrate health and equity into goals, including transportation and land development goals
Population, Development and Employment Trends	Recommendation 2. Include relevant health and demographic data and discussion of trends
Citizen Participation	Recommendation 3. Leverage participation strategies to promote health and equity
Natural Resources	Recommendation 4. Include health benefits of accessing nature, natural areas and open space Recommendation 5. Promote public access to the City's natural resources
Public Utilities and Infrastructure	Recommendation 6. Include language about health implications of public utilities and infrastructure
Community Services and Facilities	Recommendation 7. Restructure the chapter to emphasize community services and facilities, and their abilities to promote health Recommendation 8. Leverage capital projects for health
Transportation	Recommendation 9. Emphasize bicycle, pedestrian and transit modes, focusing on mobility, equity and health Recommendation 10. Support the expansion and improvement of transit services Recommendation 11. Support the expansion of facilities that encourage walking Recommendation 12. Improve pedestrian and bicycle connectivity between schools, senior housing, other institutions and points of interest Recommendation 13. Explore opportunities to designate Safe Routes to Schools, Safe Routes for Seniors and Safe Routes to Parks Recommendation 14. Address connectivity gaps in the existing Pedestrian Trail System
Economic Development	Recommendation 15. Pursue economic development linked to active recreation Recommendation 16. Pursue economic development linked to improved healthy food access Recommendation 17. Promote inclusive workforce development programs, strategies and partnerships, especially for disadvantaged groups
Housing	Recommendation 18. Articulate the link between housing and health
Land Development	Recommendation 19. Promote mixed-use development near targeted residential areas Recommendation 20. Explore a Healthy Food Zone around schools and/or places populated by youth Recommendation 21. Promote shared-use, temporary-use and adaptive reuse of properties for parks and community space
Intergovernmental Coordination	Recommendation 22. Encourage coordination among agencies to foster healthier communities
Implementation	Recommendation 23. Ensure all communities are on-track to achieving community health goals

The following recommendations are organized by the chapter from the 2009 comprehensive plan for which they are most relevant. Recommendations provide example goals, actions and text (in italics) to include in the updated comprehensive plan, and other ideas for incorporating health principles.

Introduction

The current Introduction chapter orients readers to Dover and articulates goals of the plan. The chapter update should integrate health and equity concepts into the goals it espouses, particularly the transportation and land development goals.

Recommendation 1 | Integrate health and equity into goals, including transportation and land development goals

The below example language that describe determinants of health and health equity should be integrated into the Introduction chapter.

Health status is influenced by a range of personal, social, economic and environmental factors. Built environment factors influence our ability to engage in healthy behaviors, like regular physical activity and healthy eating habits, as well as safety and economic opportunities where we live, work and play. To achieve health equity, the attainment of the highest level of health for all people, we must eliminate obstacles to health, particularly for groups with socioeconomic disadvantages. Using a lens of health equity, we can take a targeted approach to improving transportation, land use and other built environment factors that influence health.

The following language can be used for new transportation equity and health-enhancing land development goals.

Transportation Equity: *Promote a complete and comprehensive transportation system that enhances safety, prioritizes mobility and accessibility for all users, emphasizes connectivity, minimizes environmental impacts and encourages community cohesion.*

Health-Enhancing Land Development: *Emphasize land development strategies that enhance community health by improving access to fresh and healthy foods, creating opportunities for physical activity, minimizing environmental impacts, and prioritizing equity and inclusion.*

Population, Development and Employment Trends

The Population, Development and Employment Trends chapter identifies trends and economic characteristics of Dover. The chapter update should include relevant health and demographic data and a discussion of trends.

Recommendation 2 | Include relevant health and demographic data and discussion of trends

The below language that explains health inequities and disparities should be integrated into the Population, Development and Employment Trends chapter.

When health outcomes differ by income, race/ethnicity and other social determinants, we observe health disparities. For example, we see health disparities in terms of race with African-Americans having a higher risk for developing Type 2 Diabetes. We also see health disparities by income with low-income families less likely to have access to healthy, affordable foods, thus increasing their risk for chronic conditions, such as obesity, diabetes, and hypertension. By identifying equity priority areas, planners and policy-makers can focus efforts in these areas to improve health outcomes.

Gather up-to-date data for Kent County and Dover, as available⁵, to describe community health characteristics. Example indicators are given at right.

Example Indicators for Kent County⁶

Healthy Food Access

22% - Low Food Access (Dover: 24%)
 19% - Low Income/Low Food Access (Dover: 20%)
 79% - Inadequate Fruit/Vegetable Consumption
 13% - Food Insecurity (Dover: 13%)
 13 - Food desert Census Tracts (Dover: 8)
 55 per 100K - Fast Food Restaurants (Dover: 55 per 100K)
 15 per 100K - Grocery Stores (Dover: 15 per 100K)

Physical Activity

4% - Biking or Walking to Work
 27% - Physical Inactivity
 9 per 100K - Recreation/Fitness Facility Access

Health Outcomes

33% - Obesity (+37% Overweight)
 12% - Diabetes
 15% - Asthma
 15% - Poor or Fair General Health

Employment, Housing, Transportation, Etc.

5% - Unemployment (Dover: 5%)
 34% - Substandard Housing
 34% - Housing Cost Burden: 30% (Dover: 40%)
 3% - Public Transportation Use
 18% - Lack of Social or Emotional Support

⁵ Limited data are available publicly for municipalities smaller than counties.

⁶ Various data sources accessed through Community Commons

Citizen Participation

The Citizen Participation chapter⁷ describes the public-engaged process used to develop the comprehensive plan. With the plan update, it is recommended that public and stakeholder engagement efforts address health and equity.

Recommendation 3 | Leverage participation strategies to promote health and equity

There are many ways to solicit feedback from the public about health concerns and priorities, including interviewing key informants, conducting focus groups with residents, facilitating charrettes and workshops, and surveying the public. Health priorities identified through Delaware Plan4Health are given at right. Public engagement activities commensurate with the comprehensive plan update should be leveraged to understand community health needs and opportunities, and promote public health. See Appendix for example tools.

Health Priorities

Residents who participated in Plan4Health suggested various strategies for improving physical activity levels and access to healthy foods. Participants were in favor of produce carts and healthy corner stores to improve access to affordable produce in residential neighborhoods, among other strategies to improve healthy food access. Participants were also in favor of improving pedestrian and bicycle facilities to support physical activity.

Natural Resources and Environmental Protection

The Natural Resources and Environmental Protection chapter includes information about Dover's natural resources, including land and water, and recommends actions that the City should take to protect them. The chapter update should include a discussion of the health benefits of accessing natural resources, and a new goal to improve public access to Dover's natural resources.

Recommendation 4 | Include health benefits of accessing nature, natural areas and open space

Include the following language to describe the link between nature and health.

Open space and outdoor recreation areas can improve physical and mental health by: providing opportunities for physical activity (e.g. walking, biking, sports) and community gatherings; reducing stress and depression; and improving cognition in adults and behavioral issues in children. Ensuring good access to outdoor recreation areas and their amenities will help maximize the potential public health benefit of the City's natural resources.

Recommendation 5 | Promote public access to the City's natural resources

The following language can be used for a new goal to improve access to nature.

Access to Nature: *Modify the City Code to eliminate/minimize barriers to public access of the City's natural resources, and support policy amendments and programming to improve access and utilization. The following specific actions to increase public access to nature are recommended:*

- *Evaluate the City Code and other policies, identifying those that potentially limit public access to nature (e.g. parking requirements, use restrictions)*
- *Improve pedestrian, bicycle and transit networks to parks and natural areas*
- *Explore new opportunities for parks and open space*
- *Support programs that promote access to nature (e.g. environmental education programs, Scouts programs)*

⁷ To be more inclusive, it is recommended that the name of this chapter be changed to Public Participation, Community Engagement, or something comparable.

Public Utilities and Infrastructure

The Public Utilities and Infrastructure chapter describes the City's water, wastewater and electric utilities and stormwater sewer system, and promulgates recommendations and goals for these systems. The chapter update should articulate the public health benefits and implications of these systems.

Recommendation 6 | Include language about health implications of public utilities and infrastructure

The following language to describe the link between public utilities and health should be included.

Water, energy and their infrastructure play important roles in keeping the public healthy. Water quality requirements like source protection and chlorination exist to prevent contamination of our water supplies and ensure its quality for drinking and other uses. Energy powers our homes, workplaces, schools, hospitals and other critical facilities, keeping us safe and healthy. However, certain energy sources (i.e. fossil fuels, coal) also contribute significantly to air pollution and other environmental impacts that are deleterious to public health.

Community Services and Facilities

The Community Services and Facilities chapter discusses the City's various services and facilities, including public safety, parks and recreation, as well as public education and healthcare. There are many connections between the discussed services and facilities, and health that could be better emphasized by restructuring the chapter and adding health-related content. Further, it is recommended that the City seek opportunities to expand park and community space, and leverage future capital projects for health.

Recommendation 7 | Restructure the chapter to emphasize community services and facilities, and their abilities to promote health

The Community Services and Facilities chapter should be restructured, with Parks and Recreation, and Library Services sections that describe their health benefits, and recommended actions to maximize these benefits. Sample text is provided below.

Parks and Recreation: *Parks and recreation facilities are important public health resources that confer certain physical and mental health benefits, and enhance wellbeing and quality of life. Parks provide opportunities for a spectrum of structured and unstructured physical activities for people of all ages, including trails; playground equipment; and sports facilities (e.g. fields, courts, pools). They are natural gathering places that promote community connectivity and cohesion. Greenspace helps mitigate air and water pollution, and reduce heat island effects which can impact public health. The following strategies are recommended for maximizing public health benefits of parks and recreation facilities:*

- *Complete Parks and Recreation Master Plan*
- *Improve active transportation networks to parks, open space and natural areas*
- *Explore opportunities for new parks and trails*
- *Support programming for parks and recreation facilities for all ages and abilities*

Active Transportation

Active transportation refers to walking, bicycling and transit use. Prioritizing these transportation modes enables residents to integrate physical activity into their daily lives. Increased levels of physical activity that result from active transportation help reduce/prevent overweight/obesity, Type II diabetes and other chronic diseases, and minimize healthcare costs.

Active Recreation

Active recreation refers to physical activities like walking, running, bicycling, kayaking, swimming, playing sports and other physical activities done for recreational purposes. Increased physical activity that results from active recreation supports active lifestyles which can reduce/prevent overweight/obesity, Type II diabetes and other chronic diseases, and minimize healthcare costs.

Library Services: Libraries are information and community hubs. They provide vital community services and resources with a range of public health benefits. These include: literacy and employment assistance programs that develop the workforce; daytime programs that engage youth and seniors who may be vulnerable to social isolation; and health-focused classes on diabetes management, cooking and exercise. During very hot and very cold weather, libraries can become designated cooling or warming centers for those most vulnerable to impacts of extreme weather (i.e. seniors and people experiencing homelessness) and they may function as shelters in the event of a disaster. Libraries are able to partner with schools, parks and recreation, nonprofits and others to provide programs and services that address community health issues. The following strategies are recommended for maximizing public health benefits of libraries:

- Improve active transportation networks to libraries
- Collaborate with and support library programs, including: education and workforce development programs; daytime programs for youth and seniors; health focused classes (e.g. diabetes management, healthy cooking, exercise)
- Encourage the use of libraries as cooling and warming centers, and shelters
- Support collaborative initiatives between libraries, public health agencies, schools and others to support community health

Public Safety and Community Services: A new Public Safety and Community Services chapter would address public safety functions and other vital community services not offered by the city. The chapter would include information about: police, fire and emergency management services; schools, universities and other educational organizations; and hospitals, clinics and other healthcare providers, and the public health benefits they provide. Police, fire and emergency management help keep our communities safe and secure. Schools provide educations that open doors to opportunities and build the workforce of tomorrow. Healthcare facilities are involved in preventive and primary healthcare.

Recommendation 8 | Leverage capital projects for health

Include the following new goal to maximize the potential health benefits of capital projects and investments.

Maximize Health Benefits of Capital Projects and Investments: Future investments and capital projects can be leveraged to promote health through the following:

- Prioritize projects that address gaps in community health resources, including parks and trails, and a food distribution hub
- Require or incentivize projects to incorporate design features that support public health, including pedestrian, bicycle and transit facilities, green infrastructure and community-accessible space

Transportation

The Transportation chapter describes Dover's transportation system, travel patterns, and roadway classification, and it assesses future transportation needs. The chapter update should more strongly emphasize bicycle, pedestrian and transit modes (i.e. active transportation) which promote physical activity and health equity.

Recommendation 9 | Emphasize bicycle, pedestrian and transit modes, focusing on mobility, equity and health

The updated chapter should consider bicycle, pedestrian and transit modes as equally important to automobiles. In recent years, there have been significant efforts to improve pedestrian and bicycle networks across Delaware, improving mobility and transportation equity. The updated chapter should be expanded to reflect these improvements. See Page 12 for a Proposed Bicycle Network for Dover, developed through Delaware Plan4Health.

Local Food Hub

Food hubs link local producers with networks for distribution to local consumers. Hubs typically manage aggregation, distribution and marketing of food products. Both private and public-private partnership food hub models exist. Local food distribution hubs have the potential to source local produce for schools and other institutions, healthy corner stores, mobile markets, produce carts and local food retailers.

