



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

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State Cancer Programs Support Complete Streets Implementation: Case Studies from Indiana and Louisiana



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This work was supported by a cooperative agreement between the Centers for Disease Control and Prevention and the National Association of Chronic Disease Directors (CDC-RFA-OT1801802). The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention, the Department of Health and Human Services, or the U.S. government.

The authors thank the state and local staff who gave their time for the creation of this report: Mikal Giancola, Kim Irwin, John O'Donnell, and Keylee Wright.



Executive Summary

Given the link between physical activity and a reduced risk for certain cancer types, comprehensive cancer control efforts sometimes include environmental approaches to promote physical activity within communities. Implementation of Complete Streets policies is one example of this type of approach. Complete Streets are roads designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities. This means they may include sidewalks, bike lanes, and other amenities in addition to automobile lanes. Experiences and lessons learned from Complete Streets efforts in Louisiana and Indiana are shared from the perspective of those working in and with the states' comprehensive cancer control programs.

In southwestern Louisiana, five parishes used a regional approach to Complete Streets. A regional health coalition—the Southwest Louisiana Area Health Education Center—engaged a diverse set of partners to pass Complete Streets policies, with an emphasis on making walking and biking safer and easier in disadvantaged communities, and used resources from the Better Block Foundation to educate communities on the potential for Complete Streets.

In Indiana, Health by Design (a statewide active transportation coalition) coordinated with transportation planners and others to advocate for Complete Streets. When Complete Streets policies were passed, the coalition worked with local staff and advocates also to revise companion policies, procedures, and operating practices to ensure that these policies actually are implemented. Resources from the National Complete Streets Coalition (e.g., model language) were used to gain statewide support for Complete Streets. In both states, the state cancer program provided in-kind and financial support for staff, and linked cancer prevention and control partners to these efforts.

While the two states approached Complete Streets differently, there were commonalities:

- Development of multi-sector relationships.
- Education for local elected officials, staff, advocates, and community members.
- Efforts to address the complexities of Complete Streets execution, such as health equity and implementation practices.
- Use of existing resources to guide and support work.
- Paid staff at statewide or local coalitions focused (in part or in whole) on Complete Streets.
- State cancer program support of coalition work via staff support and, in some cases, funding.

State and local cancer programs interested in Complete Streets as a strategy to increase physical activity can look at these states and others for suggested approaches.

Introduction

Higher levels of physical activity are associated with lower risks of several cancer types (e.g., colon, breast, and endometrial), lower risk of cancer recurrence or progression, improved likelihood of survival, and improved quality of life.¹ The Community Guide has found sufficient evidence to recommend built environment interventions as evidence-based strategies to increase physical activity.² As such, Healthy People 2020 objectives to increase physical activity levels include indicators related to increasing trips completed by walking or bicycling, and a developmental indicator on policies for the built environment that enhance access to and availability of physical activity opportunities.³ The CDC and the U.S. Department of Transportation have further outlined the link between transportation systems and health, including Complete Streets policies and physical activity levels, in their Transportation and Health Tool.⁴

CDC's National Comprehensive Cancer Control Program provides funding, guidance, and technical assistance that programs use to design and implement impactful, strategic, and sustainable plans to prevent and control cancer.⁵ Given the link between physical activity and a reduced risk for certain cancer types, comprehensive cancer control efforts sometimes include environmental approaches to promote physical activity within communities.

As part of CDC's Cancer Prevention across the Lifespan initiative, the National Association of Chronic Disease Directors partnered with CDC to conduct case studies of the Complete Streets initiatives in two states, Louisiana and Indiana, with a focus on the perspectives of those working in and with each state's Comprehensive Cancer Control program. The case studies featured here illustrate similarities and differences in the approaches taken and the challenges faced in efforts to implementing Complete Streets as a cancer prevention and control strategy.

¹ National Cancer Institute. Physical activity and Cancer. <https://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/physical-activity-fact-sheet>.

² The Community Guide. Physical Activity: Built Environment Approaches Combining Transportation System Interventions with Land Use and Environmental Design. <https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches>.

³ Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. Healthy People 2020: Physical Activity: Objectives. <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity/objectives>.

⁴ Boehmer TK, Wendel AM, Bowers F, Robb K, Christopher E, Broehm JE, Rose K, and Ralph J. U.S. Transportation and Health Tool: Data for Action. *Journal of Transport & Health*. 6(2017):530-537.

