

# Innovative Teaching Strategy Directions for Faculty

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**Innovative Teaching Strategy Title:** A Direct Community Clinical Experience to Promote a community population’s walkway safety*.*

**Overview**: RN-BSN online learners participate in a 15-hour population-focused community clinical experience. The AARP (*American Association of Retired People*) walk audit toolkit is used to assess a pedestrian walkway that is hazardous for the local population. Learners form a collaborative team to assess the pedestrian risks and disseminate recommendations to an official(s) with authority over the walkway. The AARP walk audit toolkit is for all pedestrian ages.

**Estimated time for the activity:** 15-20 hours.

### Learning Goals/Objectives:

Week 1: Conduct a windshield survey by assessing a 0.5 -1-mile pedestrian walkway for safety and accessibility, including three interviews with community members.

Week 2: Assess the community’s demographic and health indicators. Explore at least three (3) community members’ perspectives who use the walkway (one with official walkway authority).

Week 3: Develop an ‘elevator speech’ invitation, including the AARP walk audit date, to the collaborating team members (one with official oversight).

Week 4-5 Engage with the team to assess the walkway for pedestrian safety and accessibility and strategize evidence-based recommendations using the AARP (*American Association of Retired People*) Walk Audit Toolkit.

Week 6-7: Disseminate a policy brief report to officials and community stakeholders.

## Detailed Strategy Directions:

### Week 1 Windshield survey and interview (3 hours):

**Read AARP Walk Audit Toolkit** p. 1-5 (Introduction and “Get Ready”), 10-11 (Streetscape vocabulary). Review the remainder of the pages. <https://www.aarp.org/livable-communities/getting-around/aarp-walk-audit-tool-kit.html>

1. **Conduct a windshield survey** (by car) of a walking area many people use but may need to be safer and more easily accessed. Read AARP walk audit p. 1-8 and use the AARP worksheet #2: *Who’s Using the Street — and why?*
2. **Interview 2-3 community members** (local walkers, school guards, workers, residents, parents, bus transportation users, people with mobility issues, etc.) who walk in that area.
	* Why do they use the walkway, how often do they use it, what do they like about the walkway, and what improvements/changes do they think are needed?
	* Read AARP walk audit p. 1-8 and use the AARP worksheet #2: *Who’s Using the Street ~ and why?*
3. **Explore who is the community official** (1 person) with authority or oversight, depending on your chosen walkway. (city planner, County School safety person, City Park & recreation person, city or county elected representative, Senior citizen representative, transportation safety personnel, a community advocacy organization, School parent-teacher board member, HOA (Homeowners’ Association) board members, etc.)
	* Read AARP Walk Audit Toolkit p. 19 for types of officials who may be of help.

**Enter in your Logbook** (i.e., the Excel summary report has weekly sheets, and the template is linked in the course):

**Introduction sheet:** Introduce your county and specific biographical data: Population, Race, Education, Income and Poverty, and Location on a state map. Insert a birds-eye view map of the walkway using Google Maps © <https://www.google.com/maps/>

* **Week 1 sheet**: Windshield survey notes, interview notes, potential collaborative team members (3 total), and
* **Log hours sheet:** Document the time spent this week on your walkability assessment.

### Week 2 Conduct a community data assessment. (3 hours)

**Assess** county-level data from the population’s obesity and physical activity health indicators:

* + https://[www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)
	+ <https://nccd.cdc.gov/youthonline/App/Default.aspx>
1. Read AARP Walk Audit Toolkit p. 6-7 (“Get set”), p. 12-13 “What is a complete street?” Gather walkability assessment supplies.
2. Determine which of the worksheets you need for the walkability assessment. i.e., Complete at least five (5) walkability assessment worksheets (i.e., 'Who's using the street and why;” "Summary" (Score report); “Sidewalks, streets, and crossings;" "Build a better block;" "Street Safety and Appeal;" You can substitute or add other assessment worksheets if they better assess your area. Link to and download needed worksheets at
	* <https://www.aarp.org/livable-communities/getting-around/aarp-walk-audit-worksheets-english.html>
3. Create a map of where you will specifically walk (use a mapping website for a bird’s eye view or use the map worksheet).