Proposed Bicycle Network

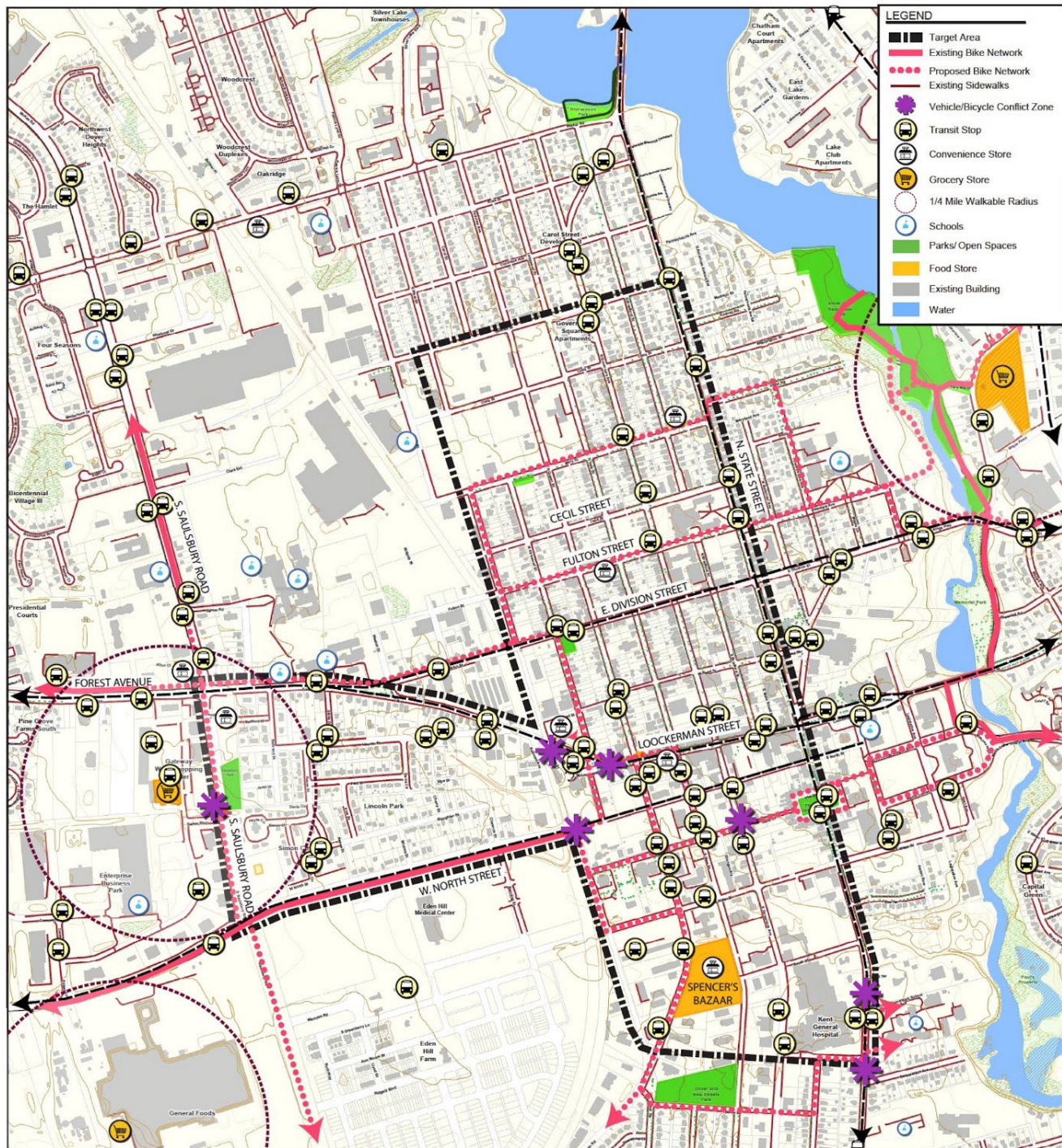


Figure 1. Proposed Bicycle Network

Dover, Delaware- *Proposed Bicycle Network*
1"=300'

150 600 1500 FEET
0 300 900



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Recommendation 10 | Support the expansion and improvement of transit services

Include the following new goal to expand and improve transit services.

Expand and Improve Transit Service: *In collaboration with DART, enhance transit connections between neighborhoods and employment centers, institutions, commercial areas, schools and recreational facilities—particularly neighborhoods with large transit-dependent populations such as retirement, nursing and group-living facilities and economically disadvantaged areas. Enhancing transit shelters and increasing stops increases mobility, improves the transit experience and makes transit use more appealing. The following specific actions to support the expansion and improvement of transit services are recommended:*

- *Support the addition of new transit stops*
- *Enhance existing transit stops with good pedestrian and bicycle facilities*
- *Build transit shelters that protect riders from inclement weather*
- *Advocate for more frequent and reliable transit service to attract and retain ridership*
- *Support improved transit routes to the Capitol Area from North/South and East/West*

Recommendation 11 | Support the expansion of facilities that encourage walking

Include the following new goal to improve pedestrian facilities.

Improve pedestrian facilities: *Support the expansion of transportation facilities that make walking an attractive and accessible form of transportation for all, especially for children, elders and people with disabilities. The following specific actions to support the expansion of facilities that encourage walking are recommended:*

- *Install seating, benches and other street furniture*
- *Ensure adequate street lighting is provided*
- *Address gaps in sidewalk connectivity*
- *Support the maintenance of sidewalks*
- *Ensure ADA compliance for sidewalks and crosswalks*
- *Improve pedestrian crossings*

Recommendation 12 | Improve pedestrian and bicycle connectivity between schools, senior housing, other institutions and points of interest

Include the following new goal to improve pedestrian and bicycle connectivity to neighborhoods. See Page 12 for a Proposed Bicycle Network for Dover.

Improve Pedestrian and Bicycle Connectivity to Neighborhoods: *Improve pedestrian, bicycle and transit connectivity between neighborhoods and points of interest, like schools, neighborhood centers and healthcare facilities, particularly for transit-dependent groups, including seniors, youth and people with disabilities. The following specific actions are recommended:*

- *Use analyses of sidewalk and bicycle connectivity to prioritize actions*
- *Encourage the development of complete neighborhoods*
- *Improve way-finding, and designate key walking routes*

Converting Saulsbury Park

Saulsbury Park, located in the City of Dover, is an opportunity to support active transportation by improving connectivity between Simon Circle, a low-income, publicly-subsidized housing development, and a nearby commercial area with a grocery store. The Saulsbury Park site is currently maintained as an open field. During the charrette, the field was conceptually transformed into a park, connecting the adjacent neighborhood and shopping center, and providing recreation space with playgrounds, basketball courts, and a trail. See Page 14 for renderings of the proposed Saulsbury Park.

Saulsbury Park

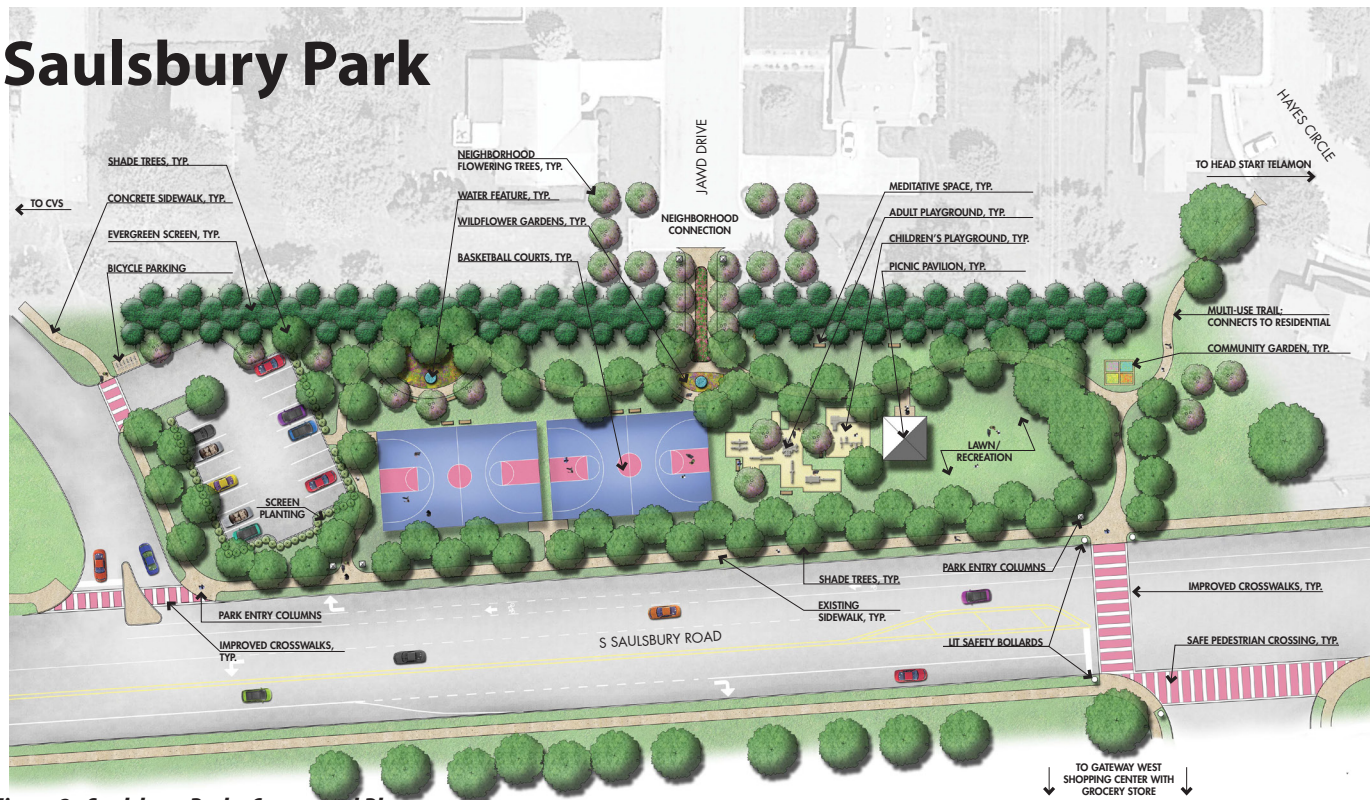


Figure 2. Saulsbury Park - Conceptual Plan

SAULSBURY PARK- Conceptual Plan
Dover, DE December 31, 2016



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Figure 3. Saulsbury Park - Bird's Eye Perspective

SAULSBURY PARK- Bird's Eye Perspective
Dover, DE December 31, 2016

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Recommendation 13 | Explore opportunities to designate Safe Routes to Schools, Safe Routes for Seniors and Safe Routes to Parks

The following recommendation for Safe Routes should be included.

Promote Safe Routes: Explore opportunities to designate Safe Routes to Schools, Safe Routes for Seniors and Safe Routes to Parks, and support programming efforts to encourage their use. The following specific actions are recommended:

- Identify current Safe Routes programs and evaluate deficiencies
- Conduct a community-engaged process to designate new Safe Routes and develop their programming
- Promote and support Safe Routes programs

Recommendation 14 | Address connectivity gaps in the existing Pedestrian Trail System

Include the below new goal to enhance connectivity of the existing Pedestrian Trail System.

Enhance Connectivity of the Existing Pedestrian Trail System: Continue to maintain and address connectivity gaps in the existing Pedestrian Trail System. The following specific actions are recommended:

- Evaluate gaps and deficiencies
- Explore opportunities to develop new parks and greenspace, including temporary and pocket parks, along the existing Pedestrian Trail System

Economic Development

The Economic Development chapter discusses Dover's major economic drivers and key sectors. Many community amenities that benefit health, such as bicycle and pedestrian improvements, and parks and open space, also make communities attractive from an economic development perspective. The chapter update should promote economic development that is linked to active transportation/recreation, and healthy food access. The chapter update should also highlight economic development strategies that promote equity.

Recommendation 15 | Pursue economic development linked to active recreation

Include the following new goal to promote business entrepreneurship linked with active transportation/recreation.

Business Entrepreneurship and Active Recreation: Promote business entrepreneurship linked with Dover's trails, parks, natural areas and other active recreation resources. Entrepreneurship may take many forms, including retail, tour operators, concessions, and maintenance services. The following specific actions are recommended.

- Contract with local businesses to provide services, such as maintenance and concessions services, to City-owned park and recreation facilities
- Identify opportunities to use parks and trails as catalysts for economic development, such as mixed use development and other zoning changes near key parks
- Evaluate and promote economic development strategies (e.g. monetary or incentives, linked to local natural resources)

Safe Routes to Schools

Safe Routes to School initiatives map walking and biking routes from nearby neighborhoods to schools, and address safety hazards along the designated routes. Unsafe roads and crossings, disconnected sidewalks and bike lanes, and dangerous traffic conditions are concerns for parents/guardians when deciding how their children get to and from school. Safe Routes to School initiatives create safer environments for walking or biking to school and in nearby neighborhoods, thereby removing a significant obstacle to physical activity for youth and families. Safe Routes to School initiatives often also include encouragement strategies like creating walking school buses, weekly walks, contests and other incentives to motivate youth and families. A wealth of resources exist for communities to take up Safe Routes to School initiatives, including the State of Delaware Safe Routes to School Program, Safe Routes to School National Partnership and SafeKids.

Recommendation 16 | Pursue economic development linked to improved healthy food access

Include the below new goal to encourage new ventures that expand healthy food options.

Expand Healthy Food Access: Encourage new ventures that expand healthy food options across Dover, including corner markets, produce carts, food hubs, farm stands and farmers markets. And support existing grocery stores and other food retailers in expanding healthy food availability through distribution chain development, technical assistance, marketing and incentives. The following specific actions are recommended.

- Support farmers markets programs, and seek to expand them in priority areas
- Support the development of a City or County-sponsored produce cart program
- Advocate for the development of a local food hub
- Advocate for the founding of a healthy corner store program

Recommendation 17 | Promote inclusive workforce development programs, strategies and partnerships, especially for disadvantaged groups

Include the below goal to promote inclusive workforce development initiatives.

Inclusive Workforce Development: Support the development of workforce development programs, strategies and partnerships that increase employment opportunities for low income, communities of color, young adults, people with disabilities, ex-offenders, and others that face economic injustices and barriers to employment. The following specific actions are recommended.

- Collaborate with government and civil society partners on workforce development initiatives for low income, communities of color, young adult, people with disabilities, ex-offenders and other priority groups
- Prioritize contracting with women and minority-owned businesses

Housing

The Housing and Community Development chapter describes Dover's housing stock, housing and community initiatives, and projected housing needs. The chapter includes several recommendations that support healthy communities; however, the chapter update should go further to describe the link between housing and health.

Recommendation 18 | Articulate the link between housing and health

The below text that describes links between housing and health should be included:

Housing and Health: Factors related to housing have significant impacts on health. The links between housing and health fall into three broad categories: the physical conditions of our homes; the conditions of the neighborhoods surrounding our home; and affordability and other economic dimensions of housing. For instance, housing in disrepair can present a range of physical safety hazards, from shoddy wiring that is a fire hazard, to leaks that create damp conditions and lead to mold growth. The materials from which our homes are constructed can also present health hazards, including Asbestos and lead paint. The neighborhoods we live in determine our access to resources that support health and opportunity like grocery stores, community gardens, healthcare facilities, recreation facilities, employment centers and schools. Neighborhoods influence our safety and perception of safety. The amount we spend on housing; if we are able to access financing for home loans and rental assistance; and issues that affect renters, like cause/no cause evictions and discriminatory leasing practices determine where we live, if we experience housing insecurity or homelessness and our economic and financial wellbeing. The following specific actions are recommended to promote healthy housing for all.

Produce Carts

Produce Carts are mobile units that sell fresh fruits and vegetables. The mobile unit model allows produce carts to easily locate in neighborhoods with low access to healthy food retail. Produce carts may be outfitted to accept EBT vouchers for customers with WIC or SNAP benefits. Produce cart programs provide new opportunities for entrepreneurship and jobs. Local governments can offer financial incentives for produce cart operators through subsidized or waived permit fees and other tools.

Healthy Corner Stores

Healthy Corner Store initiatives seek to transform corner stores and small food retailers into healthy corner stores that increase access to healthy, affordable food, especially in communities not well served by grocery stores, and other healthy food retailers. Local governments can stimulate healthy corner store development by: launching recognition programs; providing financial incentives like fee waivers or tax credits to recognized participants; marketing for recognized participants; providing technical assistance, including perishable inventorying, nutrition education and business management; and sharing investments with would-be participants to upgrade store interiors and equipment.

Urban Agriculture Networks

School gardens, community gardens, urban farms and small-scale agriculture projects can provide fresh produce to local food pantries, schools and other institutions, and food distribution hubs, mobile markets, produce carts and local food retailers. Coordinated approaches to link local producers with community consumers are termed Comprehensive Garden/Urban Agriculture Networks. To expand productive lands, local governments can temporarily or permanently transition suitable vacant and underutilized lots into community gardens or urban agriculture projects.