⁵ Centers for Disease Control and Prevention. About the National Comprehensive Cancer Control Program. <https://www.cdc.gov/cancer/ncccp/about.htm>.

Complete Streets

Complete Streets are roads designed enable safe access for all users; this includes pedestrians, bicyclists, motorists, and transit riders of all ages and abilities.⁶ To create Complete Streets, transportation agencies must “**routinely design and operate the entire right of way to enable safe access for all users.**” Thus, each transportation project will improve safety for drivers, transit users, pedestrians, and bicyclists—making the community a better place to live.⁶

Each Complete Street is unique and responds to its community needs, so there is no fixed design for a Complete Street. A Complete Street may include: sidewalks; bike lanes; wide, paved shoulders; bus lanes; comfortable and accessible public transportation stops; frequent and safe crossing opportunities (e.g., crosswalks); median islands; accessible pedestrian signals; curb extensions; narrower travel lanes; roundabouts; and more.⁶



A Complete Street in a rural area looks different from a Complete Street in an urban area, but both are designed to for all road users.⁶ For example, not all Complete Streets have sidewalks, bike lanes, and car lanes.⁷ A rural, two-lane road connecting two small villages likely will have limited bike or pedestrian users; a paved shoulder between the travel-way and a drainage ditch can accommodate the few bike and pedestrian trips made. But, that same road also might go through the center of a business district, allowing people to bike to the district, park, and walk between businesses. In that area, wider sidewalks, parking, and crosswalks are needed for that roadway to be considered a Complete Street.⁷

When passing a Complete Streets policy, a community is making a promise to systematically design and operate the entire roadway for safe access of all users.⁷ The Federal Highway Administration’s guidance on accommodating bicycle and pedestrian travel names three exceptions often used in Complete Streets policies: 1) accommodation is not necessary on corridors where non-motorized use is prohibited, such as interstate freeways; 2) cost of accommodation is excessively disproportionate to the need or probable use; 3) a documented absence of current or future need. Many communities have included their own exceptions, such as severe topological constraints.⁸ This means that, while all

⁶ Smart Growth America and the National Complete Streets Coalition. What are Complete Streets? <https://smartgrowthamerica.org/program/national-complete-streets-coalition/publications/what-are-complete-streets/>.

⁷ We Choose Health and the Active Transportation Alliance. Complete Streets, Complete Networks, Rural Contexts. September 2014. https://mobikefed.org/sites/default/files/complete-streets-in-rural-contexts_995.pdf.

⁸ Smart Growth America and the National Complete Streets Coalition. Elements of a Complete Streets Policy. <https://static1.squarespace.com/static/536d55f1e4b07afeea8cef61/t/59557151579fb366c482dcb8/1498771794370/cs-policyelements.pdf>.

streets covered by a Complete Streets policy may be assessed for bicycle and pedestrian users, it is possible that they won't all include pedestrian and bicycle design elements.

Smart Growth America and the National Complete Streets Coalition have identified 10 elements of a Complete Streets policy: vision and intent; diverse users; commitment in all projects and phases; clear, accountable expectations; jurisdiction; design; land use and context sensitivity; performance measures; project selection criteria; and implementation steps.⁹ While passing a Complete Streets policy is a critical step in creating a safe roadway for all users, the policy must be implemented through design guidelines, regulations, procedures, and other implementation and promotion strategies.¹⁰

Complete Streets Costs

There are not standard or consistent costs related to Complete Streets implementation. Costs vary by location, topography, and geography. Construction costs also vary by year, and even by season.¹¹ However, Complete Streets policies help jurisdictions find many effective measures that can be accomplished at little or no extra cost, through inclusion of careful planning and design guidelines.¹² Depending upon available resources, a State Health Department may serve to convene partners and provide technical assistance and funding to support Complete Streets work. The two examples in this Case Study document different roles and involvement of a State Health Department in successful implementation of Complete Streets.

Health Equity

Complete Streets aims to provide affordable, convenient, and accessible modes of transportation for all users, including individuals who tend to rely on walking, biking, and public transit as their primary means of transportation.¹⁰ Creating safe walking, biking, and public transit opportunities can facilitate access to community services such as schools, libraries, healthcare providers, and healthy foods found in grocery stores and/or farmers' markets for these communities. Cancer control programs and partners can provide evidence-based strategies, share data, and assist with prioritization models to identify inequities—such as health outcomes, lack of access to cars, grocery stores, employment opportunities and public transportation—that may be addressed through Complete Streets efforts.¹⁰ Specific strategies for addressing health equity within Complete Streets initiatives have been articulated by Sansone and colleagues, based on their investigation of Complete Streets efforts across the United States.