**Enter in your Logbook (**Excel summary report):

* + **Week 2 sheet:** include a summary report of the health indicators, a Summary Report of the Youth Risk Behavior Survey (YRBS) (State level), team members, and a Birdseye view map.
	+ **Log hours sheet:** Document the time spent this week on your walkability assessment. **Submit your community team’s names** (two community members and one (1) official with oversight of the walkway

### Week 3 Contact community Stakeholders (3 hours)

1. Read AARP Walk Audit Toolkit p. 8-9 (“Go do the walk Audit”) 10-17 (The scorecard, reporting). Print out the specific worksheets you will complete in your walking assessment.

**Write an 'elevator pitch:’** Communicate to your community team why this walking assessment is needed. Include the health indicator data and windshield survey findings (1-2 paragraphs: who, what, where, and why). Link here for how to write an 'elevator pitch.’

* <https://www.myperfectresume.com/career-center/jobs/networking/elevator-pitch?utm_source=google&utm_medium=sem&utm_campaign=1047235110&utm_term=&network=s&device=c&adposition=&adgroupid=51635203337&placement=&gclid=EAIaIQobChMItpDC9sms_QIVjm5vBB3o-wsFEAAYAiAAEgIhFPD_BwE>

**Contact an official community decision-maker** (or their office) or one with authority or oversight over the walkway. i.e., Using your elevator pitch,

* + - Explain your walkability assessment plan on the identified walkway.
		- Invite them and agree on a specific date to attend the walking assessment.
		- Explain you will develop a walkability recommendation for the walkway.
		- Set up the date to meet for the walkability assessment.

**Invite the team: Set a date with 1-2 community members** and the **community (collaborator) decision-maker** (or their representative) for the walkability assessment.

Send a reminder (call, text, or email) the day before the walking assessment.

**Enter in your Logbook** (Excel summary report):

* **Week 3 sheet: ‘**Elevator pitch’ summary report to community stakeholders, Meeting Date, Reminder date, Team member contact information
* **Log hours sheet:** time spent this week on your walkability assessment.

### Submit your mid-term Logbook: All sheets for Log hours, Introduction, Weeks 1, 2, and 3. are complete.

**Week 4-5 Conduct the walkability assessment with community members (4 hours)**

1. **Read** the AARP Walk Audit Toolkit remaining pages before assessing begins.
2. **Select** and print the *AARP Walk Audit Toolkit* worksheets for your assessment. The four (4) required are linked in the Excel logbook's Week 4-5 sheet. You may add worksheets if they suit your walkway better. (Insert > Text > Object > word.doc worksheet > save Excel file.)
3. **Remind** your team members a day before the walkway assessment date.
4. **Meet** your team at the walkway site.

Complete the AARP Walk audit tool kit worksheets selected for your assessment.

1. **Collaborate with community members** on scoring the assessment worksheets.
2. **Take photographs** (and/or videos) of problem areas that make walking unsafe or unpleasant.
3. **Discuss proposed solutions with team members.** Assimilate results.
4. **Summarize** the Discussion with team members (include problems/needs assessed, barriers, possible solutions, and next step recommendation (reasonable).

**Enter in your Logbook** (excel summary report):

* + **Week 4-5: Write a Summary** of your team's members' discussion, and **complete at least four (4) walkability assessment worksheets** (i.e., from the AARP Walk audit toolbox: “Who's using the street and why;” "Summary" (Score report); "Sidewalks, streets and crossings;" "Build a better block;" "Street Safety and Appeal;" You can substitute other

assessment worksheets if they match your area of assessment. Week 4-5 excel sheet has worksheets on which you can submit your walkability assessment findings. Double-click on the sheet to 'pop it out' of the Excel sheet for typing.

* + **Log hours sheet:** Document time spent this week on your walkability assessment.

### Week 6: Disseminate Results and propose recommendations. (2 hours)

Review the AARP Walk Audit toolbox.