- Collaborate with public health agencies, housing authorities, advocacy groups and others on matters concerning housing and health
- Support programs that promote good quality housing (e.g. collaborate on weatherization programs, collaborate on lead paint hazards programs)
- Advocate for the development of complete neighborhoods and mixed-use development
- Support programs to address housing inequities and injustices (e.g. collaborate with tenants alliance, promote neighborhood initiatives to address hazards)

Brownfield Redevelopment

Brownfields are former industrial or commercial sites for which expansion, redevelopment or reuse may be complicated by real or perceived contamination. Brownfields are often vacant or underutilized properties and sources of blight in neighborhoods. Brownfield redevelopment programs take actions on designated brownfields to restore sites to productive uses. Brownfield redevelopment projects can be leveraged to increase park and community space permanently or temporarily, while remediating environmental contamination in communities. The U.S. Environmental Protection Agency provides resources for communities interested in pursuing brownfield redevelopment projects.

Transitional Use Zoning

Transitional use zoning can support temporary use of vacant lots for parks, community gardens and other public spaces. Partnerships with nonprofit organizations or churches may facilitate this use of space.

⁸ Better Block programs, commonly community-based initiatives, reimagine built environments as for people first. They typically use temporary installations to calm traffic and activate spaces in order to demonstrate the potential and build support to improve public spaces and build more vibrant neighborhoods.

⁹ PARK(ing) Day is an annual global event that brings together diverse stakeholders from across a community to temporarily transform parking spaces into temporary public places with the mission to call attention to the need for more public open space.

Land Development

The Land Development chapter ties goals articulated throughout the plan to land development policy. The chapter update should highlight policies that encourage complete, walkable communities, promote healthy food availability and identify new opportunities for community amenities.

Recommendation 19 | Promote mixed-use development near targeted residential areas

Sample language for a new mixed-use development goal is below.

Mixed-Use Development: Explore opportunities for mixed-use development near targeted residential areas. Mixed-use development helps create complete neighborhoods and a compact, walkable urban form that encourages physical activity and cohesive, vibrant communities.

Recommendation 20 | Explore a Healthy Food Zone around schools and/or places populated by youth

Below is language for a new Healthy Food Zone goal to include.

Healthy Food Zones: Explore opportunities to establish Healthy Food Zones near schools, community centers, parks and recreation facilities and other places populated by youth. Healthy Food Zones aim to create healthier food environments for youth by: restricting new fast food restaurants and convenience stores from locating near schools; and finding solutions to expand fresh produce and healthy food availability at/near schools.

- Evaluate policy options, such as ordinances and zoning code amendments, to restrict new fast food and convenience stores near schools
- Target healthy corner store and produce cart programs near schools
- Partner with schools on CSA and farmers market programs

Recommendation 21 | Promote shared-use, temporary-use and adaptive reuse of properties for parks and community space

Include the following new goal to aimed at expanding park and community space.

New Parks, Pocket Parks, Community Space: Explore opportunities to develop new temporary or permanent parks, pocket parks and community space through shared use, redevelopment or adaptive reuse of vacant and underutilized properties. The following specific actions are recommended.

- Encourage policy development (e.g. transitional use zoning) that expands parks, community gardens
- Promote shared use of publicly-held properties (e.g. schools) with potential to provide needed community resources such as playgrounds, recreational facilities and community kitchens
- Support brownfield redevelopment programs and neighborhood cleanup programs
- Support Better Block programs⁸
- Found a Dover PARK(ing) Day⁹
- Pilot a pocket park program

Intergovernmental Coordination

The Intergovernmental Coordination chapter describes the interactions and coordination efforts between Dover and other governmental agencies, including municipalities, Kent County and the State of Delaware.

Recommendation 22 | Encourage coordination among agencies to foster healthier communities

Include the following goal to collaborate on public health matters.

Collaborate for Public Health: Encourage coordination among the various agencies involved in land use planning and public health to foster healthier communities through active transportation networks, protection of natural resources and critical infrastructure, and prudent planning practices.

Implementation

The Implementation chapter describes how to enact policies and recommendations articulated throughout the plan. The chapter update should include performance measures to track progress toward healthy community goals.

Recommendation 23 | Ensure that all communities are on track to achieving healthy community goals

Evaluate activities to improve access to healthy foods and active transportation, among other community health measures of interest over time. Develop measurable goals for improving healthy food access and promoting physical activity, and adapt programs to meet the needs of target populations. The following text for a goal for tracking indicators of community health should be included.

Track Community Health Indicators: Ensure that all communities are on track toward improved access to healthy foods and active transportation facilities, while prioritizing communities of need. In collaboration with local and state agencies and community stakeholders, track progress towards improving access to healthy food and pedestrian, bicycle and transit facilities for communities throughout Dover on an ongoing basis.

Appendix

Background

Despite much county-wide data, the Delaware Plan4Health Team desired more targeted data within the county. While there have been various community surveys conducted in this community, the purpose of this survey was to capture specific healthy eating and active living data and identify potential inequities. Results from this survey will help identify priority areas and population groups for policy change and targeted interventions to improve health and equity.

The Delaware Plan4Health Team requested the services of the National Research Center to administer a community survey to residents of Kent County. The National Research Center (NRC) works with nonprofit organization and government agencies in providing research and evaluation services, including survey research. NRC focuses on survey design and analysis, needs assessments, and program evaluation. Their experience and specialty in survey research includes transportation, community health, parks and recreation, human services, and environmental issues.

Through coordination with the Delaware Plan4Health Team, NRC was commissioned to create and conduct a survey to assess the following:

- Health status
- Behaviors related to health eating
- Behaviors related to physical activity and active living
- Perception of the built environment supporting healthy living
- Access to parks and grocery stores
- Barriers related to healthy eating and active living

The 10-to 15-minute phone survey was designed by identifying questions from existing, validated surveys in the literature. Due to the growing trend of cell phones replacing home-based landlines, more than 50% of interviews came from cell phones of residents living in Kent County. As a result, survey administrators began the survey with the qualifying question of determining the callers place of residence.

A total of 500 completed interviews were required for this project, with quotas for race/ethnicity, sex and age by area within Kent County. The first area was the parts of the County within zip codes 19901, 19904, 19952 and 19963. This area was considered to be at higher health risk, based on preliminary equity analysis, and where the grant efforts will be focused. The second area was the rest of the County. With this many quota cells, a flexible approach was taken to filling these quotas.

Key Findings of Survey Results

Health Status

- Across the entire sample, the majority of respondents stated their health status was very good/excellent. With regards to race, both Non-Hispanic Whites and Blacks stated to have excellent/very good health. However, there was a disparity as it relates to income level such that respondents participating in WIC/SNAP were more likely to state their health as fair/poor.
- Body Mass Index (BMI) was calculated by the respondent's self-reported height and weight. Overall, 32.2% reported to be overweight (BMI=25-29.9), 31.8% reported to be obese (BMI=30-39.9), and 9.3% reported to be morbidly obese (BMI>40).
- Respondents who reported being food insecure, lower income (householder income <\$15,000) and participate in WIC/SNAP, were more likely to be morbidly obese (26%, 18.6%, and 17.2%, respectively).
- In terms of race, non-Hispanic Blacks were more likely to be overweight and obese than non-Hispanic White (76.6% and 73.7%, respectively). For just obesity, the rates for non-Hispanic Blacks and non-Hispanic Whites were 40.4% and 42.9%, respectively.
- According to the Behavioral Risk Factor Surveillance System (BRFSS), Delaware's adult obesity was 29%. These survey findings report higher rate of adult obesity at 41.1%

Healthy Eating/Access to Healthy Foods

- Overall, regardless of demographics, respondents reported not eating the recommended amount of fruits and vegetables each day. Median servings of fruits and vegetables consumed each day was one each.
- As it related to income, average number of vegetables consumed was higher among respondents with higher incomes (>\$65,000). In terms of race, 18.4% of Black respondents averaged eating less than 1 vegetable serving a day, compared to 6.7% of Non-Hispanic Whites.
- A lack of access to healthy food has been linked to increased risk of obesity. Overall, most respondents travel at least 3 miles to get to their food stores with the exception of respondents in ZIP code 19901.
- Most respondents reported using the car/drive to get the food store. However, respondents participating in WIC/SNAP are more likely to use transit/take the bus compared to those who do not participate in WIC/SNAP (9.7% and 0.4%, respectively).
- In terms of food security (having enough to eat), non-Hispanic Blacks were more likely to report being food insecure compared to non-Hispanic Whites (15.2% and 5.0%, respectively). Similarly, those reported participating in WIC/SNAP were more likely to report being food insecure compared to those who do not participate (14.9% and 5.5%, respectively).
- Respondents who reported being food insecure reported they would not likely go to a farmers' market if there was one available compared to those who reported food secure (45.6% and 17.6%, respectively).

Physical Activity/Active Living

- About 70% of respondents reported doing some kind of physical activity (such as walking, exercise, biking, etc.). However, physical activity participation increased with increased income. About 57.2% of respondents with income less than \$15,000

participated in some kind of physical activity compared to 82.6% of those with income greater than \$75,000.

- Respondents living in Dover ZIP codes were more likely to have a park or recreational facility within walking distance compared to rest of Kent County. However, A majority of respondents reported travelling more than 3 miles to reach the nearest park.
- In terms of race, 68.2% Blacks were able to walk, jog or ride a bike to ANY park, outdoor recreation areas, walking paths or bike paths that are near where live compared to 50.4% non-Hispanic Whites.
- About 51.7% respondents reported participating in WIC/SNAP reported being within a 5-minute walk from a park or walking trail compared to 36.3% who do not participate in WIC/SNAP.
- Only 61.0% of respondents with household incomes less than \$15,000 strongly or somewhat agreed to feeling safe from crime if walking in their neighborhoods compared to 91.5% and 95.1% of households with incomes \$60,000-\$74,999 and more than \$75,000, respectively.
- As income increased, the ability to walk to destinations (e.g. restaurants, grocery stores, schools, retail, service, automobile, employment, government, civic organizations, entertainment, religious, and health services) decreased. In addition, perception of sidewalks conditions (e.g. a lot of cracks, lifted sections, tree or bush overgrowth or other problems that make it difficult to walk on them) declined with declining income.
- Respondents living in ZIP codes 19901, 19904 and 19977 were more likely to report having sidewalks in their neighborhoods compared to rest of Kent County. Parks were too far away to participate in physical activity or exercise.
- Respondents living in ZIP codes 19901 and 19977 were more likely to strongly agree with the statement, "It is easy to walk to a bus stop from my home" than the rest of Kent County.

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Introduction

The effort compile this chapter consisted of an in-depth review of the City of Dover's Comprehensive Plan and the Kent County Comprehensive Plan through the lens of the *Healthy Living and Active Design: A Scorecard for Comprehensive Planning*. The scorecard was developed through Nemours Children's Health System and Cedar Creek Sustainable Planning Services.

The Scorecard represents a comprehensive evaluation of various health elements of Comprehensive Plans in an attempt to better measure how such plans incorporate key modern public health issues and needs. The Scorecard also exhibits desires for communities to make the critical linkage between planning and implementation. One critique of the planning profession over the past few decades has been limited ties between the goals and objectives of a comprehensive, or other subject area plan, and the timeline and partners needed for implementation. Given the current re-emphasis on linking health and planning, these links to implementation become vital in measuring the ultimate success of a planning effort.

An Overview of Scorecard Applicability

The goal of any plan should be to make it comprehensive to the subject matter for which it is undertaken. Anyone who has worked through a Comprehensive Planning effort has probably realized that it is nearly impossible to accomplish everything you set out to do. This is important when trying to view plans strictly through the lens of how it addresses a multitude of ever-evolving public health needs.

For a Comprehensive or Land Use Plan, particularly in a state like Delaware that mandates certain elements be addressed, the ability to be truly "comprehensive" is limited by factors such as:

- **Budget for the plan:** This impacts how comprehensive and in-depth the plan can be. Smaller communities, especially when under state law orders to develop a plan, are sometimes left to simply meet the minimum requirements due to a variety of good, economic reasons. Larger communities or counties may be able to invest more resources. These factors greatly impact the breadth, depth, and overall content of a plan.
- **Timeline for the plan:** Depending on development pressures, political change or other external influences, the timeline for developing a plan can vary greatly. If under pressure to develop a full plan in 6 months to a year, the community may not be able to mobilize all necessary resources to have a fully comprehensive plan.
- **Resources (staff and/or consultant) available to develop the plan:** Related to the budget, the resources from a time commitment perspective to develop a plan is another limiting factor to its comprehensiveness. If municipal planning staff are tasked with developing the plan in-house, their time commitments are oftentimes fragmented among other day-to-day planning duties. If consultants are hired for a plan there can be more focus given, but review times, budget and schedule are dictated by municipal staff.
- **Urgency and meaning of the plan:** Plans that are developed in response to a pressing issue (e.g. a major mixed use development that the public feels impacts the look and feel of a neighborhood), legislative changes, or political desires can impact what a plan means to a community when it is complete. If the planning effort is viewed as an exercise in going through the motion, it is likely to be less meaningful in the long-term.

- **Who was involved?:** A key endeavor of any planning process should be to engage a broad range of stakeholders, from business to residents to public agencies and others. It doesn't always turn out that way. What is the health department official asked to be on the committee had other commitments or could not participate as much as originally anticipated? This could impact the results of the plan.

Taking the factors into account when applying any scorecard or evaluation methodology is important. For purposes of this evaluation, no background information was known so a more objective analysis of the two plans could occur.

General Themes

The two plans were adopted in 2008, which was in a time period when health was just emerging as a more important modern-day influence on planning. It is important to understand that a retrospective evaluation be mindful of this time period, just as if we were evaluating a Comprehensive Plan from 1960 that projected that highway funding and capacity would be ample enough to accommodate all the growth in the plan. This is why planners work methodically to update plans as growth trends change and there is a greater understanding of planning influences.

With that, the Dover and Kent County Comprehensive Plans are strongest in the areas that dominated the planning lexicon nearly a decade ago. Air quality issues, mixed use development, and emerging trends in active transportation were more prevalent a decade ago than discussions on community gardens, farmland preservation from a food security standpoint, and more nuanced understanding of the impact of built environment decisions on many facets of community and personal health. Where they are mentioned, the plans generally do not include the type of direct linkage to long-term health incomes that we ultimately desire. Working with stakeholder, particularly the health profession, can strengthen those elements further.

Dover Comprehensive Plan. Dover's plan was written nearly 10 years ago. With this in mind, "public health" as a guiding principal was very much an emerging topic. This plan reflects that and the scores achieved using the scorecard underscore the just how rapid public health has entered the discussion. There are many strong tenets within the body of the plan though it lacks measurable goals and objectives in the body.

Many chapters include dedicated subsections that address the goals and action steps stated. This subsection is one that helps readers to understand the general approach to how the City intends to follow through in implementation. Though in many cases they are very specific to agency or implementation mechanism, they are light in content with regard to targeted populations, cohorts, or temporal reference.