⁹ Smart Growth and America and the National Complete Streets Coalition. The Elements of a Complete Streets Policy. <https://smartgrowthamerica.org/resources/elements-complete-streets-policy/>.

¹⁰ Sansone C, Sadowski J, and Chriqui JF. Public Health Engagement in Complete Streets Initiatives: Examples and Lessons Learned. Chicago, IL; Institute for Health Research and Policy, University of Illinois at Chicago. <https://go.uic.edu/CompleteStreetsPH>. April 2019.

¹¹ Smart Growth America and National Complete Streets Coalition. Complete Streets: Guide to Answering the Costs Question. <https://www.smartgrowthamerica.org/app/legacy/documents/cs/resources/cs-answering-the-costs-question.pdf>.

¹² Smart Growth America and the National Complete Streets Coalition. Costs of Complete Streets. <https://www.smartgrowthamerica.org/app/legacy/documents/cs/factsheets/cs-costs.pdf>.

They note that public health practitioners can:

- “Prioritize implementing Complete Streets initiatives in marginalized and disadvantaged communities.
- Explicitly include policy language that requires addressing inequity in Complete Streets initiatives.
- Engage community members in marginalized communities to ensure Complete Streets projects meet their needs.
- Begin conversations about equity with individuals representing diverse perspectives, such as community members, policy-makers, and agency stakeholders.
- Use local data as a starting point to explore equity issues that can be improved through Complete Streets initiatives.”¹⁰

Implementing Complete Streets Policies in Southwest Louisiana

Background

The Partnership for a Healthier Southwest Louisiana (Healthier SWLA) assessed policy, systems, and environmental changes that could be made locally to reduce chronic disease among residents. Healthier SWLA found that Complete Streets policies seemed to be a good fit for their work. John O’Donnell, Director of the Community Health Department at the Southwest Louisiana Area Health Education Center, notes that “Complete Streets was at the top of the list” because it had the potential for addressing physical activity as a risk factor for chronic disease, including cancer.

“We knew [Complete Streets] was the biggest bang for our buck.”

—John O’Donnell, Director of the Community Health Department at the Southwest Louisiana Area Health Education Center

The Louisiana Cancer Prevention & Control Program’s (LCP) Complete Streets efforts initially were born from community needs assessments that identified lack of transportation to medical care as a barrier to cancer screening, and a lack of a comprehensive transportation network as a contributing factor. In addition, there was growing recognition among major health organizations of the protective effects of physical activity for certain cancer types and the risks associated with sedentary behaviors. Given the link between physical inactivity and cancer risk, it became clear that interventions that encourage physical activity, including Complete Streets policies, would be appropriate components within larger efforts to reduce cancer risk at the community level.



Healthier Southwest Louisiana

The Partnership for a Healthier SWLA (Healthier SWLA) is a coalition within the Southwest Louisiana Area Health Education Center that represents the Region 5 representatives of the Louisiana Healthy Communities Coalition (LHCC). Its mission is to improve the health of its residents living in Southwest Louisiana (Allen, Calcasieu, Cameron, Beauregard, and Jefferson Davis parishes) by encouraging people to become more physically active, eat more nutrition-dense foods, and quit smoking. It includes 150 businesses, community organizations, and governmental bodies. Healthier SWLA is administered by the Southwest Louisiana Area Health Education Center (AHEC).

Actions

By focusing largely on the economic and quality of life benefits of Complete Streets, Healthier SWLA was able to begin its Complete Streets efforts by engaging a diverse group of partners:

- Southwest Louisiana Economic Alliance
- Downtown Business Alliances
- Memorial Health System
- Businesses and business alliances
- Municipal planning organizations
- American Cancer Society
- American Heart Association
- Tobacco-Free Living
- Southwest Louisiana Area Health Education Center
- Local bike and pedestrian advocacy groups

Stakeholders spent the first year of their efforts educating themselves on the concept of Complete Streets, and characteristics of good Complete Streets policies. They moved on to develop a shared vision. “It took about a year, where we brought coalition partners to the table, learned about Complete Streets, educated coalition partners about what it was, why we needed it, and built up that coalition momentum” says John O’Donnell.