### Disseminating findings involves the following three steps:

* + Determine who your audience is.
	+ Identify where your audience is.
	+ Discover how best to reach them.

### To do:

Review the AARP Walk Audit toolbox.

* + **Collaborate with your team** to determine the most needed, reasonable improvement for enhancing the walkway assessed. Identify safe walking recommendations for the current walkway.
	+ **Create a Policy Brief** (500-700 words) of your assessment findings and recommendations (that your team determined)
	+ Link here for specific Policy Brief writing instructions: [https://writingcenter.unc.edu/tips-and- tools/policy-briefs/](https://writingcenter.unc.edu/tips-and-%20tools/policy-briefs/)
	+ Use your assessment findings.
	+ Expand your 'elevator pitch' information for the Policy Brief.
	+ Use your worksheet findings to describe your walking assessment.
		- List your recommendations to make the walkway safer.
		- Reference list (AARP Walk Audit toolkit, County Health Rankings, Youth Risk Behavior Survey, HP 2030, and any other resource used)
		- Save your brief as a pdf before disseminating it to the people.
* **Disseminate your Policy Brief** to all community team members, stakeholders, policymakers, and/or those who have oversight on this walkway (in person, via Zoom, deliver the written report, local newspaper op-ed article, City or County Commissioners, Chamber of Commerce, HOA community meeting, etc.).

**Enter in your Logbook** (Excel summary report):

* + On the Week 6 excel sheet:
		- **Identify the stakeholder(s), policymakers(s),** or other official persons and contact information to whom you delivered your policy brief.
		- **Copy and paste** your Policy Brief (Report) into the Week 6 Excel sheet.
		- **Write three new things** you learned by completing this community clinical experience. Type this on the excel sheet below your pasted Policy Brief.
	+ **Enter** your final log hours on the logbook sheet.

### Submit two (2) files:

1. your final (completed) logbook to the drop box (All six (6) weeks)
2. Policy Brief Final Report (copy you disseminated to the stakeholders).

## Assessment Strategies:

### See Appendix A and B for grading rubrics:

Two (2) assessment rubrics score the

* + Week 3 Logbook mid-term
	+ Final Week 6 Logbook with policy brief submissions.

**Exemplars:** (see Appendix C for Student example of Policy Brief.)

## Website Links:

**AARP Walk Audit Toolkit:** A self-service guide for assessing a community’s walkability. 2022. AARP. Retrieved <https://www.aarp.org/livable-communities/getting-around/aarp-walk-audit-tool-kit.html>

**Google Maps:** birds-eye view map of the walkway. n.d. Retrieve <https://www.google.com/maps/>

### Assess the population’s obesity and physical activity health indicators:

### County Health Rankings & Roadmaps. 2023. University of Wisconsin Population Health Institute. Retrieved https://[www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)

### High School Youth Risk Behavior Surveillance System (YRBSS). n.d. Center for Disease Control. Retrieved <https://nccd.cdc.gov/Youthonline/App/Default.aspx>

**Elevator Pitch instructions:**

* Myperfectresume. n.d. How to Write the Best Elevator Pitch for Any Job (+Tips and Examples). Retrieved <https://www.myperfectresume.com/career-center/jobs/networking/elevator-pitch?utm_source=google&utm_medium=sem&utm_campaign=1047235110&utm_term=&network=s&device=c&adposition=&adgroupid=51635203337&placement=&gclid=EAIaIQobChMItpDC9sms_QIVjm5vBB3o-wsFEAAYAiAAEgIhFPD_BwE>

**Specific Policy Brief writing instructions:**

* Policy Briefs. n.d. The Writing Center, University of North Carolina at Chapel Hill. Retrieved <https://writingcenter.unc.edu/tips-and-tools/policy-briefs/>