The dedicated implementation section within the Dover plan is strong in that it identifies, in a succinct way, many steps to be taken by the City. The section is only a few pages, but demonstrates a significant commitment to completing objectives identified in the plan and within a relatively short time from the date of adoption. The section could be strengthened with metrics associated with the stated goals. As an example, the plan talks about the need to expand the trail system and does so through ongoing efforts. One of the ongoing efforts is a Bike and Pedestrian Plan. However, in a general plan it is appropriate to state a goal such as: "expand the system by XX miles in the ____ part of Dover by the

Year 20__.” Such measurable goals may be found in other documents but could in a general sense be stated in the City’s Comprehensive Plan.

[Kent County Comprehensive Plan](#). The Kent County Comprehensive Plan was also written nearly a decade ago. This plan is a user-friendly document in the many charts, graphics, maps, photos, and explanatory elements are included. Particularly well done is the section describing Transfer of Development Rights. This topic is often misunderstood by the public, but the County did a great job of making the term relatable and understandable.

Additionally, the “Policy emphasis” and “Specific recommendations” subsections are succinct targeted and directly related to the goals. However, many of the recommendations come without specific responsibility or any reference of time to complete the suggested task. The County is very committed to preserving lands, specifically for agriculture and open space. The plan has significant language on walkable, active and vibrant communities but also gives direction on how such an environment is achieved.

The implementation chapter can be improved by identifying those partners tasked with implementing specific actions. The targets could be not only time to complete, but also target populations, cohorts or even cities within the county.

One area to improve with the next iteration is the transportation element. For all that the plan states regarding a desire to reduce single occupancy vehicle trip, reduce pollution, and to change the land use pattern into a more walkable environment, the transportation chapter is very auto centric and reflects a focus on level of service that dictates a response of widening or preserving wider roads and reducing peak hour congestion instead of finding healthier alternatives.

[Scorecard](#). The overall topic spectrum and specific examples and languages that should be considered when scoring a plan are thorough. The scorecard runs the gamut of all things health, beyond healthcare and physical activity. Areas such as pollution, crime, spiritual health, economic security are suggested in many elements of the Scorecard, which is important for those who use the plan to understand the many dimensions of health.

Again, the Scorecard is thorough and well crafted. If the hope is to get planners and other to understand details and necessary policy statements, objectives, and recommendations that are instrumental in fostering improved community health, this nails it.

The tool is new, therefore unless the plan being scored is newer it likely won’t score very well due to the growth in recognition that health is a critical theme to be included. As time moves forward, more plans should do better.

Testing the Scorecard through the Plan 4 Health revealed the following:

- The plans scored best in Section C: Active Design. This is expected from a Comprehensive Plan that is geared toward policies related to the built environment.
- Overall, the two plans were lacking in content related to Section A: Overall plan, vision, and strategy related to health. This is likely a result of the time period in which they were developed, as health was not as much of a topic at that time.

- The lower scores in Section A reflects a possible point of emphasis in future plans to improve this element. It would stand to reason that better incorporation of health themes in the overall plan, vision and strategies would lead to higher scores in the other sections, as well as in the implementation element.
- The low score in Section D: Implementing a Plan of Action is also an indicator of the time period in which it was developed. This is also an important point of emphasis to not only strengthen, but better engage the health professionals in a community to work with planners to better identify and understand implementation actions that address health. Since it is a new concept, the implementation steps might not be as obvious as other planning programs, projects, or policies.

Comprehensive Plan Measure Scores

Measure	Dover Score	Kent Co. Score
Section A – Comprehensiveness	1	0
Section A – Strength	1	0
Section B – Comprehensiveness	7	9
Section B – Strength	11	14
Section C – Comprehensiveness	10	13
Section C – Strength	10	22
Total – Comprehensiveness	18	22
Total – Strength (out of 100 possible)	25	36

Implementation Plan Measure Scores

Measure	Dover Score	Kent Co. Score
Section D – Implementing a Plan of Action	1	1
Section E – Healthy Living	5	8
Section F – Active Design	1	9
Total (out of 29)	7	18

Next Steps / Recommendations

After the review of these plans, the consultant team undertaking the review made the following general observations that can be considered in future efforts to improve the applicability of the tool:

- **Use it for scoping a plan:** Using the tool in a retrospective manner can be a great springboard for better incorporation of key health themes into future comprehensive plan. A suggested way to do this is to utilize the tool to assess a current plan just before a new plan is adopted. This will help identify gaps and linkages to current planning themes and help planners, consultants and health professionals better understand what they can address as a new plan is developed. The scorecard result can help identify gaps or points of emphasis for a new plan.

- **Make adjustments for context:** The parallel review of Dover and Kent County reveals that different jurisdictions will examine certain issues while not addressing others. The types of growth, growth pressures, and land use policies evaluated by a city and a county differ greatly. It would not be a common expectation to have a city address farmland preservation just as it might not be as likely for a county to address community gardens in unincorporated areas. A county may not address active transportation or transit in the same way that a city might. Similarly, large cities and small towns will differ in how they address these themes as the scale and context of the community varies greatly.
- **Find a way to reward brevity:** Plans that have dozens, or even hundreds, of goals and objectives, can sometimes create conflict when a planning board is making a decision and trying to determine if it is “consistent” with the comprehensive plan. With a plan filled with many goals it is easy to find conflict or simply say that a development is supported because of these sometimes conflicting goals. Also, planning is becoming a more visual process in an age where technology is changing rapidly and fewer and fewer stakeholders want to pore through a 150-page document. With this trend, it becomes more and more difficult to address all comprehensive planning themes as well as expectations contained in a comprehensive scorecard. If applied literally to a succinct, yet very useful plan, the Scorecard could yield a low score simply because a method was chosen to prioritize big picture planning needs or make the topics more illustrative. The thoroughness could eventually prompt those drafting such plans to write plans that are either redundant or contain too much information which could lead to the Comprehensive Plans being longer than necessary.
- **Provide suggested methods for incorporating health themes:** The Scorecard is comprehensive, which is great, but planners should be cautious so that the Scorecard does not seem intimidating to small communities or those with limited resources and time. The great opportunity in this lies with the interest in health. Encouraging a health-specific focus group or steering committee for a plan can help by explicitly tasking that group with the responsibility to develop health themes. This would help bolster the implementation score.
- **Account for different methods of planning:** The common comprehensive planning approach is to address growth and development through a variety of subject areas. Health is one theme that is comprehensive enough to warrant an examination through the lens of all of the other common planning themes. So, there are two different ways to address it: 1) An independent health chapter or section of the plan that resembles other subject area elements of the plan; or 2) A health component that includes health-specific goals, objectives and implementation measures, along with a feedback loop that examines the likely health impacts of the goals, objectives and implementation measures identified through the other thematic chapters.
- **Incorporating tenets of HIA as a planning method:** As this section acknowledges, it is nearly impossible for a community to do a truly comprehensive plan. That does not mean, however, that we have to simply leave a plan without a set of evaluation components or next steps. Adding a Self Evaluation section to allow communities to better understand how the process unfolded could yield better results. A key element of Health Impact Assessment is an evaluation step that evaluation the HIA process itself and identifies the challenges and opportunities that

may not have been fully addressed in the plan. It's ok to say "We didn't address all the health themes because of a limited budget and if we had more funds, we could address them." This would help communities acknowledge the limitation and reduce the intimidation factor of the tool if a community felt they received a "low" score. This Self Evaluation could identify, for instance, that a health department representative was not able to make the meetings, which impacted the results of the plan. It might also identify a stakeholder group that was underrepresented in the plan.

- **Determine how well the subject matter makes the link to health:** Planning concepts identified in a plan can be strengthened from a health perspective in how well the plan acknowledges the likely health impacts of a goal or action step. Making the connection between a planning action and health helps bolster the case for the concept for public officials, developers, citizens, businesses and others. It may be generally acknowledged that outcomes such as walkability are inherently healthy, but making a stronger case for them in a plan can help lessen the likelihood that a waiver of policy is allowed (e.g. claiming the building of a sidewalk fronting a development is a hardship). A bonus point could be added to those elements that more explicitly make this link.
- **Work to develop a "What it means" section:** Testing several plans developed in a common timeframe (e.g. 2008-2012) would allow better comparison to understand what differentiates a strong plan from others. In terms of the overall "strength" score, Dover received a 25 and Kent County received a 36 out of a maximum total score of 100 available points. When there are 100 point scales, people tend to view them as they view grades in schools. If a student brought home a score of 25 or 36 out of 100 on a test it would likely result in a negative response from a parent. Does a score like this mean that both plans are substandard? Absolutely not! They are good comprehensive plans that illustrate a positive trend toward addressing health issues. A test of several plans could produce a range of scores to determine if, for instance, the highest ranked plan scored a 50 then that is the barometer by which others are measured instead of measuring it against a maximum 100 points available.
- **Continue to strengthen the Implementation Section:** The State of Delaware requiring an Implementation chapter is a great planning tool. The Scorecard could have clearer direction on whether the Implementation chapter is to be scored separate from determining the direct linkage with the plan, or if the implementation steps identified throughout the document are to be scored in the separate scoring area in the tool.

Dover			Kent County		Overall Comments
Measure	Score	Notes	Score	Notes	
A. Overall					
P-1	0	There is one brief mention of the Built Environment and it is specific to ozone levels. Otherwise it gives no measure, goals, or other specific relationship to the built environment other than a obligatory reference to travel choice.	2	Built environment language exists but does not explicitly mention this relationship.	
P-2	0	One sentence in the document refers to working with the State Public Health Department, though it isn't specific on what, how, under what topics and conditions or the intent.	0	Public health is recognized as a benefit from park and open spaces, but the input and collaboration piece doesn't exist.	
P-3	0		0	Health as a topic is mentioned several times, but the specific inequity language is not mentioned. There is a brief section on affordable housing, but it doesn't go into the vulnerable population realm.	
P-4	0		0		
P-5	0		0		
P-6	1		0		
B. Healthy Living					
P-7	1	The plan does mention reducing VMT for the sake of Greenhouse Gas emissions, with a brief tie to public health, specifically	2	The plan has significant language about reducing the need for single occupancy vehicle trips and building communities that	

APPENDIX

COMPREHENSIVE PLAN SCORECARD REVIEW

Dover			Kent County		Overall Comments
Measure	Score	Notes	Score	Notes	
		repository ailments. However, the plan also includes numerous proposed studies and plans for new non-existent routes which could also increase VMT.		foster walk, bicycling etc. for an overall improved design and land use interaction.	
P-8	2	Plan has significant language about the desire to increase walking and bicycling participation rates. The Plan also has specific direction about the update of the Bike/Ped Plan and the creation of an Advisory group as well as development standards, collaborations with agencies, and numerous other goals.	1	No direct or specific language states that the objective is to increase walking and bicycling. However, significant language exists that support walkable places with regard to design, layout and proximity.	
P-9	0		0		
P-10	2	The Plan does mention numerous times the existence of a Bike/Ped Plan with the desire to update and improve it. The Plan mentions repeatedly the desire for paths to link destinations but also to be installed in areas such as open spaces, City Park spaces, new developments and through existing facilities.		There is a transportation section and it does mention bicycle and pedestrian objectives, but there are no specifics with regard to particular projects, design standards or measurable goals. The section is mostly about typical VMT, peak hour and capacity language synonymous with vehicle travel. There is mention of the TID concept and that such facilities would be included in those. The TIDs take up a significant area in the County.	
P-11	0	No traffic calming measures were mentioned in the plan. The plan is very heavy on improving traffic	0		

APPENDIX

COMPREHENSIVE PLAN SCORECARD REVIEW

Dover			Kent County		Overall Comments
Measure	Score	Notes	Score	Notes	
		congestion, more direct routes and reconstructing problematic intersections.			
P-12	1	There are measure mentioned in the plan specific to bike/ped. The plan includes language describing the objective to enhance the current network, improve "alternate" transportation and to construct facilities through development, safety is mentioned, though on a limited basis.	2	The TIDs are specifically intended to improve bike/ped facilities and that Plan states that the County will work with the DOT/MPO and Cities to ensure these are incorporated.	
P-13	2	The Plan mentions that developers are required to construct sidewalks but that additional facilities in the bicycle realm are being sought. The plan references bike parking, the desire of developers to have the Bike/Ped Plan updated, and the inclusion of crosswalks.	2	The plan explicitly states that such facilities are to be included in multiple land use designs and applications. It is one of the strongest components within the transportation realm.	
P-14	2	Significant language about trail improvements, connections between existing trails and the value the hold. Specific trails and implementation steps is included.	1	The plan mentions these things and seeks for them to be built. However, the plan also more specifically recommends the development of a County-wide plan and the TID concept. These elements are likely heavily concentrated in those plans.	
P-15	0		1	The plan mentions parking should be placed to the side or behind the structures to improve accessibility. The plan does not	

APPENDIX

COMPREHENSIVE PLAN SCORECARD REVIEW

Dover			Kent County		Overall Comments
Measure	Score	Notes	Score	Notes	
				mention a reduction of parking but rather adequate, not excessive.	
P-16	0	No mention, only discuss rising senior population in the demographics section.	1	minimal language is included but does state the need to improve access to health care for an aging population.	
P-17	0		0		
P-18	0		0		
P-19	0		2	There is specific mention of co-locating events at school sites and specific direction to pursue them.	
P-20	0		2	The Ag portion of the plan is extensive with an entire chapter and numerous strategies including TDR.	
P-21	0		2	Local food production is a major tenant of the plan.	
P-22	0		1	The plan mentions food security but not in any great detail like this section intends.	
P-23	0		0		
P-24	0		0		
P-25	0		1	Within the land use designations there is mention of grocery outlets and a desire to improve uses that could include such opportunities.	
P-26	0		0		
P-27	0		2	The plan thoroughly examines why and how drinking water should be protected and through a bevy of methods.	
P-28	1	The plan does include pursuing additional Open Space and Park sites in Dover. The Plan is strong in it's support, though it does not	1	The plan certainly mentions the importance of open space and parks. It mentions ways to achieve more of both, though it fall short of the specifics with	

APPENDIX

COMPREHENSIVE PLAN SCORECARD REVIEW

Dover			Kent County		Overall Comments
Measure	Score	Notes	Score	Notes	
		provide data on how or why these areas should be pursued, when, or how much money they may cost.		respect to acreage needs, geographic areas with no or limited space, etc.	
P-29	0		0		
P-30	0	No mention of such things though the plan does mention playground equipment and some degree of water source protection.	1	The plan mentions enhancements and has a program dedicated towards them, but no real specifics are mentioned.	
P-31	0	No such language exists only the requirement of bike parking.	2	The plan is strong in its requirements for developers to provide various facilities including open space, parks and more.	
P-32	0		0		
P-33	0		0		
P-34	0		1	Some language mentions accessing such places, but nothing in terms of collaborating.	
P-35	0		1	The plan discusses aging in place and the need to access health services but doesn't get into details on goals or objectives.	
C. Active Design					
P-36	2	Plan does include Mixed Use development, code language and overarching goals.	2	The plan is highly supportive of mix use, walkable neighborhoods.	
P-37	1	Plan does mention the concept of the connections via streets and pathways to mixed use areas and transit.	2	The plan does provide details on what a walkable community looks like and how the land uses can be designed to afford such a lifestyle.	

