



Memphis Walks

walkability makes healthy communities

AIA Design & Health Research Consortium



THE UNIVERSITY OF
MEMPHIS
School of Public Health

Memphis Walks' focus is on improving quality of life by supporting improved walkability, promoting increased physical activity, safer communities, and social cohesion via walking, (all with measured results.)

University partners:

Depts. of Architecture; Planning; Engineering; Criminal Justice; & the School of Public Health

Community partners:

Shelby Co. Health Department, Office of Sustainability; Livable Memphis; Crosstown Arts; Church Health Center

Envisioning a Healthier
CROSSTOWN

The Need: Memphis

Pedestrian Fatalities: ranks #5 most dangerous large metro area

Community/Environmental Indicators: ranks #47 (ACSM)

Crime: ranks #3 (FBI)

Personal Health: ranks #49 (ACSM Fitness Index)

- 35% obesity (BRFSS)

- 37% hypertension (BRFSS)

- 13% diabetes; 6.6% pre-diabetes (BRFSS)

- 28% physical inactivity (BRFSS)

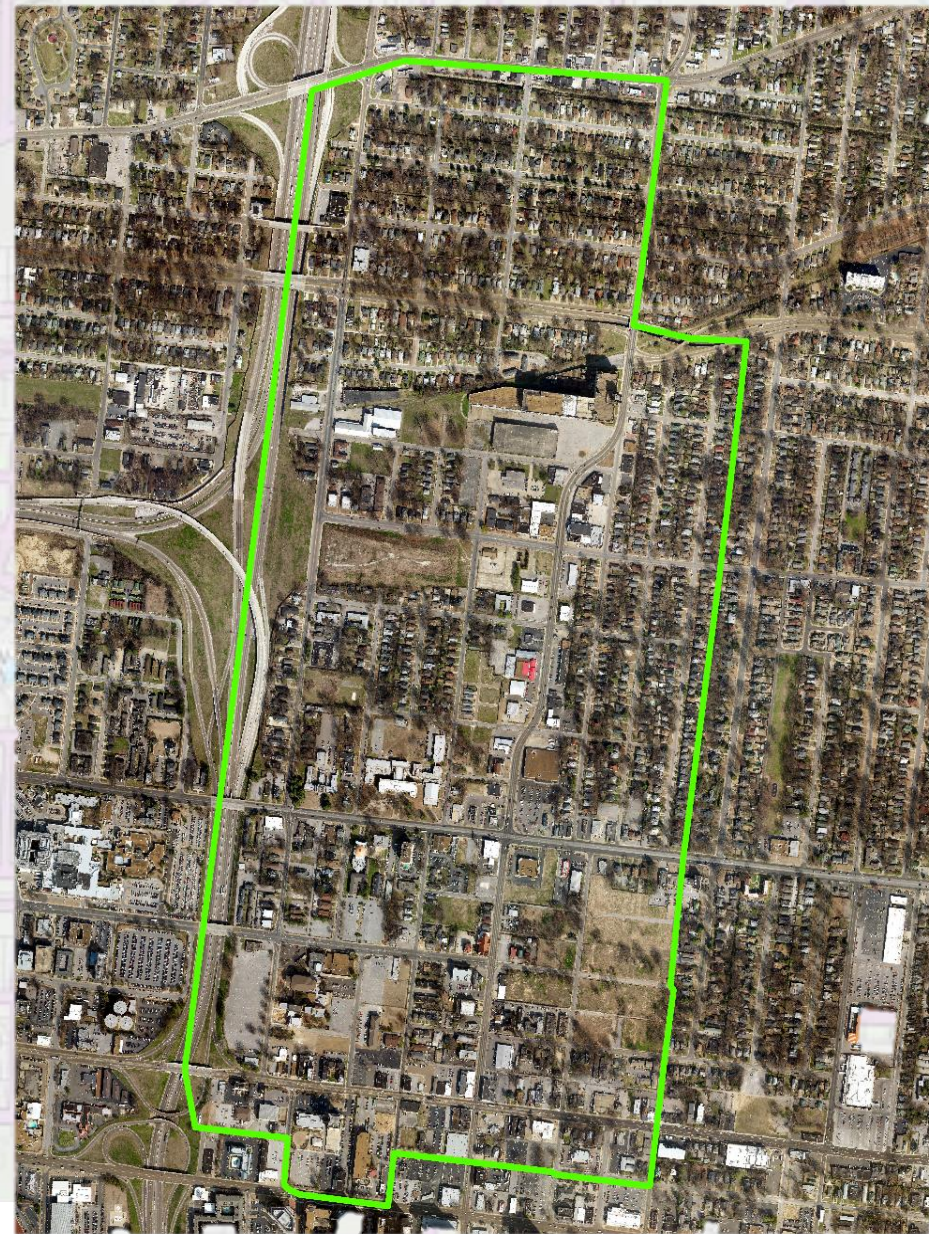
Objective

Address walkability issues of urban communities in order to promote improved physical health



Why is Walkability Important?

