



HEALTHYdecisions
healthy**PLACES**

Integrating health
into community
decision making

JUNE 25, 2015



Sheridan Comprehensive Plan Health Impact Assessment Full Report

CITY OF SHERIDAN

www.healthy-decisions.org



ACKNOWLEDGMENTS

A Health Impact Assessment (HIA) is a process that engages a broad spectrum of people to promote improved community health. We would like to acknowledge the contributions of the many people who contributed to the process:

Tri-County Health Department Staff

These individuals were key contributors to developing the HIA content and creating the recommendations (* denotes HIA Team).

Greg Adams,* *GIS/HIA Specialist*
Kathy Boyer, *Environmental Health Specialist*
Tom Butts, *Deputy Director*
Hope Dalton, *Water Quality Specialist*
Christine Demont-Heinrich,* *Population Health Epidemiologist*
Allison Hawkes,* *Health Planning and Evaluation Consultant*
Brian Hlavacek, *Director, Environmental Health*
Sheila Lynch,* *Land Use Coordinator and HIA Project Manager*
Vanessa Richardson, *Environmental Health Specialist*
Bill Vassilogambros, *Environmental Health Specialist*
Ray Winn,* *Land Use and Health Planner*

City of Sheridan

The City of Sheridan, including city staff, Planning Commission members and City Council members, were a tremendous partner throughout the HIA process. We also could not have achieved the level of coordination with the planning process without the assistance of Jennifer Henninger, Sheridan's City Planner, and Devin Granbery, the City Manager.

HIA Steering Committee

The Community and Neighborhood Development Office (CANDO) group are

stakeholders and community members who provide guidance to the City on community development projects. The CANDO group served as the Steering Committee for the HIA process.

Community residents, City policy makers, and agency representatives including the Sheridan School District, South Suburban Parks and Recreation District, Sheridan Health Services, and Mental Health Institute at Fort Logan are represented on CANDO.

Special Acknowledgments

Several community institutions in Sheridan were great partners for this process, including Sheridan Health Services, Inc., Sheridan Recreation Center (a facility of South Suburban Recreation District), and the Sheridan School District.

Funding Recognition

We would like to recognize our funding partners in their various roles. This project was supported by a grant from the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, through funding from Kaiser Permanente Colorado. Technical assistance was provided by Holly Avey from Human Impact Partners.

Disclaimer

The authors of this report are responsible for the facts and accuracy of the information presented. The views expressed are those of the author(s) and do not necessarily reflect the views of Kaiser Permanente Colorado, the Health Impact Project, Robert Wood Johnson Foundation or The Pew Charitable Trusts.






TABLE OF CONTENTS

Introduction	1
What is HIA?	2
Why Address Health in Sheridan's Comprehensive Plan?	2
The Sheridan Community	3
Land Patterns and Physical Environment	4
Why is Health an Important Topic in Sheridan?	5
The HIA Process – What we did	7
Screening	9
Scoping	9
Assessment	10
Recommendations	13
Reporting	13
Monitoring	14
Findings – What we learned	15
Economic Opportunity	16
Food Access	19
Neighborhood Stability	21
Physical Activity	24
Air and Water Quality	29
Predictions and Recommendations - What we can do	32
Economic Opportunity	33
Food Access	34
Neighborhood Stability	35
Physical Activity	36
Air and Water Quality	37
Conclusions, Outcomes and Next Steps	39
References	41
Appendix	47



LIST OF TABLES AND FIGURES

List of Tables

Introduction

Table 1. - Demographics and selected economic indicators, City of Sheridan, Arapahoe County and Colorado	6
--	---

Findings

Table 2. - Top employers, City of Sheridan, August 2013	17
---	----

Table 3. - Sheridan residents' annual earnings by occupation past 12 months, for civilian employed population 16 years and over	17
---	----

Table 4. - Educational attainment, population 25 years and over, City of Sheridan, Arapahoe County and Colorado	18
---	----

Table 5. - Living wage for Arapahoe County	18
--	----

Table 6. - Number and type of food retail outlets, City of Sheridan, 2015	20
---	----

Table 7. - Owner-occupied versus renter-occupied housing units by select demographics and economic indicators, City of Sheridan	22
---	----

Table 8. - Brookings Institution Center on Urban and Metropolitan Policy, and The Urban Institute recommended goals of an effective housing policy, with suggestions for accomplishing each goal	24
--	----