APPENDIX

COMPREHENSIVE PLAN SCORECARD REVIEW

Dover			Kent County		Overall Comments
Measure	Score	Notes	Score	Notes	
P-38	1	The plan does mention compact development once, and does mention affordable housing.	2	The plan does mention compact development and attempts to limit sprawling development patterns through TDR.	
P-39	0		1	While not specifically stated as TOD, the plan does include language about accessing transit and fostering its use through land use design.	
P-40	1	The plan does mention the village type development pattern and specifically the appeal for walking and bicycling.	2	The plan is highly supporting of this land use pattern.	
P-41	1	The plan does mention in-fill development patterns as a goal and to help ease annexations. Though there are no measurable goals set.	1	the plan is supportive of redevelopment and limiting fringe development as much as possible.	
P-42	1	The plan has a Historic Preservation section and does promote reuse and re-purpose.	1	The plan has a Historic Preservation section and does promote reuse and re-purpose.	
P-43	1	There is language that supports connections between developments and parts of the existing community.	2	The plan is very clear on the intent to link development and valued areas within the County and stop disconnected properties.	
P-44	2	The plan does include a specific policy on ADW's though they are seemingly very restrictive.	2	The plan calls for removing barriers to constructing ADU's.	
P-45	1	The plan does support the use of green spaces, park spaces, open spaces and vibrant places in the City, though no mention of third	2	The plan does include specific goals about trying to create places that fill this ideal.	

APPENDIX

COMPREHENSIVE PLAN SCORECARD REVIEW

Dover			Kent County		Overall Comments
Measure	Score	Notes	Score	Notes	
		place or specific related terminology or policies.			
P-46	0	No such language was included. The City apparently is ripe with existing and older growth trees. No real mention of new trees in development precess was given.	2	though a limited statement, the plan does include language about the need and guidance of street trees, specifically to shade sidewalks along streets.	
P-47	0		0	This was not mentioned, though orienting the buildings with parking areas to the side and back was, with the expectation that the building front the street.	
P-48	0		1	The plan does reference LEED as one type of environmentally sustainable practice that is encouraged.	
P-49	0		0		
P-50	2	Significant language is included on the relationships with numerous other agencies. This may be the strongest section with regard to the tool.	2	An entire chapter is devoted to the nature of the intergovernmental arrangements.	

This map prioritizes each zip code in Delaware by its Bikability Density Index (BDI) value, and indicates where expanding and improving bicycle infrastructure is most needed. Building safe and accessible bicycle infrastructure promotes physical activity, an important determinant of health. Providing good bicycle infrastructure improves real and perceived safety for cyclists which helps attract new riders commuting to/from school or work and riding for recreation and other trips. Bicycling has a low carbon foot print, helping reduce health impacts of air pollution.

BDI values were calculated for each zip code using the following formula:

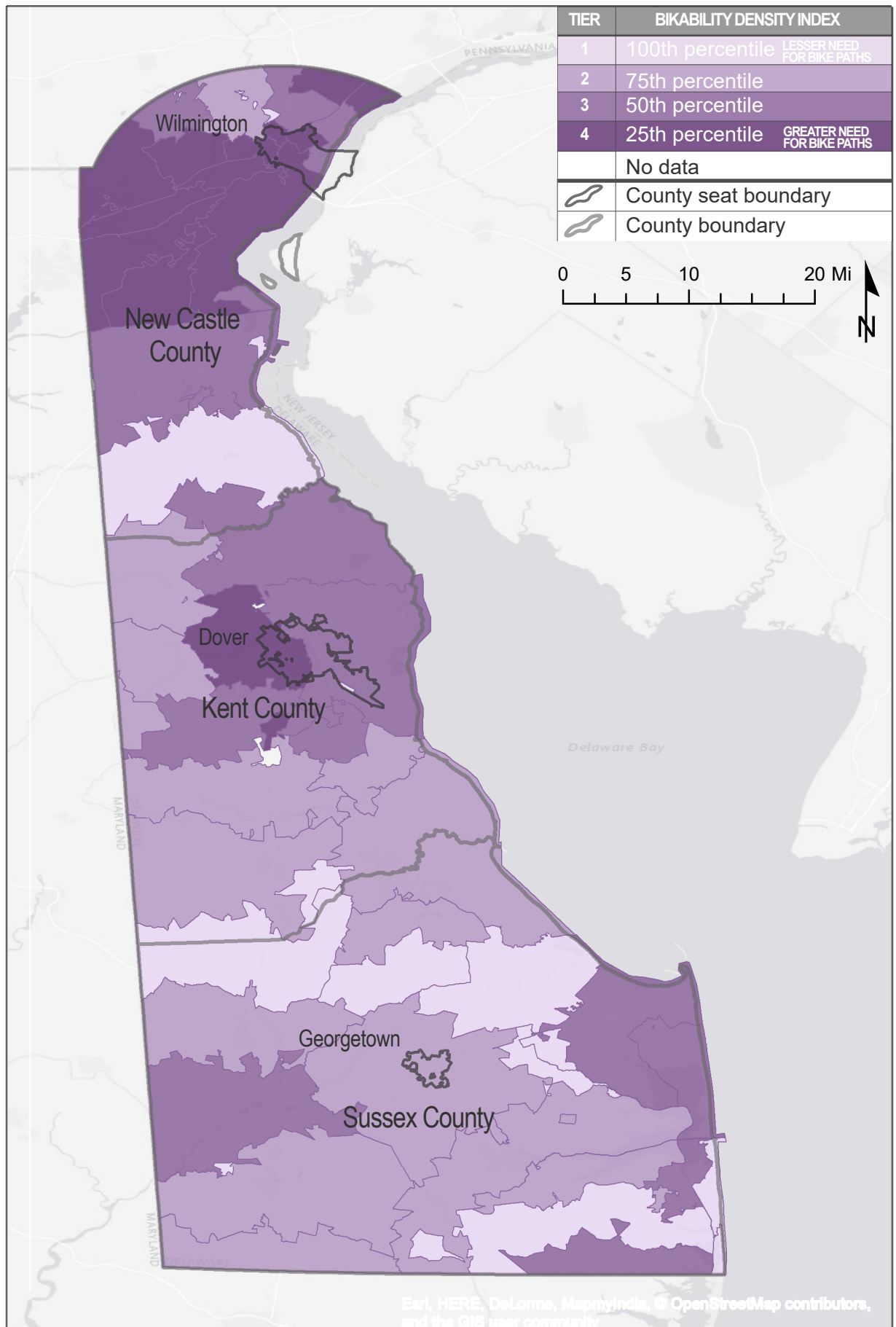
$$BDI_{zip} = \frac{\sum \text{path lengths (miles)}}{\text{population}_{zip}} * 100$$

BDI values represent "low stress" bicycle path mileage per person, and are tiered by percentile rank.

Zip codes in Tier 4 (the darkest purple) have the lowest quarter BDI values, meaning they have least sidewalk mileage per person in Delaware.

BDI values are calculated from "low stress" bicycle path layers provided by the State of Delaware Department of Transportation, and 2015 American Community Survey data, and aggregated to the zip code level.

NOTE: The "Low Stress Bicycle Network" is currently in draft form. It may not be used without permission from the Delaware Department of Transportation.



Bikability Density by Zip Code, Delaware

Calculated from 2011-2015 American Community Survey 5-Year Estimates and "Low Stress Bicycle Network" data provided by Delaware Department of Transportation.

Prepared by Planning4Health Solutions for Delaware Planners4Health

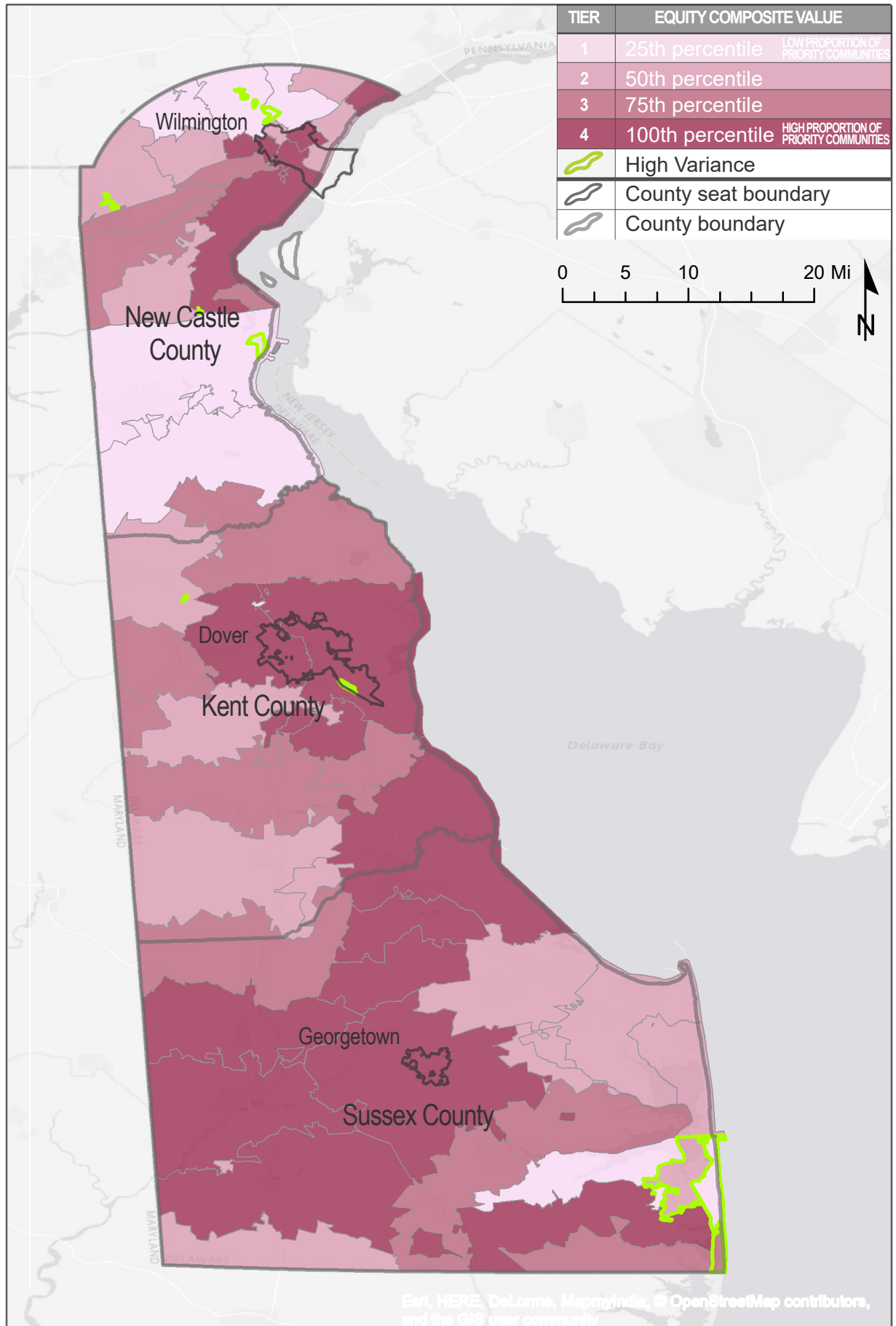
Delaware
PLAN4Health
An American Planning Association Project

This map prioritizes each zip code in Delaware by its Equity Composite Value (ECV,) and indicates where communities of concern are most concentrated.

The ECV summarizes 2015 American Community Survey data for the following groups: elders, children, SNAP-receiving households, low-income households, households with poor vehicle access, communities of color and people with limited English proficiency. These groups disproportionately experience health disparities that lead in health inequities. Zip-code level data for each indicator is averaged to determine each zip code's ECV.

ECVs are tiered by percentile rank. Tier 4 comprises zip codes with the highest quarter ECVs (darkest pink); these are the zip codes with have the highest proportions of priority groups.

In some zip codes one or more equity indicators differ significantly from the ECV - an average of all equity indicators. These high variance zip codes are outlined in green. By examining the individual equity indicators (see Individual Equity Indicator Map) for these zip codes we can understand what circumstances underlie the deviation.



Equity Composite Values by Zip Code, Delaware

Calculated from 2011-2015 American Community Survey 5-Year Estimates.

Prepared by Planning4Health Solutions
for Delaware Planners4Health

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This map prioritizes each zip code in Delaware by its Park Density Index (PDI) value, and indicates where expanding park and open space access is most needed. Publicly-accessible parks and open spaces are often used for sports, play and other physical activities which promote healthy lifestyles and communities.

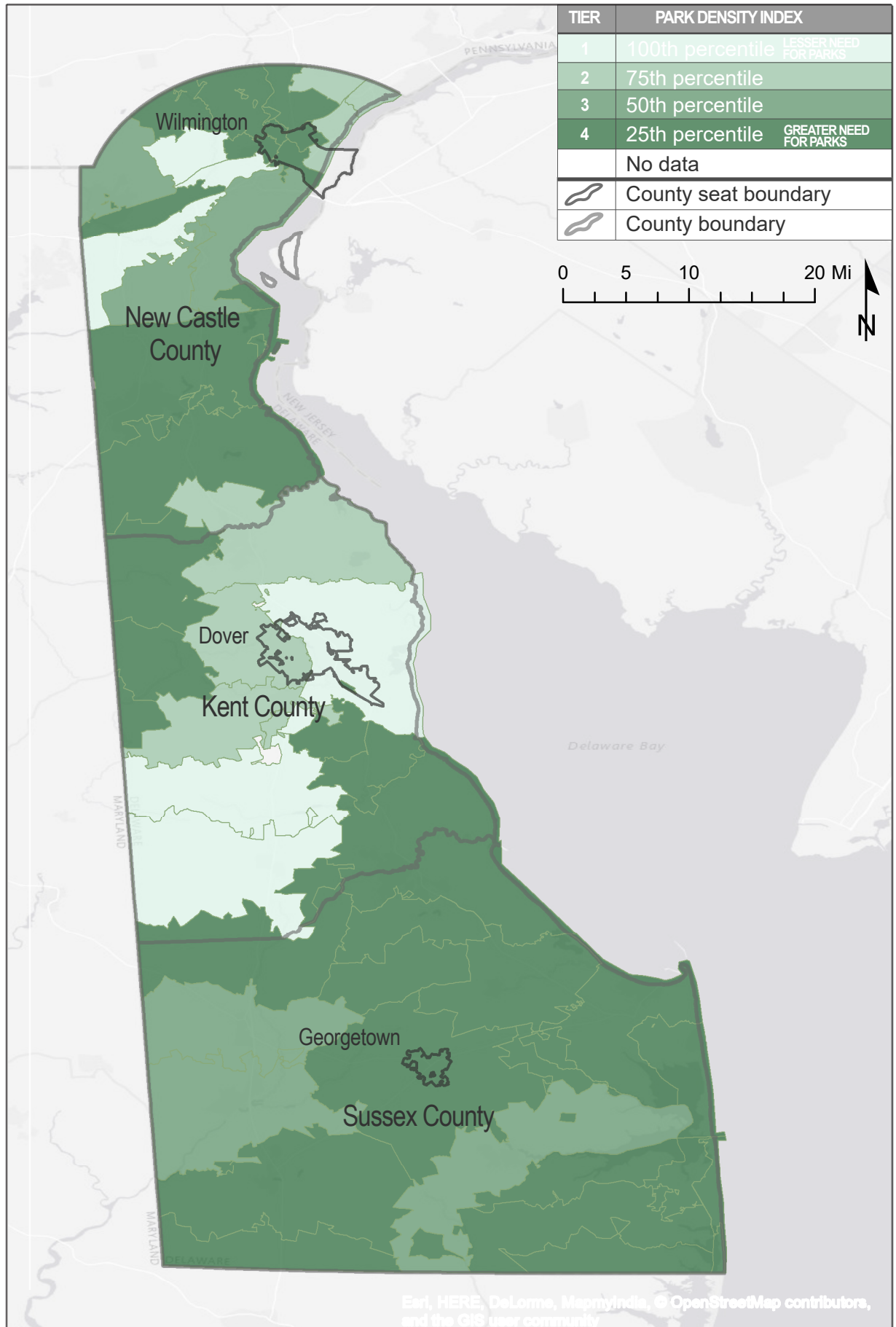
PDI values were calculated for each zip code using the following formula:

$$PDI_{zip} = \frac{\sum (\text{park space} + \text{open space}_{zip} \text{ (acres)})}{\text{population}_{zip}} * 100$$

PDI values represent park and open space acreage per person, and are tiered by percentile rank.