Crosstown Neighborhood



Crosstown Community Survey

Please take a few minutes to complete this survey about public safety and transportation issues in your neighborhood. Your input will be used by the University of Memphis and community collaborators to identify strategies for improving safety and walkability where you live. Thank you for taking the time to share your experience with us.

Walkability

1. What three places in the Crosstown area do you go to most often? 1. _____
2. _____ 3. _____

Think about these 3 places in Crosstown to answer the next set of questions.

	Place # 1	Place # 2	Place #3
2. How do you get there? (check all that apply)	<input type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Uber/Taxi <input type="checkbox"/> Other	<input type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Uber/Taxi <input type="checkbox"/> Other	<input type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Uber/Taxi <input type="checkbox"/> Other
3. Would you like to have another way of getting there?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. How would you like to get there? (Please write in)			

5. How often do you walk in your neighborhood (for any reason)? ☐ Everyday or nearly every day ☐ A few times a week ☐ A few times a month ☐ Rarely ☐ Never ☐ Don't know / not sure

6. When you walk in your neighborhood, what are the reasons you walk? (check all that apply)

- ☐ Going to work ☐ Going to a restaurant, store, or Post Office ☐ Visit neighbors ☐ Going to a bus stop
☐ Exercise ☐ Getting out with children ☐ Enjoy the outdoors ☐ Walk my dog ☐ I don't walk in my neighborhood ☐ Other _____

7. What keeps you from walking more in your neighborhood? (check all that apply)

- ☐ Weather
☐ Poor sidewalks/crosswalks
☐ Crime
☐ Too far to walk to places I want to go
☐ Too much traffic
☐ Too dark
☐ Not enough places to walk
☐ Health does not permit walking
☐ Other (please list) _____

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Neighborhood Perception Survey

8. How far would you be willing to walk to get to a desired destination?

- ☐ 1-5 minutes
☐ 5-10 minutes
☐ 10-15 minutes
☐ 15-20 minutes
☐ 20+ minutes

9. For the following statements, please check the answer that best applies to you and your neighborhood:

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
There are trees that give shade along the streets in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are interesting/attractive things to look at while walking in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My neighborhood is generally free from litter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are people to see/talk with in my neighborhood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety

10. How large of a problem are each of these in your neighborhood?

	Very Serious problem	Big problem	Moderate problem	Minor problem	Not a problem
Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graffiti	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Run-down/boarded buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blighted lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsafe sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic congestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Robbery/break-ins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity Theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing or faded crosswalk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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11. What do you think is the likelihood of the following happening to you in your neighborhood?

	Very likely	Somewhat likely	Somewhat unlikely	Not very likely
Violent crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property crimes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identity theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Please rate how safe you feel in your neighborhood:

	Very unsafe	Somewhat unsafe	Somewhat safe	Very safe
During the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking during the day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking after dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. During the past twelve months were you or anyone in your household a victim of crime in your neighborhood?

☐ No ☐ Yes (please describe) _____

If yes, was this crime reported to police? ☐ No ☐ Yes ☐ Don't know

15. In the past three years, would you say that the level of crime in your community has:

☐ Increased ☐ Stayed the same ☐ Decreased

16. What are things that can be done to make your community safer or better for walking?

17. Is there anything else you would like to tell us about safety or walking in your neighborhood?

Health

18. Would you say that in general your health is:

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

19. Have you or anyone in your household ever been told by a doctor, nurse or other health professional that you have any of these conditions:

- | | | | |
|-------------------------|-----------------------------|------------------------------|-----------------------------------|
| High blood pressure | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |
| Diabetes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |
| Heart disease | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |
| Depression/anxiety | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |
| Drug/alcohol dependence | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Not sure |

Demographics

22. What neighborhood do you live in?

- ☐ Crosstown
☐ Evergreen
☐ Klondike/Smokey City
☐ Madison Heights
☐ Vollentine/Evergreen
☐ Speedway Terrace
☐ Washington Bottoms

Neighborhood Perception Survey

23. What is your zip code? _____

24. What category best describes your age?

- ☐ Less than 18 years old
☐ 18-25 years old
☐ 26-40 years old
☐ 41-65 years old
☐ more than 65 years old

25. Are you: ☐ Male ☐ Female ☐ Transgender ☐ Prefer not to answer

Thank you!

For more information or if you have any questions, please contact memphiswalks@memphis.edu



Progress to date

- University and Community Partner roles
- Weekly team/community meetings
- Stakeholder input
- Survey development
- Student orientation

Next Steps

- University Institution Review Board (IRB) approval
- Community Perceptions Survey: (walkability, crime, safety, blight, traffic, social engagement, and health status)
- Environmental Assessments: (demographics, crime statistics, lighting, pedestrian assessments, traffic issues, pedestrian counts, land use, and physical conditions)
- Data Analysis; Report outcomes to community
- Healthy Communities Summit on May 4, 2016