Table 9. - Commute to work for employed population 16 years and over, City of Sheridan, Arapahoe County and Colorado	28
--	----

Table 10. - Annual Average Daily Traffic (AADT) for all vehicles and trucks along State Highways	30
--	----

Appendix E

Table 11. - Monitoring plan	70
-----------------------------	----

List of Figures

Introduction

Figure 1. - Map of Sheridan, Colorado	4
---------------------------------------	---

HIA Process

Figure 2. - Steps involved in an HIA and a description of Tri-County Health Department's activities for each step for the Sheridan HIA	8
--	---

Figure 3. - Pathway diagram for economic opportunity	10
--	----

Figure 4. - Map of community pedestrian assessment	12
--	----



LIST OF TABLES AND FIGURES, CONT.

Findings

Figure 5. - Occupation in past 12 months, for civilian employed population 16 years and over, City of Sheridan and Arapahoe County	16
Figure 6. - Map of food outlets in the City of Sheridan, 2015	20
Figure 7. - Map of sidewalk inventory documenting presence/absence of concrete sidewalks, 2015	25
Figure 8. - Map of state highways in Sheridan and locations of signalized crosswalks or grade separated crossings, 2015	27
Figure 9. - Map of existing transit service, 2015	28



INTRODUCTION





INTRODUCTION

The City of Sheridan has proposed a new Comprehensive Plan to be officially adopted in the second quarter of 2015. In the State of Colorado, Counties and Cities are authorized to develop comprehensive plans that provide a vision, goals and implementation strategies to address topics related to land use, transportation, parks and recreation, housing, and environment.¹ A city's comprehensive plan provides a long range view on city growth and development. The policies in comprehensive plans are intended to be visionary and implementable, making them the foundation for a city's future programs and projects.

Working in partnership with the City of Sheridan, Tri-County Health Department (TCHD) conducted a Health Impact Assessment (HIA) of the proposed Sheridan Comprehensive Plan. The purpose of the HIA was to assess the potential impact the plan's policies would have on health and to provide recommendations to maximize positive health outcomes through the Comprehensive Plan. While the HIA is designed to be a tool for the Planning Commission and City Council, the decision-makers in the Comprehensive Plan process, the findings and recommendations in this report are a resource for other groups and processes in Sheridan to optimize positive health outcomes.

What is HIA?

HIA is a systematic process that helps evaluate how a proposed plan, project or policy affects community health before it is implemented. HIA is often described as a tool to assist decision-makers in non-health sectors by bringing together helpful information to minimize the negative impacts of a policy decision on health and capitalize on the positive impacts.²

An HIA is also an effective agent for identifying locally-relevant issues that are impacted by a proposed policy. One of the key components of HIA is highlighting the needs of populations within a community that may be impacted more profoundly than other groups. HIA recommendations can help promote a more equitable approach to policy-making by advocating for strategies to improve the proposed policy for affected populations.

Why address health in Sheridan's Comprehensive Plan?

Health is a universal value that is linked to our quality of life. Over the last several decades, our nation has seen a shift in the greatest threats to our health – from infectious diseases to chronic, preventable conditions that lead to lifelong disability and compromised quality of life. Chronic diseases like diabetes, heart disease, and certain types of cancer are now the leading causes of death in our country and in Sheridan, the leading causes of death in 2013 were cancer and heart disease.³ As a nation, 86% of our health care dollars go to treatment of chronic diseases.⁴

Often when people think of addressing health, medical care comes to mind. "Although medical care is essential for relieving suffering and curing illness, only an estimated 10 to 15 percent of preventable mortality has been attributed to medical care. A person's health and likelihood of becoming sick and dying prematurely are greatly influenced by powerful social factors such as education and income and the quality of neighborhood environments."⁵ At the city level, comprehensive plans can shape the physical environment, the social context, and the economic framework in which the community develops. Addressing health in a comprehensive plan does not just impact mortality; it sets policies for improved quality of life and creates communities where all people can thrive. Creating communities with a high quality of life is not only good for individuals, it is critical to a community's sustainable economic growth.