**Optional AACN** Sub-competencies

### Sub-competencies for entry-level professional nursing education (if applicable):

* 3.1a Define a target population, including its functional and problem-solving capabilities (anywhere in the continuum of care). (Week 1)
* 3.1b Assess population health data. (Week 2)
* 3.1d Compare and contrast local, regional, national, and global benchmarks to identify health patterns across populations. (Week 2)
* 3.1f Develop an action plan to meet an identified need(s), including evaluation methods. (Week 4-5)
* 3.2a Engage with other health professionals to address population health issues. (Weeks 2, 3, 4-5)
* 3.2b Demonstrate effective collaboration and mutual accountability with relevant stakeholders.
* 3.3b Prioritize patient-focused and/or community action plans that are safe, effective, and efficient in the context of available resources. (Week 4-5)
* 3.5a Articulate a need for change. (Week 1, 3)
* 3.5b Describe the intent of the proposed change. (Week 1, 3)
* 3.5c Define stakeholders, including members of the community and/or clinical populations, and their level of influence. (Week 2, 3, 4-5, 6)
* 3.5d Implement messaging strategies appropriate to the audience and stakeholders. (Week 3, 4-5, 6)
* 6.1b Use various communication tools and techniques effectively. (Week 1, 3, 4-5, 6)
* 6.4d Collaborate with interprofessional team members to establish mutual healthcare goals for individuals, communities, or populations. (Week 3, 4-5, 6)

### Sub-competencies for advanced-level nursing education (if applicable):

* 3.1I Use established or evolving methods to determine population-focused priorities for care. ( Weeks 1, 2, 3, 4-5, 6)
* 3.1m Develop a collaborative approach with relevant stakeholders to address population healthcare needs, including evaluation methods. (Week 3, 4-5,)
* 3.2d Ascertain collaborative opportunities for individuals and organizations to improve population health. (Week 2, 3, 4-5, 6)
* 3.3e Advocate for interventions that maximize cost effective, accessible, and equitable resources for populations. (Week 4-5, 6)
* 3.5g Strategize with an interdisciplinary group and others to develop effective advocacy approaches. (Week 4-5, 6)
* 3.5h Engage in relationship-building activities with stakeholders at any level of influence, including system, local, state, national, and/or global. (Week 1, 2, 3, 4-5, 6)
* 6.1j Communicate nursing’s unique disciplinary knowledge to strengthen interprofessional partnerships (Week 3, 4-5, 60
* 6.2g Integrate evidence-based strategies and processes to improve team effectiveness and outcomes. (Week 2, 3, 4-5, 6)
* 6.3d Direct interprofessional activities and initiatives. (Week 3, 4-5, 6)

# Appendix A: Week 3 Mid-term Scoring Rubric (100 points)

(See next page)

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Ratings** | **Pts** |
| This criterion is linked to a Learning Outcome Module 1 log entryAll demographic information is present: Introduction to your county.Include state, geographic location, overall description of whether rural, urban, and one or two interesting facts.County's population, distribution of races (highest three), median household income,% living in poverty,% High school and % Bachelor education,% of total population> 16 y/o employed, a map (image)showing where in the state your county is situated.A description of the windshield survey is 1-2 paragraphs summarizing findings. A map of the walkway is inserted. 2-3 community members were interviewed.The possible community officials are listed. |  | 30 pts |
| **30 to >27.0 pts Excellent**All criteria is met. Log entries are complete with no or one missing items. | **27 to****>24.9 pts Proficient** 2-3 criteria are missing. | **24.9 to****>21.9 pts Developing** 3-4 criteria are missing | **21.9 to >0 pts below passing** More than 5 criteria are missing. Minimal effort is evident. |
|  |