The coalition then hosted Smart Growth America for a two-day workshop for local elected officials and policymakers. Day One of the workshop was spent orienting participants to Complete Streets, and Day Two focused on how to write, pass, and implement a Complete Streets policy. Educational efforts were then extended to local residents through the use of the Better Block Foundation’s program, which provided residents with the opportunity to envision what Complete Streets could look like in their communities, through review of maps, discussion of concerns, and temporary physical changes to a street. For example, they used tires and potted plants to create bike lanes between automobile lanes and the sidewalk.

Lake Charles was the first southwest Louisiana community to pass a Complete Streets policy. According to John O’Donnell, “We had a unanimous vote, there was very little discussion, because we had discussed [what Complete Streets is] well; our coalition partners discussed it with all of the voting members of the Council, the mayor was on board. It was an easy vote.”



Residents of Lake Charles, LA review local maps at a Better Blocks program

At the state-level, the LCP program manager, Mikal Giancola, spends a portion of his time as the comprehensive cancer control manager supporting local policy, systems, and environmental change initiatives such as Complete Streets efforts like those of Healthier SWLA. The state cancer coalition, the LHCC (which LCP helps lead), partners with statewide organizations (agricultural extension offices, regional area health education centers, the Department of Transportation, the Center for Planning Excellence, and the Statewide Obesity Commission) to assist local and regional efforts via the provision of supplies and technical assistance. For example, the state cancer program brought in a mayor from a neighboring state to present on their Complete Streets work. The presentation resonated with communities in Louisiana because the speaker’s community was similar to theirs.

Overcoming Challenges

In southwest Louisiana, coalition members have earned the support of local politicians by promoting Complete Streets as an economic development strategy. This part of the state has been experiencing significant economic growth. John O’Donnell says, there are “a lot of jobs that are open, and we need young people, young families that will come and stay here to help build the community.” Complete Streets contributes to local quality of life, which then attracts high quality applicants to the area. “So, that’s the number one talking point.”

What is The Better Block Foundation?

The Better Block Foundation shows community members that they have the power to make changes in their neighborhoods, and they show city hall how these changes would work. They partner with communities to demonstrate improvements by addressing four components:

- **Safety**—Tackles real and perceived safety issues
- **Shared access**—Looks for ways to facilitate travel into the block by various modes of transportation
- **Stay Power**—Explores ways to bring people into the area and keep them there
- **Amenities**—Examines amenities that appeal to users of all ages

For more information, visit The Better Block Foundation at betterblock.org.

“What we learned early on is that a lot of these elected officials do not speak public health...But when you talk about money, when you talk about the economic impact that these things have, their ears perk up. And so, a lot of our biggest partners had nothing to do with public health or healthcare.”

—John O’Donnell, Director of the Community Health Department at the Southwest Louisiana Area Health Education Center

In southwest Louisiana, the issue of equity has been a focus. Coalition members have had to educate the public on equity issues so infrastructure improvements don't automatically go to affluent areas. Both state and local agencies provide guidance to assure that those who would most benefit from increased availability to walking and biking facilities are able to access them. Specific activities include:

- Assuring that multiple populations and demographics are heard from at community meetings.
- Advertising meetings in communities that are traditionally underrepresented.
- Providing transportation for people who cycle, walk, or use public transportation out of necessity.
- Hosting walking audits with policy makers in neighborhoods that are underrepresented when it comes to safe or equitable transportation.

Instead of passing blanket Complete Streets policies, Healthier SWLA encourages municipalities to pass policies code by code throughout the code of ordinances. This approach helps to avoid policies on the books that contradict each other. A policy expert at the local municipal planning office was able to provide technical assistance in Lake Charles. This technical assistance has proven to be invaluable, because municipal staff often do not have the training or experience to write these policies.

The LHCC has found that local and regional organizations like Healthier SWLA are well-suited to serve as Complete Streets champions. "Authentic relationships with communities are essential for this work," says Mikal Giancola. In addition to facilitating relationship building, this approach allows the LHCC to provide technical assistance that is truly needed at the local level.