THE SHERIDAN COMMUNITY

THE SHERIDAN COMMUNITY

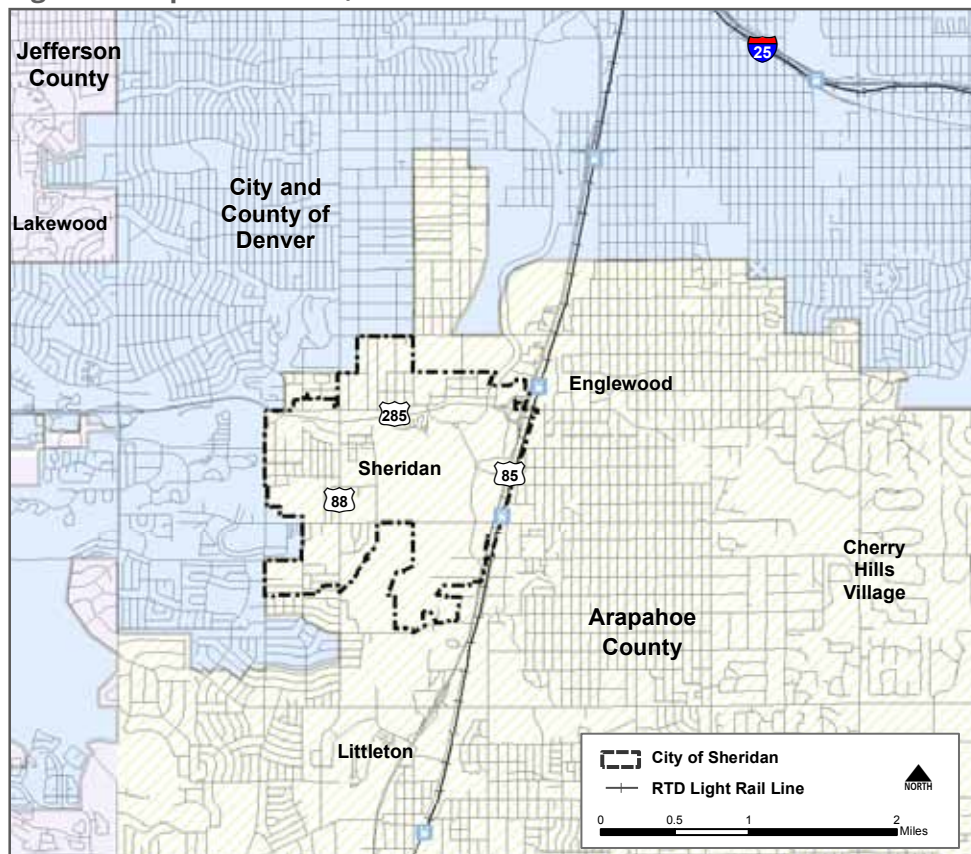
The City of Sheridan is a small municipality of approximately two square miles with a long history located in Arapahoe County in the southwestern portion of the Denver metropolitan area. The incorporation of Sheridan began in the late 1800s after the establishment of a military post, Fort Logan, near Denver.⁶ The City's early history grew up around the activities of Fort Logan including two railroad spur lines that serviced the area.

The City of Sheridan (Figure 1) has not seen significant growth in its population over the last 15 years with the estimated population of 5,600 residents staying approximately the same from the 2000 census to the 2010 census. Since the last Comprehensive Plan update, little development has occurred in the area despite the transportation investment of a nearby light rail corridor and a significant redevelopment project on a well-known former landfill. Now, for the first time in years, Sheridan is seeing an increase in developer interest in the City. The City is eager to develop a new Comprehensive Plan that will help guide development for the next ten years.⁷

Land Patterns and Physical Environment

The City of Sheridan's close access to major roadways and rail corridors has served as both a catalyst and hindrance to the community for different reasons. There are three state highways, rail freight lines and passenger light rail lines within this small jurisdiction. While the access to roadway

Figure 1. Map of Sheridan, Colorado





thoroughfares provides access for residents and businesses in the area, these very busy vehicular corridors are poorly designed for pedestrians and bicyclists and create major barriers to connectivity for the community. Two major waterways connect in the City of Sheridan, Bear Creek and the Platte River. Over the years, the waterways have experienced major flooding events.

Sheridan's history of industrial uses is rooted in access to railroad lines and a major road system. Unfortunately, many of the past industrial uses have left behind former landfills. In recent years, one of the largest former landfills in the community was redeveloped as a major commercial center, the River Pointe Commercial development. The City of Sheridan created an Urban Renewal Authority in 2003 in order to help finance this new development through the use of Project Increment Financing (PIF). The development has brought many new public improvements including bike and pedestrian trails along the adjacent Platte River. While River Pointe is a great success, the City of Sheridan has many more brownfield sites that need to be addressed.⁷

Why is health an important topic in Sheridan?