Zip codes in Tier 4 (the darkest green) have the lowest quarter PDI values, meaning they have the least park and open space per person in Delaware.

PDI values are calculated from Sussex County, New Castle County and Kent County parks data, State of Delaware, Open Space Program Land Inventory data, and 2015 American Community Survey data. Data are aggregated to the zip code level. Parks and open spaces that were not publicly accessible, or did not provide opportunity for physical activity were excluded from analysis.



Park Density Index by Zip Code, Delaware

Calculated from Sussex, New Castle and Kent County parks data, and the State of Delaware *Open Space Program Land Inventory data*

Prepared by Planning4Health Solutions
for Delaware Planners4Health

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This map prioritizes each zip code in Delaware by its Retail Food Environment Index (RFEI) score, and indicates where improving healthy food access is most needed. Access to healthy foods is an important determinant of health.

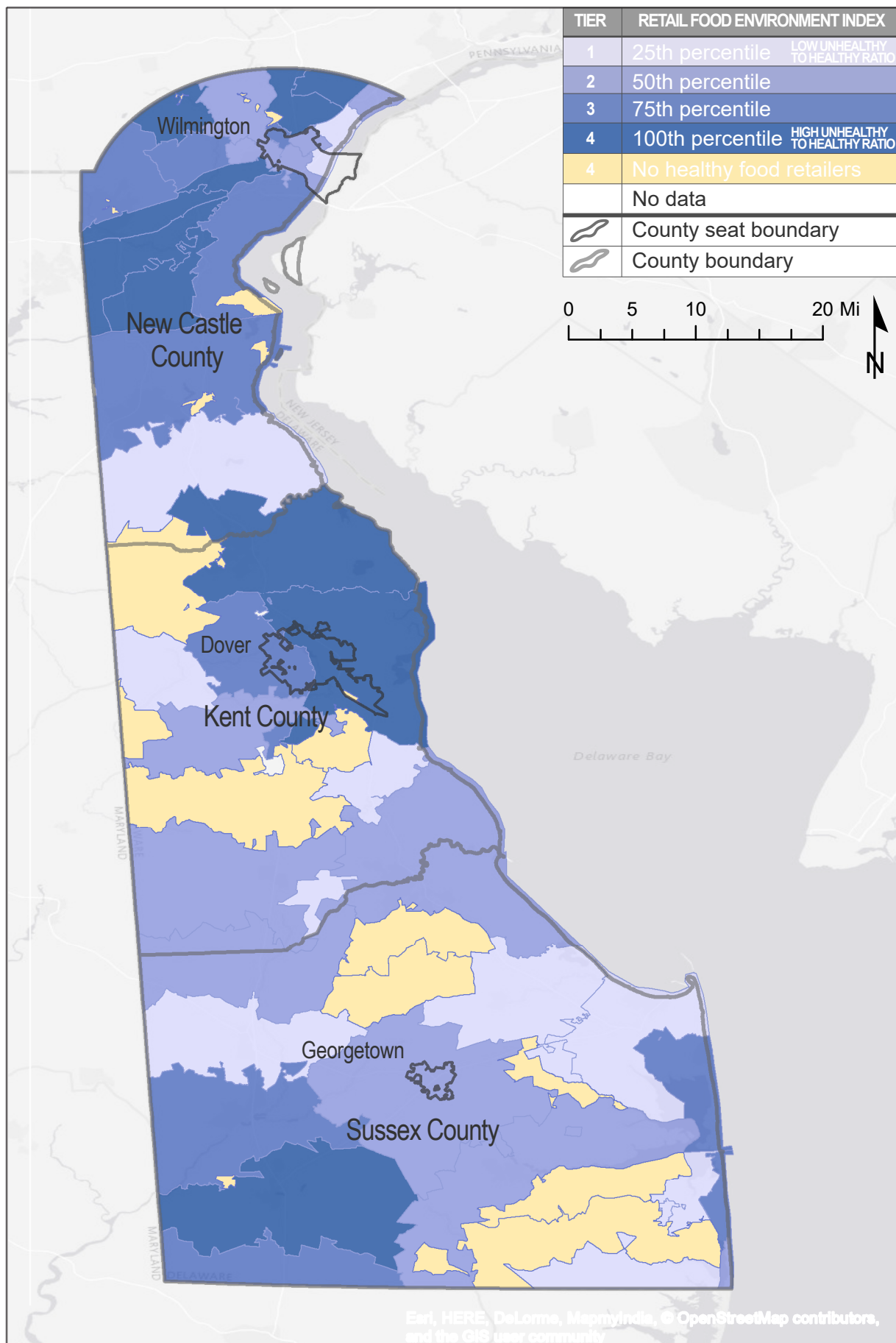
RFEI values were calculated by dividing the total number of unhealthy food retailers (fast foods, convenience stores) by the total number of healthy food retailers (grocery stores, farm stands, farmers markets) per the following formula:

$$RFEI_{zip} = \frac{\sum(\text{fast foods} + \text{convenience stores})_{zip}}{\sum(\text{grocery stores} + \text{farm stands} + \text{farmers markets})_{zip}}$$

RFEI values represent the ratio of unhealthy to healthy food retailers, and are tiered by percentile rank.

Zip codes in Tier 4 include those with the highest quarter RFEI values (the darkest blue) and those without any healthy food retailers (golden colored). Respectively, these zip codes have the largest ratios of unhealthy to healthy food retailers, or totally lack healthy food retailers.

RFEI values are calculated from U.S. Census Bureau data, using specific North American Industry Classification System (NAICS) codes, and are aggregated to zip code level.



This map prioritizes each zip code in Delaware by its Sidewalk Density Index (SDI) value, and indicates where expanding pedestrian infrastructure is most needed. Accessible pedestrian infrastructure encourages physical activity (e.g., walking), an important determinant of health, and can improve mobility for users of all ages and ability levels.

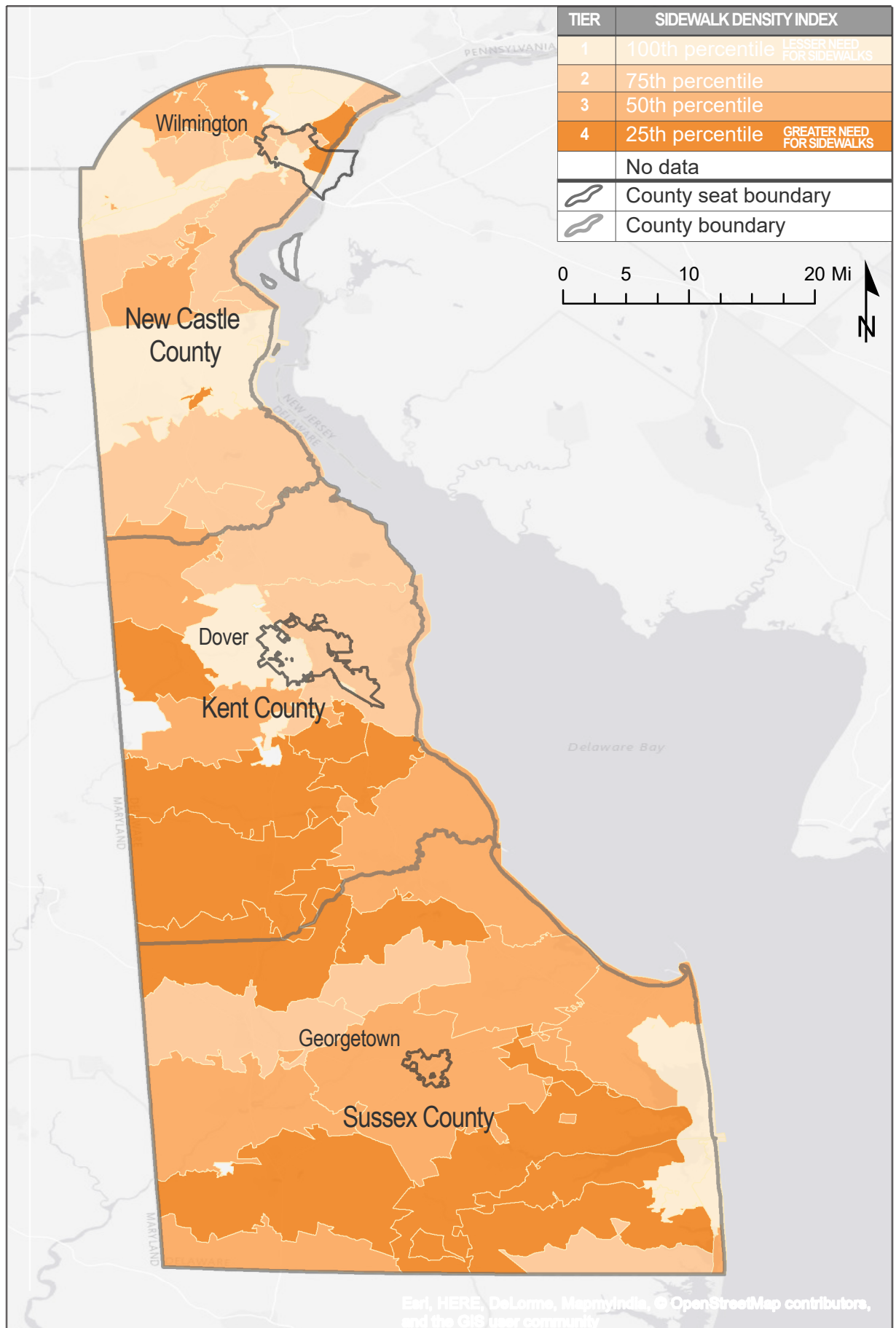
SDI values were calculated for each zip code using the following formula:

$$SDI_{zip} = \frac{\sum \text{sidewalk lengths (miles)}}{\text{population}_{zip}} * 100$$

SDI values represent sidewalk mileage per person, and they are tiered by percentile rank.

Zip codes in Tier 4 (the darkest orange) have the lowest quarter (25th percentile) SDI values, meaning they have least sidewalk mileage per person in Delaware.

SDI values are calculated from sidewalk layers provided through the State of Delaware First Map, and 2015 American Community Survey data, and aggregated to the zip code level.



Sidewalk Density by Zip Code, Delaware

Calculated from 2011-2015 American Community Survey 5-Year Estimates and State of Delaware First Map open data.

Prepared by Planning4Health Solutions
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Dover Charrette Proceedings

June 13-15, 2016



Dover Charrette Proceedings-- June 13-15

Introduction

The Delaware Plan4Health project aims to address obesity in Dover and Kent County by focusing on efforts to improve opportunities for healthy eating and active living. By leveraging the timing of the comprehensive plan updates, Delaware Plan4Health will address healthy behaviors through policy and the built environment by creating a process to understand how health and equity can be assessed and integrated in comprehensive plans. This process includes carrying out a planning charrette by bringing together the public and disciplines in planning, design and public health for an intensive session of exploring opportunities linking health and planning, with a focus on equity. With the preliminary analyses and results from the charrette, the Delaware Plan4Health Team will have a framework and guidance for incorporating health and equity in the comprehensive plan updates for the City of Dover and Kent County. For this project, there will be two 3-day charrettes—one in Dover and the other in surrounding Kent County.

Purpose

Delaware Plan4Health conducted a 3-day planning charrette in Dover June 13-15. A charrette is a public participation and stakeholder engagement exercise that explores creativity and community vision for a design of a project or community plan. For the Dover charrette, community stakeholders, city planners and the public came together to review work that has been done to date, identify priority concerns and review potential strategies. The results from the charrette, combined with the preliminary analyses, will contribute to the guidance document for the City's comprehensive plan update.

Preliminary Work

Prior to the charrette, Delaware Plan4Health conducted a public survey and a mapping analysis of equity composite, healthy food retail, active transportation and active recreation priority areas. Results from these analyses led to identifying priority areas and leading concerns/barriers to healthy eating and active living within Dover, which informed the format of the charrette.

Charrette Selection—Downtown Dover

The Plan4Health Team selected the Downtown area for their charrette due to the existing infrastructure and current efforts for improvements. The area is home to the city's most vulnerable population with a high number of low-income and minority households. In addition, the Plan4Health team is leveraging the current effort of Restoring Central Dover, an initiative bringing together community and city representatives aimed "to exchange ideas, to imagine - together - the future of Central Dover". The study area for the charrette is found within the red bubble line in Figure 1. The boundaries include Route 13 to the east, Wyoming Avenue to the south, Saulsbury Road to the west, and Walker Road to the north.