Impact

There are no formal Complete Streets evaluation activities in Louisiana; however, anecdotal data suggests positive health and economic benefits to this approach. Statewide, parishes that are involved in Complete Streets efforts are seeing improvements in population health status. While this can't be directly attributed to Complete Streets efforts, the LHCC sees this as a signal that it is worthwhile to continue supporting Complete Streets. As of Nov. 2018, the state has noted at least 14 municipal and/or parish Complete Streets policies, including Lake Charles in southwest Louisiana.¹³

Lake Charles is the first and only municipality with a Complete Streets policy in southwest Louisiana, but implementation of the policy here already is showing benefits. For example, the Lake Charles City Council included a line item specific to bicycle and pedestrian improvements in their budget, which will help ensure the development and maintenance of this infrastructure. Within four to six months of passage, downtown bike lanes were installed, which has corresponded to economic improvements among downtown businesses within their vicinity. The first bike lanes built connected three schools in one of the lowest economic areas to a grocery store and a library, increasing access to healthier food

¹³ Louisiana Complete Streets Advisory Council. Louisiana Complete Streets. https://www.ltrc.lsu.edu/ltap/pdf/complete_streets.pdf.

choices and internet access. A planned bike share program in Lake Charles will create additional access to such locations for families living in lower income areas.

Finally, Healthier SWLA has hired a built environment specialist and now can provide municipalities with technical assistance, such as prioritizing infrastructure projects, with an eye to health equity, and determining readiness for policy passage and implementation. John O'Donnell notes, "We've had a lot of success in that the policy that we passed in Lake Charles made a lot of noise. And these other smaller cities are really interested in quality of life so they contacted us saying 'we want this, we're ready for this.' And we get in there, and we find out that they are not actually ready for it. But they are interested in it. And that's a victory."

Partnerships to Achieve Complete Streets Goals in Indiana

Background

In 2010, as a grantee of the CDC's Demonstrating the Capacity of Comprehensive Cancer Control Programs to Implement Policy and Environmental Cancer Control Interventions award, the Indiana Comprehensive Cancer Control Program (ICCCP) began addressing policy, systems, and environmental change (PSE) strategies for cancer prevention and control. In an effort to promote physical activity as a cancer risk reduction strategy, ICCCP began to explore ways to improve walking and biking infrastructure through policies such as Complete Streets. While there were some Complete Streets efforts in the state prior to the grant award, this was the first time ICCCP was involved in this work.



Diverse stakeholders are involved in Indiana's Complete Streets efforts:

- Indiana State Department of Health, ICCCP
- Indiana State Department of Health, Division of Nutrition and Physical Activity
- Health by Design
- Indiana Cancer Consortium
- AARP Indiana
- American Planning Association, Indiana Chapter
- Metropolitan Planning Organizations
- Bicycle advocates
- Hoosier Environmental Council
- American Cancer Society, Indiana Chapter
- Purdue Extension
- Landscape architects, architects, and other design professionals
- YMCAs

The ICCCP engaged Health by Design, a statewide nonprofit organization that already was working on issues related to the built environment and public health. Health by Design uses a coalition model to engage stakeholders to make policy, systems, and environmental changes at the community level. The ICCCP allocated a portion of its funding to Health by Design to support staff focusing on Complete Streets.

“Being able to have a dedicated staff person who can think about Complete Streets—day in and day out—as part of their job is very important.”

— Kim Irwin, Executive Director, Health by Design

Actions

Led by Health by Design and AARP Indiana, Indiana's Complete Streets stakeholders launched their statewide efforts with a two-day training in 2009. The workshop convened diverse partners from around the state who learned about the benefits of Complete Streets and how to develop policies. Since that time, Health by Design has delivered more than 50 workshops across the state.

Health by Design

Health by Design works at the intersection of the built environment and public health to ensure Indiana communities have neighborhoods, public spaces, and transportation infrastructure that promote active living for all. They accomplish this by collaborating across sectors and disciplines and focusing on four areas: Programming, Partnerships, Organization and Operations, and Health Equity. More information about Health by Design can be found at healthbydesignonline.org/.

Health by Design uses National Complete Streets Coalition resources, including talking points, model language, and technical assistance, to garner local support for such policies. Health by Design's stakeholders communicate the broad benefits of Complete Streets to community members and leaders, emphasizing health, access, safety, and economic development. They also note that Complete Streets policies help meet increased community demand for walking and biking infrastructure. Further, they have been able to convince cancer partners to engage in this work by using the 2017 [CDC Vital Signs on cancer and obesity](#) to make the link between cancer and obesity prevention.