The City of Sheridan is more economically challenged and ethnically and racially diverse than either Arapahoe County or Colorado. Close to a third of Sheridan residents live below the poverty level.⁸ In 2013, nearly 90% of Sheridan school district students were eligible for free or reduced lunch.⁹ Hispanic residents comprise 40.6% of the population, a higher proportion than in Arapahoe County or Colorado (18.4% and 20.8%, respectively). Sheridan also has a significantly higher percentage of adults age 65 and older (15.0%) than Arapahoe County or Colorado (Table 1).⁸

Heart disease, cancer, chronic lower respiratory diseases, and diabetes were the four leading causes of death (in that order) for Sheridan from 2008-2010, and accounted for 77% of all deaths.³ Many factors contribute to health including genetics (age, gender, family history, or predisposition to certain diseases), environmental factors (where people live, work, and play), personal health behaviors, access to care, cultural factors, and income. Those with lower incomes have less means for purchasing health care, adequate housing, nutritious food, and recreation which all play a role in affecting one's health.^{10,11}

Research has shown that individuals with lower incomes are at higher risk for obesity, diabetes, high blood pressure, heart attack and stroke (among other health outcomes), compared to individuals with higher incomes.^{12,13} In Colorado, the Colorado Health Institute found that children below the poverty level are approximately six times as likely to be obese compared to children in households with incomes above 400 percent of the federal poverty level.¹⁴ In addition, children who grow up in lower income households are at greater risk for chronic conditions.¹²

Residents in Sheridan also face other vulnerabilities to achieving good health including language barriers, low vehicle ownership, and lower education levels.



Table 1. Demographics and selected economic indicators, City of Sheridan, Arapahoe County and Colorado

Indicator	City of Sheridan	Arapahoe County	State of Colorado
Total Population	5,746	585,333	5,119,329
Age Group			
0-14 years	20.1%	21.1%	20.1%
15-24 years	17.2%	12.8%	13.7%
25-44 years	28.3%	29.1%	28.4%
45-64 years	19.4%	26.4%	26.4%
65 years and older	15.0%	10.6%	11.4%
Median Age	30.9	35.9	36.1
Race/Ethnicity			
Non-Hispanic Origin			
White	43.9%	63.2%	69.7%
Black or African American	8.6%	9.7%	3.8%
Asian American/Pacific Islander	0.8%	5.2%	2.8%
American Indian or Alaska Native	1.4%	0.3%	0.5%
Some other race	0.0%	0.2%	0.2%
Two or more races	4.7%	3.0%	2.2%
Hispanic Origin (of any race)	40.6%	18.4%	20.8%
Language Other Than English Spoken at Home	25.9%	22.1%	16.8%
Median Household Income	\$32,240	\$60,651	\$58,433
Poverty Status - Below poverty level			
All people	30.3%	12.1%	13.2%
All families	28.9%	9.1%	9.1%
All children under 18 years of age	59.6%	16.6%	17.5%
With cash public assistance income (households)	3.0%	1.8%	2.2%
With Food Stamp/SNAP benefits in past 12 months (households)	27.2%	7.3%	8.0%
% Unemployed in Labor Force	16.5%	8.8%	8.5%
No Health Insurance Coverage	21.4%	15.8%	14.9%

Source: American Community Survey (2009-2013)





THE HIA PROCESS - WHAT WE DID



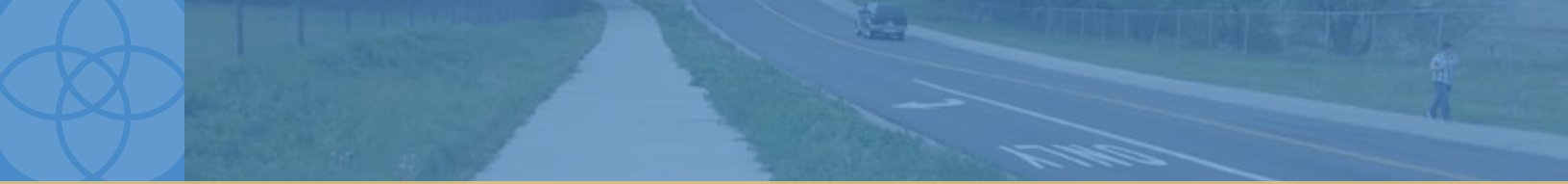
THE HIA PROCESS

The HIA was conducted by following the accepted and commonly used six step framework depicted below (Figure 2).¹⁵ Next to each step is a brief description of TCHD’s activities. Following Figure 2, is a more detailed description of the process the HIA followed, the research methods used, the type of data collected and analyzed, and the community engagement strategies throughout the HIA process. The HIA team engaged community members and organizational stakeholders at several stages of the HIA.