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Ratings** | **Pts** |
| This criterion is |  |  |
| linked to a Learning |  |
| Outcome Module 2 |  |
| log entry. |  |
| Table of County |  |
| Health Indicators is |  |
| complete |  |
| Table of Youth Risk |  |
| Behavior indicators |  |
| is complete |  |
| Summary |  |
| comparison of adult |  |
| indicators with |  |
| **30 to >27.0 pts Excellent**All criteria are met. Excellent work! One or no missing criteria. | **27 to >24.9 pts Proficient**2-3 criteria are missing (See long description) | **24.9 to****>21.9 pts Developing** 4-5 criteria are missing. | **21.9 to >0 pts Below passing** More than 5 criteria are missing. Minimal to no effort. |
| state/US. |  |
| of Youth (YRBS) |  |
| state indicators | 30 pts |
| with US. |  |
| A birds eye view |  |
| map of the final |  |
|  |
| walkway to assess |  |
| List of team |  |
| collaborators (3): |  |
| Two community |  |
| members |  |
| One official |  |
| stakeholder |  |
| (address, email, |  |
| phone#) with |  |
| authority or |  |
| oversight over the |  |
| walkway. |  |
| This criterion is |  |  |
| linked to a Learning |  |
| Outcome Module 3 |  |
| log entry |  |
| A well-summarized |  |
| **30 to >27.0 pts Excellent**All criteria are met ~ Excellent work! One or no missing criteria. | **27 to****>24.9 pts Proficient** 2-3 criteria are missing. | **24.9 to****>21.9 pts Developing**4-5 criteria are missing. | **21.9 to >0 pts Below passing**Five or more criteria are missing. Minimal to no effort is evident. |
| 'elevator pitch' |  |
| introducing why the walking assessment | 30 pts |
| is needed. Including |  |
| health indicator |  |
| data and windshield |  |
|  |
| survey findings. |  |
| The date has been |  |
| set for the |  |

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Ratings** | **Pts** |
| community team members to assess the walkway. |  |  |
| This criterion is |  |  |
| linked to a Learning |  |
| Outcome Log hours At least 9 hours of DCCE time has |  |
| **10 to >9.3 pts Excellent**All nine (9) | **9.3 to >8.3 pts Proficient**1-2 Log hours are | **8.3 to >7.3 pts Developing**3-4 Log hours are | **7.3 to >0 pts Below passing** 5 or more Log |
| been completed and recorded on the log hours sheet. | hours are documented with most all theevidence on the | missing and/or the hours shown are not consistentwith the module's | missing and/or the hours shown are not consistent withthe module's | hours are missing and/or the hours shown are notconsistent with | 10 pts |
|  | weekly log | incomplete log | incomplete log | the module's |  |
|  | sheets. | entries. | entries. | incomplete log |  |
|  |  |  |  | entries. |  |
|  |  |  |

# Appendix B: Week 6 Final Logbook and Policy Brief Rubric (100 points)

(see next page)

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Ratings** | **Pts** |
| This criterion is |  | 30 pts |
| linked to a |
| Learning Outcome |
| Week 4-5 |
| Logbook |
| The four (4) |
| required walk |
| assessment |
| worksheets are |
| completed and |
| attached. Team |
| collaboration and |
| walk assessment |
| was completed. |
| Team included one |
|  |  |  |  |  |
| (1) official who | **30 to** | **27 to** | **24.9 to** | **21.9 to >0.0 pts** | **0 pts** |
| has authority or | **>27.0 pts** | **>24.9 pts** | **>21.9 pts** | **Below passing** | **No** |
| oversight for the | **Excellent** | **Proficient** | **Developing** | Five (5) or more | **Marks** |
| walkway AND at | All criteria is | 2-3 criteria | 3-4 criteria | criteria are |  |
| least two (2) | met with no or | is missing. | are missing. | missing. |  |
| community | 1 criteria |  |  | Minimal to no |  |
| members. Photos | missing. |  |  | effort is evident. |  |
| are inserted into |  |  |  |  |  |
|  |
| the logbook sheet |
| that demonstrate |
| the pedestrian |
| safety issues. |
| Team findings and |
| observations are |
| documented based |
| on the assessment |
| worksheets. |
| Possible solutions |
| were discussed and |
| documented in the |
| Week 4-5 logbook. |

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Ratings** | **Pts** |
| This criterion is linked to a Learning Outcome Week 6: Final summary and Policy BriefList safe walking recommendations for the current walkway. State who and how the policy brief was disseminated to the community officials, team members, including their contact information. Copy and paste the Policy Brief into the logbook.Self-reflection is present on the three (3) new things learned during the DCCE experience. |  | 30 pts |
| **30 to >27.0 pts Excellent**All criteria are met. No or one(1) missing criteria. | **27 to >24.9 pts Proficient**2-3 criteria are missing on the log sheet. | **24.9 to****>21.9 pts Developing** 3-4 criteria are missing. | **21.9 to >0 pts Below passing** More than 5 criteria are missing. Minimal to no effort is evident. |
|  |