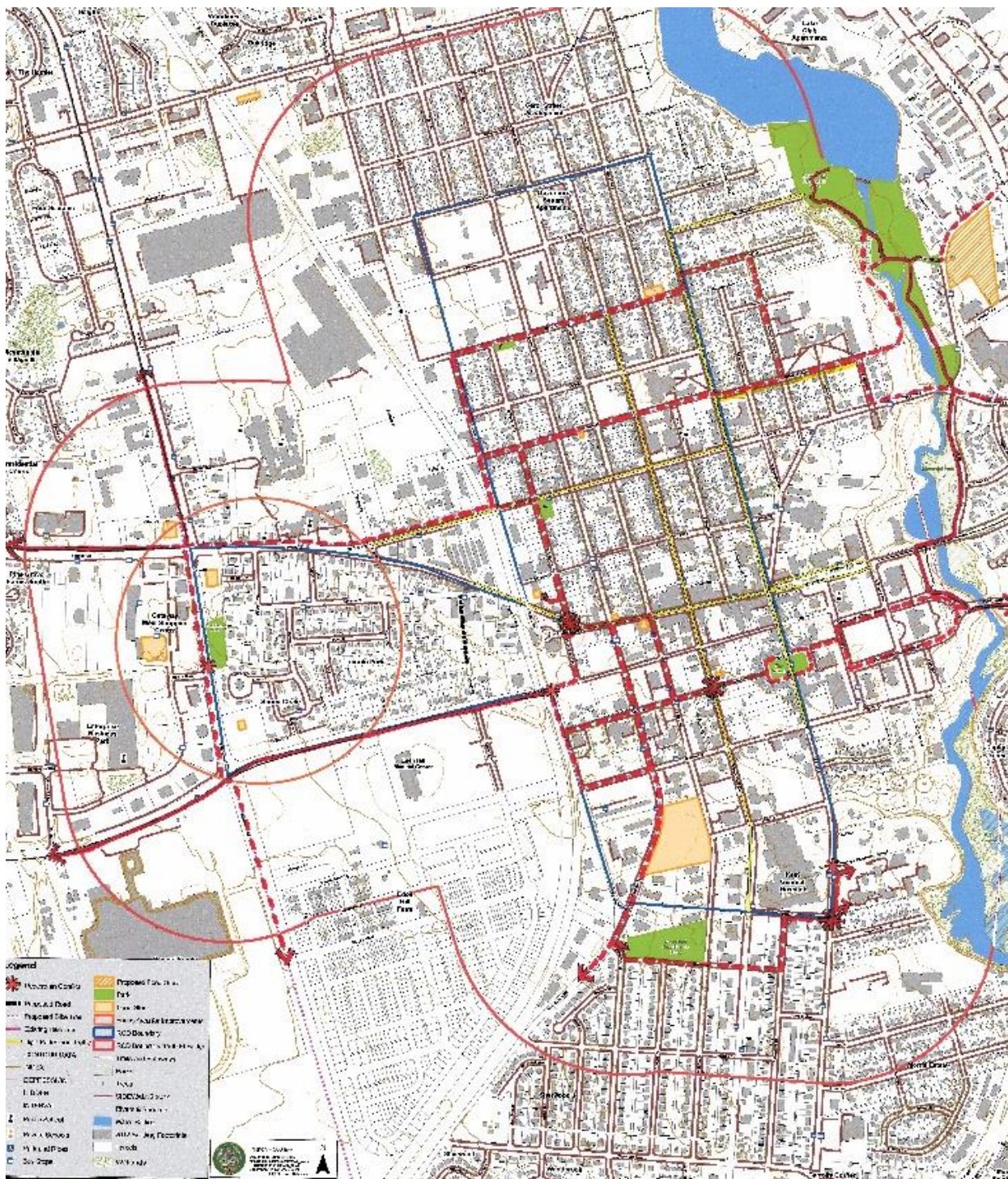
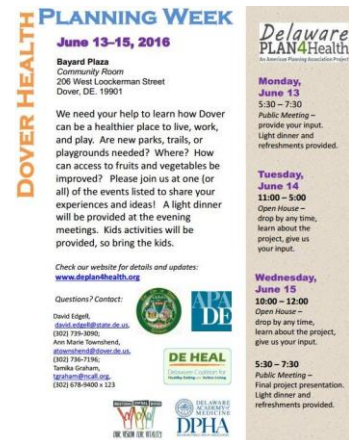


Figure 1 Charrette Study Area in Downtown Dover

Charrette Promotion

A one-page informational flyer was sent to an email distribution list of the Delaware Coalition of Healthy Eating and Active (DE HEAL) Living Environment and Policy Committee members, stakeholders and other interested individuals. In addition, there was an advertisement in the local newspaper and the flyer was shared via social media (e.g. Facebook and Twitter) and disseminated through partners. During the event, Delaware Plan4Health members distributed flyers



Charrette Approach

The charrette included a public engagement activity, walk/windshield tour, stakeholder brainstorming session, and public presentations.

Day 1

The focus of Day 1 was to familiarize stakeholders and Plan4Health team members with the study area and begin to identify priorities for healthy eating and active living opportunities. Team members, consultants and stakeholders reviewed the charrette agenda for the next few days. The team went on a walking and windshield tour in select areas of the community. The tours highlighted the following concerns and needs:

- Converting vacant lands for transitional uses such as parks, playgrounds, and gardens
- Accessible, safe parks in the center of town
- Pedestrian/bicycle-friendly streets
- Healthy food access— Family Dollar as the “go to” grocer for a low-income area
- Connectivity to various uses
- Transforming corner stores
- Use of street trees



Following the tours, team members and stakeholders discussed opportunities, including partnerships to develop and implement efforts, and policy-related recommendations to be incorporated in the comprehensive plan update.



In the evening, the team prepared an open house that included a presentation of the project and goals for the charrette and a public engagement exercise, the “dot” exercise. During the “dot” exercise, participants were asked to place dot stickers on images that appeal to their interest for the community. Next to each image board, residents had an opportunity to provide some written feedback on the reason for their selections. The images were categorized into the following themes—Healthy Food Access, Active Transportation and Active Recreation. These images involved

examples of potential opportunities for the community and included:

- Active parks/recreation space (including adult “playgrounds”)
- Passive recreation/parks space
- Street furnishings
- Lighting
- Transit Stops
- Underground utilities
- Sidewalks and connectivity
- Safe Biking
- Trails
- Street trees
- Traffic calming
- Safe pedestrian crossing
- Community gardens
- Farmers market with EBT
- Trailside healthy food
- Produce carts
- Transit to healthy food
- Wayfinding signage



Day 2

Day 2 of the charrette included an open house. Plan4Health Team members canvassed the neighborhood to invite residents to the open house. Team members remained in the community room to review maps for active transportation and active recreation opportunities. This included reviewing proposed and current projects such as the Capital Gateway Study, Senator Bikeway, and a multi-uses path along the St. Jones’ River.



Throughout the day, residents had an opportunity to participate in the “dot” exercise. In addition, team members discussed strategies and approaches for the comprehensive plan update, including code amendments.

Day 3

Day 3 began with a review of the policy analysis, using the Healthy Living and Active Design Scorecard, with the Plan4Health Team. The analysis was conducted by a consultant with Planning4Health Solutions who was unfamiliar with Dover and Kent County. Following review of the analysis, the Team discussed an approach to develop the guidance. The approach will include language addressing health impact in planning and its influence on chronic disease burden and obesity. In addition, Planning4Health Solutions will provide recommended language for each chapter of the comprehensive plan that addresses health and impact, as well as, strategies to implement health-related efforts. The Team agreed that a stand-alone health chapter will not suffice as that does not support the idea of health having an impact in the different aspects of planning.

Based on the windshield tour, the Team focused on a parks and connectivity opportunity in the Simons Circle neighborhood. The Saulsbury Road park provided a blank slate of potential that demonstrated a need in the community. A conceptual park plan was developed to include active recreation amenities and connectivity from the adjacent neighborhood to the park and shopping center, which includes a grocery store.

Charrette Participants/Roles

Other than the members of community, the table below lists those participating from the Plan4Health Team and other stakeholders.

Participant	Role/Organization
David Edgell	Plan4Health Team/Delaware Office of State Planning Coordination
Mary Ellen Gray	Plan4Health Team/Kent County Planning
Ann Marie Townshend	Plan4Health Team/City of Dover Planning and Parks
Michelle Eichinger	Plan4Health Team Consultant/Planning4Health Solutions
Bill Bruce	Plan4Health Team Consultant/CRJA-IBI Group
Patti Miller	Plan4Health Team/Nemours Health & Prevention Services
Bill Swiatek	Plan4Health Team/WILMAPCO
Rich Vetter	Stakeholder/Dover/Kent MPO
Herb Inden	Stakeholder/ Delaware Office of State Planning Coordination
Dorothy Morris	Stakeholder/ Delaware Office of State Planning Coordination
Bill Brockenbrough	Stakeholder/Delaware Department of Transportation
Connie Holland	Stakeholder/ Delaware Office of State Planning Coordination
Kris Connelly	Stakeholder/Kent County Planning
Tamika Graham	Stakeholder/NCALL (Restoring Central Dover)
Richard Paiste	Stakeholder/EPA Region 3
Susan Moriarity	Stakeholder/Delaware State Housing Authority
Jeremy Gibb	Stakeholder/City of Dover GIS
Mark Nowak	Stakeholder/City of Dover GIS
Dawn Melson-Williams	Stakeholder/City of Dover Planning
Eddie Diaz	Stakeholder/City of Dover Planning
Fred Gatto	Stakeholder/Delaware Division of Public Health
Laura Saperstein	Stakeholder/Delaware Division of Public Health

Statement of Findings: Healthy Eating/Food Access

While the study area is not in a USDA-defined “food desert,”¹ there was evidence from the preliminary analysis suggesting concerns with healthy food access and affordability. In the study area, there was no grocery store, one seasonal farmers’ market, two small corner stores and a Family Dollar. Due to its central location and sidewalks connectivity, the Family Dollar appears to be the “go to” grocer for the area. Food sold in discount stores are often of poor nutritional value—high calorie, high fat, and/or high sodium. While the Family Dollar may be affordable, it is known that food and other items sold at smaller retail stores, as in corner stores, are often more expensive than comparable food sold at full service grocery stores or supermarkets. These stores often do not sell fruits and vegetables. Overall, there is clearly a need to improve access to healthy foods, fruits and vegetables.

Based on the public feedback, residents expressed the need for healthy, fresh, and affordable fruits and vegetables. The following comments were seen:

- Bring Foods to the Community– Gardens and Produce Carts

¹ The United States Department of Agriculture defines a “food desert” in an urban area as being a low-income area (census tracts with at least 20% of household are at poverty level) and low access to a grocery store or supermarket (census tracts with a grocery store/supermarket greater than 1 mile to at least 33% or 500 people).

- Accepting EBT at Farmers' Markets and for Fruits and Vegetables
- Get healthy food at retail- How do we get places like Family Dollar to sell healthy foods?
- Partnerships to Provide Healthy Food
- Need for ethnic-specific produce

Healthy Food Access Recommendations

Healthy Corner Store

There are several approaches to transform corner stores and small retail into healthy corner stores. Recognition programs involving partnerships with health department, store owners, chambers of commerce and city agencies allow interested store owners to meet criteria for participation and then are promoted and recognized for their healthy food offerings. Along with recognition programs, city agencies can provide financial incentives to encourage the sale of healthy foods, such as fee waivers or tax credits. This may include having the City waive the business permit fees if the store meets criteria for offering healthy foods, such as a percentage of healthy foods versus non-healthy foods. There are examples from other communities that have done a healthy food recognition program, such as Chicago's Healthy Hot Spot.

Community Gardens

Through various partnerships, community gardens can provide a source of fresh, affordable produce for residents. A Comprehensive Garden / Urban Agriculture Network is an approach that combines collaborative partnerships with programs to support and sustain community gardens. Produce from gardens can provide fresh fruits and vegetables to local food pantries, contribute to local food procurement in institutions, be sold to the community through mobile markets and produce carts, and be a part of a local food distribution hub. Figure 2 demonstrates the uses and partnerships needed for a sustainable garden network. With many vacant lots in the area, there is opportunity for gardens. Flexible land use models allow for short-term uses of land while vacant. The City may employ temporary use permits on vacant lands or amend commercial or residential zoning to allow for short-term/temporary uses while transitioning to development. These flexible land use models can support the development of gardens in vacant lots as they may be temporarily vacant for future development.

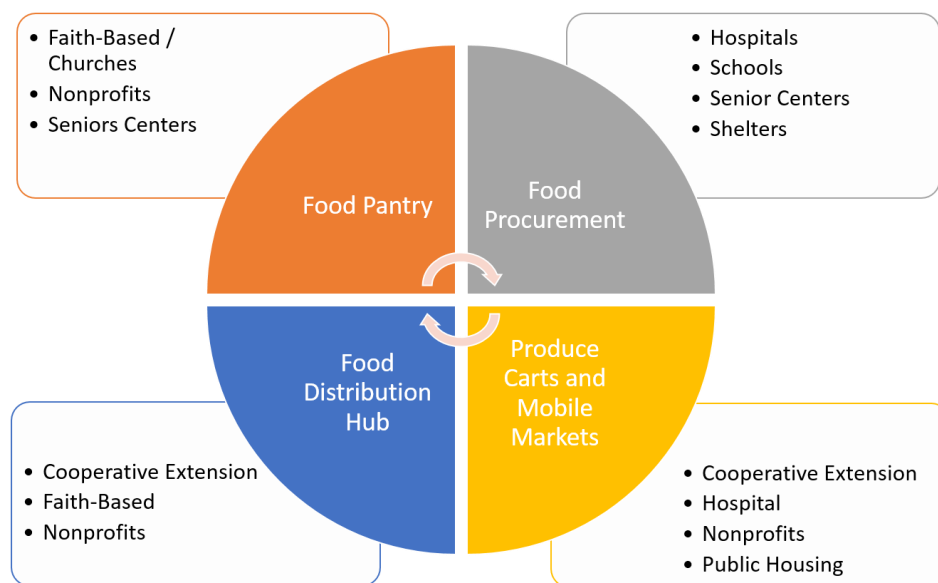


Figure 2 Comprehensive Urban Agriculture/Garden Network

Produce Carts

Many residents expressed interest in having fresh fruits and vegetables available in their neighborhoods. Produce Carts are mobile carts that can locate in priority areas and in partnership with nonprofit and government agencies, can accept EBT vouchers for those receiving WIC or SNAP benefits. Produce carts can provide job opportunities and cities can offer financial incentives for cart operators through fee waivers.

Local Distribution Hub

With gardens and partnerships with local farmers, a local food distribution hub can offer affordable, even free, produce to vulnerable populations. Corner stores can enter in a food distribution cooperative through the food distribution hub to help reduce the cost of distribution and transportation. In addition, a local food distribution hub can source local, fresh produce for institutions such as schools, hospital, senior centers and prisons.

Farmers Markets Accepting EBT

Dover has a Farmers' Market on Loockerman Street. Farmers' markets that accept EBT vouchers allow individuals to purchase fresh fruits and vegetables through their WIC or SNAP benefits. Based on the local public survey, residents who are low-income or receive WIC or SNAP benefits have expressed that they are not likely to shop at Farmers' Markets due to lack of affordability. Markets partnering with those administering these public benefits can help promote affordability and EBT use at these markets.

Statement of Findings: Active Living

The project area is a traditional urban core, and as such, it has an excellent sidewalk network along almost all streets. However, there are not many parks in the neighborhoods, and just two small parks with playgrounds. Similarly, there are no specific bike routes linking the parks and other areas, such as food stores, schools, etc. Dover needs more downtown parks and a more defined bike network.

Part of a healthy lifestyle includes engaging in physical activity. This does not always mean individuals engage in structured exercise, but rather activity as part of a lifestyle. Physical activity through active recreation and active transportation (e.g. walking or biking) are approaches to engage in active living.