At the local level, stakeholders engage community leaders to facilitate policy passage and implementation. A core effort of Indiana's work is to develop processes and procedures to help ensure that Complete Streets policies are implemented once they are passed.

To continue this work, the current Indiana Cancer Control Plan 2018-2020 includes an objective to increase the percentage of Hoosiers at a healthful weight, with a strategy to increase the number of people in Indiana served by healthy built environments, and Complete Streets are specified as a potential activity. Furthermore, the ICCCP continues to provide financial and in-kind staff support to Health by Design.

"It's not something that I lead. I just try to support in whatever way we can with our limited resources."

– Keylee Wright, Cancer Control Section Director,
Indiana State Department of Health

Overcoming Challenges

Once Complete Streets policies are passed, the implementation of such policies can present challenges. In Indiana, the focus on revising standard operating practices ensures that Complete Streets policies actually are implemented, because policy implementation may involve multiple municipal programs as well as individuals who were not necessarily involved in the development of the policy. For example, the development of bicycle lanes and trails may involve both transportation and recreation departments. In larger communities, it can make implementation more difficult. Elected leaders and municipal or state staff also need to be part of the effort. In Indiana, smaller municipalities with less bureaucracy sometimes find it easier to implement the policies. "Successful Complete Streets

policy implementation requires a level of internal communication and coordination that may be new for some cities and towns,” notes Kim Irwin of Health by Design.

“The Indiana Cancer Program’s Complete Streets efforts have contributed significantly to the progress we’ve made overall.”

– Kim Irwin, Executive Director, Health by Design

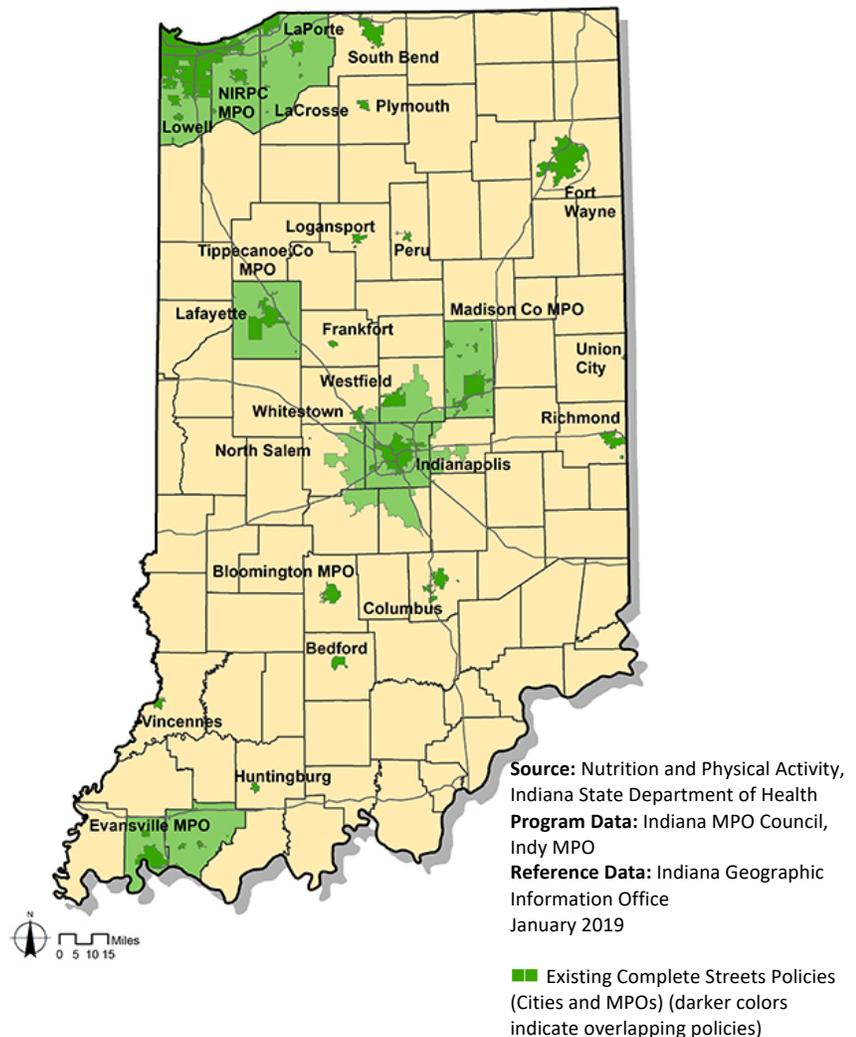
Impact

In addition to an Indiana Department of Transportation policy, Indiana currently has 26 municipal and regional Complete Streets policies that impact 53% of the state’s population. Once a policy is adopted, the creation of advisory groups, the development of standard operating procedures and corresponding systems changes, and enforcement efforts are resulting in implementation of Complete Streets practices locally.