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Ratings** | **Pts** |
| This criterion is linked to a Learning Outcome Policy Brief500–700-word Policy Brief is a summary that follows the distinctive format provided in the instructions with headings and short sections: Title; Executive summary; Context or Description of Problem; Overview of Research; Policy Alternatives; Policy Recommendations; Appendices (maps, tables, etc); Sources. |  | 30 pts |
| **30 to >27.0 pts Excellent**All Policy Brief criteria and word count are met. 500 words or more. All headings are organized, and summary statements are accurately detailed. One (1) criterion is missing. APA grammar, spelling, references/sources are formatted correctly. | **27 to****>24.9 pts Proficient** 2-3 criteria are missing. Self- reflection statement is present. | **24.9 to****>21.9 pts Developing** 4-5 missing criteria. Noself-reflection statement is present. | **21.9 to****>0 pts Below passing** More than 5 criteria are missing. No self- reflection statements. |
|  |
| APA grammar, spelling, references/sources are formatted correctly. |  |
| This criterion is |  |  |
| linked to a |  |
|  |  |  |
| Learning | **10 to >9.0 pts** | **9 to >8.0 pts** | **8 to >0 pts** |  |
| OutcomeFinal Log | **Excellent** | **Proficient** | **Below passing** |  |
| hours sheetAll 15 hours are | All 15 hours aredocumented. | 14 hours aredocumented and match | Less than 15 hours aredocumented and/or the hours | 10 pts |
| accounted for the |  | the effort seen on the | do not match the effort seen on |  |
| Direct Community |  | log sheets. | the log sheets. |  |
| Clinical |  |  |  |  |
|  |
| Experience. |  |

# Appendix C” Student Example of the Policy Brief:

**CONNECTING PATHWAYS: PAVING THE WAY FOR PEDESTRIAN FRIENDLY STREETS IN MILL CREEK**

EXECUTIVE SUMMARY

Bothell Everett Highway between 164th St SE and 180th St SE is a dangerous section of highway for pedestrians. Although originally designed to serve as a connector between Bothell, Mill Creek, and Everett, residential and business development in the region has transformed the needs of this road to allow for multiple commuter modalities. The walkway suffers from a lack of adequate pedestrian infrastructure and impedes safe access for pedestrians and causes safety hazards. More than half of this section of road does not provide sidewalks or safe pedestrian access. In the areas where sidewalks are present, cracks, overgrown bushes, branches, litter, and debris obstruct walking and riding paths, creating an uncomfortable and hazardous environment. These issues negatively impact local residents, students, and commuters who rely on public transportation as they struggle to access bus stops and navigate the area safely. A Complete Street with dedicated bicycle lanes and continuous, ADA-compliant sidewalks will enable pedestrians and cyclists to commute safely without competing with vehicle traffic.

DESCRIPTION OF PROBLEM

The city of Mill Creek and surrounding area has undergone rapid growth and development with multiple residential neighborhoods and businesses and more planned for the future. Unfortunately, the city infrastructure has not met the increasing demand for pedestrian access in the area. Between 164th St SE and 180th St, there is one mile between marked pedestrian crosswalks and no traffic lights. There are no barriers for the bicycle lane and no medians or islands on this portion of the highway. Most sections of the road do not have sidewalks present on either side. A southbound bus stop at the intersection of Seattle Hill Road cannot be accessed without walking a half mile along a busy highway without a sidewalk.

Several sections of the sidewalk are in poor repair, with cracks and weeds present. Blackberry bushes and branches have overgrown the sidewalk and bicycle lane, further limiting walking access and visibility for drivers and pedestrians. Currently, parents with strollers, students, joggers, and commuters are forced to share the road with vehicles (see Appendix A). In 2016, two young pedestrians were killed on this stretch of road in two separate incidents.