Residents are interested in amenities and features that support and promote walking and biking. Since transit use also supports walking, residents provided feedback to support transit use in the community. The following were comments from the public regarding support for active transportation.

Lighting

- Better lighting to walk at night
- Make lighting nice
- Lighting makes people feel safe

Improved Mobility and Connectivity

- Underground utilities allow for more mobility on sidewalks and less dangerous
- Places to sit along sidewalks
- Sidewalks that are ADA friendly, allowing wheelchair access— there are damaged and raised areas that makes it impassable
- Better pedestrian connections

-

Transit

- Transit needs to be reliable
- Increase transit stops to make it easy to get to places
- Transit shelters- places to sit and protect from rain
- Make more connections to places for those in assisted living
- Better local bus routes to the capital area from north/south and east/west

In addition to support for walking, biking and using transit, residents shared feedback for opportunities to support parks and recreation. The following are some of those comments.

Park Location

- Parks near people in assisted living
- Parks within walking distance from homes
- Need more parks

Park Uses and Needs

- Parks for kids and adults
- Nature parks
- Better maintenance of existing parks and open space
- Parks provide free exercise
- Parks allow people to meet; fellowship
- Parks with meditation areas
- Open for everyone
- More amenities in existing parks

While there was limited feedback on the use of trails as recreation, some residents suggested that trails should provide paths to get to places. Since this use of trails reflect on a mobility function, the corresponding recommendation and strategy will fall under active transportation.

Active Living Recommendations

Pedestrian and Bicycle Network and Supporting Amenities

Downtown Dover has a good sidewalk network, with sidewalks along almost every street. While there is a multi-use trail along the St. Jones' River and at Silver Lake Park, there is no structured pedestrian and bicycle network within the city. By considering the preliminary health and equity analyses, team members discussed an approach for a pedestrian and bicycle network that incorporates connectivity to uses, including retail, grocery, public spaces, and parks. The network would include an overlay of these healthy eating and active recreation opportunities, with priority paths in equity priority areas.

To facilitate pedestrian and bicycle activity, supporting infrastructure related to safety and appeal is necessary. Street trees allow for shade while walking for more comfort and protection from heat and direct sunlight. In addition, street trees provide drivers perception of narrowed roads, thus reducing speed in residential areas. Dover has street trees and an active program to maintain and plant new trees.

However, trees are not always the right variety or the best tree for the purpose of providing shade. A Street Trees Master Plan would provide a guidance as to where trees are required to be planted along pedestrian and vehicular corridor. A Street Tree Master Plan offers stakeholders and the City the following:

- Guideline as to what species to plant for a consistent streetscape look throughout the City.
- Locations for specific shade trees (i.e. large species indigenous to that area with less aggressive root systems) to be planted adjacent to the roadway and sidewalks to provide shade from harmful ultraviolet rays. Shade also allows people to further utilize the walkways in warmer months more often for increased physical activity.
- Comfortable social gathering areas along these corridors that encourage neighborhood interaction with neighbors and town residences.
- Maintenance recommendations that may include the rental or purchase of Gator Bags or something equivalent. These bags would be filled with water by the City crews and allow for a slow release of water for the trees during the warmer months. The trees should be planted in the fall or winter months for increased survivability.

While there are sidewalks in much of the study area, there was concern about the condition of these sidewalks as well as their capacity to meet the needs for those with disabilities and mobility challenges.

Sidewalks that meet the Americans with Disabilities Act (ADA) requirements allow residents and visitors to navigate more safely and with comfort.

Street furnishings such as benches, street lamps, signage, and bike racks allow for safe, comfortable environment to walk or bike in neighborhoods. Street scale lighting, or street lamps, provide safety at night, but also the appeal and aesthetics attracting pedestrian activity. Benches along sidewalks allow for residents and visitors to rest during a walk. This is a safety feature that accommodates the needs of older residents and those with mobility challenges. Signage along pedestrian and bicycle paths help users to locate places. Wayfinding can promote walkability and bikability.

Bike infrastructure such as bike racks outside establishments invite residents to bike to these establishments. This may include bike racks at retail, parks, and other public spaces, such as libraries and open markets. Often one of the challenges to promote biking as a form of transportation is the lack of bike infrastructure. Designated or marked bike lanes also provide a safe path for bicycling.



Figure 3 Proposed Pedestrian and Bicycle Network

Safe Connectivity to Uses

While Dover has good sidewalk connectivity, a trail network would combine existing segments to connect neighborhoods with parks, schools and access to healthy foods. In alignment with the pedestrian and bicycle network and supporting amenities, connectivity to various uses will facilitate a more active lifestyle with residents walking or biking to places and being less dependent on vehicles. There are a few examples where connectivity to uses can support more activity. There are many neighborhoods and residential areas that are adjacent or located within walking and biking distance to places, including parks, schools, retail and other public spaces, such as libraries and open spaces for community gatherings. Silver Lake Park is a great venue for active and passive recreation. However, the park is at the periphery of the neighborhood and is more than ¼ mile away from many residents, which limits the frequency they are likely to walk to the park. In addition, residents in assisted living and senior communities often depend on the vehicle to get to places. Residents expressed interest in having safe pedestrian connectivity for these special housing areas through safe crossings and paths to transit, parks and retail.

Figure 3 details a conceptual Pedestrian and Bicycle Network Plan. This Plan aims to expand the existing Pedestrian Trail System (Biking/walking) for the City of Dover to include recreation areas as well as connecting actual uses. These uses included connecting neighborhoods to parks, historic sites, and schools, commercial and especially to healthy food locations. The City currently has portions of the Pedestrian System in place however this plan added to that effort by ensuring the system connected to healthy food places as well as places people actually needed to go. This plan utilized the health and equity data to make sure each area where a pedestrian system was added addressed areas of equity priority. Through this process, it was determined that there are “park deserts” in the City and added possible new park locations along the new Pedestrian System.

Improved Transit Shelter and Transit Connectivity

Several residents expressed the need for reliable and improved transit amenities. While there is transit available in the city’s busy highway corridor, residents are interested in seeing more transit stops in neighborhood/residential areas and routes to connect to more uses, such as parks, grocery, and healthcare. Transit shelters protect users from weather elements such as rain, wind and direct sunlight, while they wait for the bus. There are a limited number of transit shelters in the city.

Parks and Open Space

During the windshield and walking tours, it became relevant that there was a need for parks and space for active recreation within the study area. there are only two small parks with playgrounds in the neighborhood. There is no larger park centrally located. Silver Lake Park is at the periphery of the area, but more than a ¼ mile walk from many residents. As one resident stated, “kids need things to do...we need more parks for them to play.” While there are tuck-away private playgrounds, safe park and playground visibility was limited. Residents responded favorably to more playgrounds and recreation for adults and children. In addition, residents supported passive recreation amenities or nature parks that allow for calming and relaxation. One example of an opportunity that combines the support for active recreation and connectivity is the city’s Saulsbury Road park adjacent to Simons Circle, a low-income/public housing neighborhood. The park is located between the neighborhood and a shopping center, which includes a grocery store. This park is currently maintained by the City as an open field. During the charrette, this park was conceptually (Figure 4) transformed from an open field to one with connectivity between the neighborhood and the

shopping center, and a recreation space for children and adults with playgrounds, basketball courts, and a trail.

In addition, there are many opportunities for temporary or pocket parks with the current inventory of vacant lots. As previously mentioned, flexible land use models allow for short-term uses of vacant land while transitioning to development. The City can allow an temporary use of vacant lots for public spaces, such as parks and gardens. Vacant lots can be temporarily converted to small parks with playgrounds or for aesthetically pleasing passive recreation space. Partnerships with nonprofit organizations or churches may facilitate this use of space.

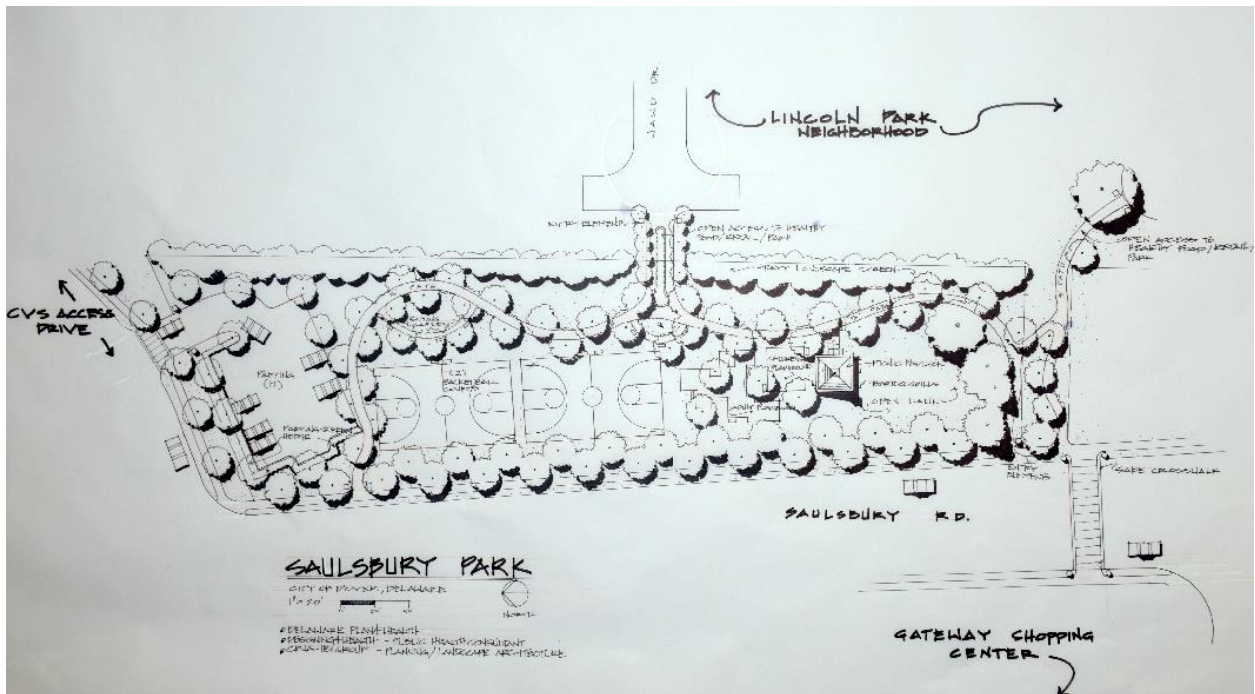


Figure 4 Conceptual Plan of Saulsbury Road Park

Next Steps

Guidance Document

Results from the preliminary analysis and the charrette will be analyzed for recommendations and strategies to be incorporated in the comprehensive plan update for the City of Dover. The guidance document will provide city officials with the recommended language linking health and equity and their impact in planning and policy. In addition, the guidance document will include targeted and specific draft language addressing health and equity for each relevant chapter of the comprehensive plan, including:

- Public Utilities and Infrastructure
- Community Services and Facilities
- Transportation
- Economic Development
- Housing & Community Development
- Land Development
- Intergovernmental Coordination

- Implementation

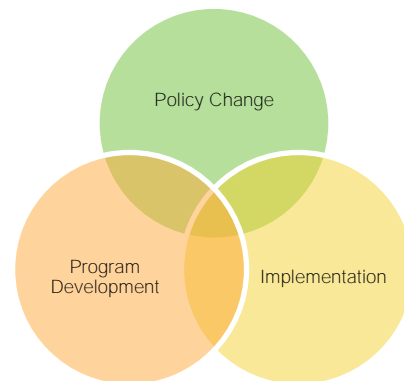
In addition to providing health and equity language, the guidance document will include recommendations and strategies to address healthy eating and active living through partnerships, and will include examples of these strategies from other communities. These examples will address policy changes, partnerships and implementation.

Capacity Building and Program Development

Many strategies and recommendations require partnerships—private and public—to develop and implement. There are many organizations focusing attention on the target populations of the study area or the neighborhood. These efforts align with the recommendations developed from the preliminary analysis and charrette.

Task Force

There are many organizations engaged in the area. A Task Force would bring together partners to develop a coordinated, strategic approach to identify priority, feasible strategies to implement. This would allow partner organizations to review resources and leveraging existing work. In addition, the Task Force can detail roles of organizations to pursue efforts—policy change, program development, and implementation. Figure X can help organize resources and identify organizations that may have overlapping roles. Organizations that can be a part of this effort include, but are not limited to:



- Restoring Central Dover
- Dover Housing Authority
- Kent General Hospital
- City of Dover
- Delaware Division of Public Health
- Nemours Health and Prevention Services
- Dover/Kent MPO
- Delaware State University—Cooperative Extension
- Central Delaware Chamber of Commerce
- Kraft Foods
- Bike Delaware
- DART

Produce Carts/Mobile Markets

Starting a produce cart/mobile market program requires private - public partnerships. This effort will need a lead organization, such as Restoring Central Dover, to develop and implement the program. There are several model programs and toolkits available, including NYC Green Carts and ChangeLab Solutions' Model Produce Cart Ordinance. The following are steps to consider in executing a produce cart/mobile market program:

- Policy Change
The Task Force will need to review existing city policies that may inhibit the use of produce carts/mobile markets and identify policy strategies to encourage produce carts/mobile markets. These may include financial strategies, such as business permit

fee waivers for cart operators, and ordinance amendments to allow for sidewalk vendors.

- Program Development
Program development will need to consider securing funds for cart purchase(s), produce procurement, cart operations, Supplemental Nutritional Assistance Program (SNAP) application, site locations and agreements, and marketing
- Implementation
An organization will be needed to oversee and implement the program. In addition, organizations can partner with this effort to promote produce carts and provide supplemental programs to encourage the purchase of healthy foods and healthy eating habits (i.e. cooking classes, social marketing, etc.)

Central Dover Parks and Park Connectivity

The preliminary analysis and charrette results found a need for more parks and opportunities for active recreation. The Saulsbury Road Conceptual Master plan is an example of a neighborhood within the study area that has existing open space to develop that is adjacent to residential and commercial areas. A comprehensive park network with connectivity will help promote park usage and active living, which has been drafted as a result of the charrette. The following are steps to consider in exploring a Central Dover Parks and Connectivity plan:

- Policy Change
The Task Force needs to examine current policies to see opportunities to allow for open space/parks within the City. As mentioned earlier, flexible land use models may allow for temporary or short-term use of vacant land for parks. In addition, the Task Force can explore land use opportunities for permanent park space and suggest zoning changes to prioritize land for public spaces. In addition, policies requiring connectivity for parks and other uses and prioritizing public spaces in redevelopment efforts will support more active lifestyles.
- Program Development
While the City has a Parks and Recreation department, there are partners whose missions and activities align with active living efforts. These include opportunities for shared use agreements with schools to allow for public use of playgrounds and gymnasiums. ChangeLab Solutions provide several resources on addressing common concerns related to shared use including liability and garnering school support. In addition, marketing campaigns and recreation programming will support park usage.
- Implementation
In addition to the city's Park and Recreation department, schools and community organizations can leverage each other's resources to provide recreational programming for all ages, including after school programs for vulnerable populations.