According to Health by Design, more active transportation elements such as sidewalks, crosswalks, and bike lanes are being developed across the state, based on the specific needs and uses of each street.

Indiana’s Complete Streets policies have been recognized by the National Complete Streets Coalition as some of the strongest in the country, based on the National Complete Streets Coalition’s best practices: Indianapolis (#1 in 2012), Peru (#2 in 2013), South Bend (#3 in 2015), and Vincennes (#6 in 2015).

Indiana Complete Streets Where Policy Change is Happening



Discussion

The Louisiana Cancer Prevention & Control Program (LCP) and the Indiana Comprehensive Cancer Control Program (ICCCP) have demonstrated two approaches to promoting Complete Streets to increase physical activity.

In Louisiana, regional approaches allow for authentic relationships with communities to facilitate Complete Streets work. The LCP is an influential partner of the statewide Louisiana Healthy Communities Coalition as well as for local efforts by providing resources and technical assistance, but the LCP does not drive statewide Complete Streets efforts. This local approach allows community champions to focus on the issues that are most important to local decision-makers.

Indiana's efforts demonstrate that state cancer programs can assist Complete Streets efforts through financial and in-kind support to content experts and assist with the convening of a diverse stakeholder group. The ICCCP shows its commitment to Complete Streets by supporting Health by Design's work.

While Louisiana's and Indiana's approaches to Complete Streets differ in their execution, there are several similarities in the work they have done.

Both states found that multi-sector relationship building was a critical aspect of their work. This approach is consistent with what has been seen in previously reported work, where relationships, coalition building, and internal champions were foundational to the success of public health engagement within Complete Streets work.¹⁰ Coalitions in particular have been shown to be useful to these efforts; Louisiana's use of regional coalitions, and Health by Design's coalition in Indiana were both successful in passing Complete Streets policies. Both states acknowledged that paid staff (at statewide or local coalitions) were important to their success. State cancer programs in those states were able to support the coalitions with staff support, and, in some cases, funding for local staff and materials.

Complete Streets can be challenging to create because the policies often span multiple agencies, can be resource intensive, and take time to fully implement. However, Complete Streets policies in Louisiana and Indiana are more likely to result in increased walking and biking infrastructure because the complexities of implementation are being addressed. In Indiana, Health by Design promotes revision of all of the policies, codes, and operating procedures needed to assure appropriate implementation of the Complete Streets policies. In Louisiana, discussions of equity and local needs are leading to Complete Streets policies and associated health improvements. State and local cancer programs interested in Complete Streets as a cancer prevention and control strategy can look at these states and others for suggested approaches.

Resources

Many resources exist for cancer programs interested in Complete Streets initiatives. A sample are noted here as a starting point.

ChangeLab Solutions. A Guide to Building Healthy Streets.

http://www.changelabsolutions.org/sites/default/files/Building_Healthy_Streets_FINAL_20160630.pdf

- Public health-oriented guide for Complete Streets Work
 - Steps orientation begins with building a multi-sector team

NACDD's Cancer Prevention Across the Lifespan Initiative

<https://www.chronicdisease.org/page/CancerPrograms>

- Information on NACDD's program efforts

National Complete Streets Coalition at Smart Growth America

<https://smartgrowthamerica.org/program/national-complete-streets-coalition/>

- Model policy language
- Changing Complete Streets Policy: A Brief Guidebook
- Complete Streets Implementation: A Brief Guidebook
- White papers and other resources

Public Health Engagement in Complete Streets Initiatives: Examples and Lessons Learned

https://www.ihrp.uic.edu/files/CompleteStreetsReport_508v4sm.pdf

- Public health-oriented guide for Complete Streets Work
- Case Studies

The Better Block Foundation

<http://betterblock.org/>

- Information about the foundation and how to implement a Better Block program