OVERVIEW OF RESEARCH

A team consisting of a representative from Mill Creek Public Works, a representative of the Mill Creek Youth Advisory Board, a community member, and a parent of one of the pedestrian fatalities completed a Walking Audit based on AARP’s *Walk Audit Toolkit* (2022) to assess walkability of Bothell Everett between 164th St SE and 180th St SE. The ratings in all walkable categories were scored as poor or mixed/poor. Significant relevant findings include lack of sidewalks and partial sidewalks, lack of ADA compliant access, lack of crosswalks, lack of safety barriers, and increased litter and vegetation hindering clear pedestrian and cycling access.

POLICY ALTERNATIVES

Options for safer walkability of this area include:

* completed sidewalks on both sides of the road,
* installed pedestrian island and beacons,
* traffic lights with crosswalks at intersections.

Complete sidewalks and continuous curbs, supported with pedestrian lighting and safety buffers enhanced with attractive landscaping, can encourage community residents to walk safely to local businesses and restaurants, even on busy highways. This option has been successfully implemented on Aurora Avenue, a busy, 5-lane highway in Shoreline (See Appendix B).

Painted crosswalks at the intersections of Seattle Hill Road and 173rd St will increase visibility and driver awareness. Installed pedestrian island and pedestrian-controlled beacons can provide an access to cross the road but does not provide a solution for the lack of sidewalks.

Traffic lights with crosswalks at intersections would provide more direct access to cross Bothell Everett Highway, although additional lights can lead to increased traffic congestion. Advancements in traffic signal timing and control using artificial intelligence technology may help reduce any impact to traffic.

A final alternative is to remove the bus stop and discourage pedestrians and cyclists from utilizing this section of road by offering alternative paths. This alternative would not promote walkability and poses a dangerous hazard as pedestrians continue to use the shoulder and cross the road in an unsafe area as the quickest route.

POLICY RECOMMENDATIONS

The policy recommendations provide for addressing priority safety needs and additional long term strategy proposals to optimize safety, accessibility, and promotion of physical activity.

Short-term recommendations:

1. Allocate funding, as determined by the Department of Public Works, to complete the sidewalks on Bothell- Everett Highway between 164th St SE and 180th St SE, with priority placed on sections in close proximity to the bus stop and the intersections of Seattle Hill Road and 173rd St SE. Paint clearly marked intersections to enable safe pedestrian crossings of Seattle Hill Rd and 173rd St SE.
2. Implement a maintenance program to remove overgrown bushes, branches, litter, and debris from sidewalks and paths. Collaborate with local business owners, homeowner associations, and youth and community volunteer groups to ensure consistent maintenance.

Long-term recommendations:

1. Collaborate with city and county stakeholders, local business leaders, urban planners, and transportation departments to develop a strategic plan for pedestrian and cyclist infrastructure, to include continuous ADA- compliant sidewalks with curbs, landscaped barriers, and pedestrian street lighting from 164th St SE to 180th St SE.
2. Install a marked pedestrian island with traffic light at the intersection of Seattle Hill Rd to facilitate crossing of busy roadway.

Snohomish County is one of the healthiest counties in Washington, ranked 8 of 39 in the state. Providing safe paths for walkers and cyclists aligns with Mill Creek’s commitment for a healthy, inclusive, and connected city. The proposed recommendations will help to ensure a pedestrian-friendly environment that prioritizes the well-being of all community members.

APPENDICES

Appendix A

Photos during walking audit, from left to right: (1) Individual walking along bridge on Bothell Everett Highway, with only a narrow shoulder partially obstructed by bushes and branches. (2) Sidewalk in poor repair with cracks and weeks growing, abruptly ends to street on southbound Bothell Everett. (3) Sign in memorial to pedestrian killed in 2016 on this portion of road without sidewalk. The bus stop can be seen in the distance.

Appendix B

Photo along Aurora Avenue in Shoreline, after implementing pedestrian sidewalk with improved lighting and landscaped buffers.



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