Figure 2. Steps involved in an HIA and a description of Tri-County Health Department’s activities for each step for the Sheridan HIA.

Steps involved in an HIA*	TCHD activities related to HIA step
1. SCREENING	
 Determine whether an HIA is needed and likely to be useful.	TCHD engaged the City of Sheridan early in the HIA process and consulted with community stakeholders to discuss the usefulness and feasibility of conducting an HIA with the Comprehensive Plan process.
2. SCOPING	
 In consultation with stakeholders, develop a plan for the HIA, including the identification of potential health risks and benefits.	<ul style="list-style-type: none"> • HIA Team consulted with steering committee members (CANDO) and other stakeholders and reviewed pre-existing data • Identified the following potential health areas on which to focus: Economic Opportunity, Food Access, Neighborhood Stability, Physical Activity, and Air and Water Quality
3. ASSESSMENT	
 Describe the baseline health of affected communities and assess the potential impacts of the decision.	<ul style="list-style-type: none"> • HIA Team worked with community organizations to engage community members • Collected primary data focused on the key health areas • Reviewed a draft of the proposed Comprehensive Plan, and assessed the potential impacts of the stated goals and objectives on the health areas of interest
4. RECOMMENDATIONS	
 Develop practical solutions that can be implemented within the political, economic, or technical limitations of the project or policy being assessed.	<ul style="list-style-type: none"> • Based on the HIA findings, HIA recommendations were developed to better address economic opportunity, food access, neighborhood stability, physical activity and air and water quality in the comprehensive plan • The HIA Steering Committee (CANDO) provided guidance on the draft HIA recommendations
5. REPORTING	
 Disseminate the findings to decision makers, affected communities and other stakeholders.	<ul style="list-style-type: none"> • HIA Team presented the HIA findings and recommendations to the Sheridan Planning Commission and City Council at a study session. • HIA Team shared the HIA Executive Summary Report with stakeholders and CANDO members and developed a website www. healthy-decisions.org with the HIA information
6. MONITORING and EVALUATION	
Monitor the changes in health or health risk factors and evaluate the efficacy of the measures that are implemented and the HIA Process as a whole.	The HIA team developed a monitoring plan to track the progress on the implementation of the HIA recommendations in the Comprehensive Plan, and the utilization of the HIA findings in community processes. TCHD will evaluate the process of conducting the HIA.
The HIA process encourages public input at each step.	

*The description and formatting of the HIA steps in this figure were taken directly from the Health Impact Project, retrieved from <http://www.pewtrusts.org/en/projects/health-impact-project/health-impact-assessment/hia-process> For further discussion of the steps, please refer to Health Impact Project website.



Screening

In May 2014, TCHD conducted the screening of the Sheridan Comprehensive Plan to determine whether an HIA would add value to the planning policy process. The purpose of the screening step was to determine: 1) if the proposed policy has the potential to impact community health outcomes and health equity, 2) if the HIA has the potential to influence the policy makers' decision, and 3) if there is adequate time and resources to conduct an HIA. The HIA team took the following steps to effectively screen the proposed Sheridan Comprehensive Plan update: reviewed existing secondary data, consulted an earlier policy scan of the existing Sheridan Comprehensive Plan, and met with City of Sheridan staff leadership and the Sheridan CANDO group to discuss the HIA process. The Screening step also included an initial inventory of community stakeholders to determine what community organizations may participate in the HIA process.

Scoping

The Scoping step of the HIA looked at what topics should be studied during the HIA, how the topics should be studied, who will be involved in the HIA process and when the activities of the HIA will occur. During this step in the HIA process, three key activities were accomplished. The HIA team conducted interviews with stakeholder groups in the community. The Sheridan Community and Neighborhood Development Organization (CANDO) group was designated as the HIA steering committee. Lastly, health-related topics were identified and research questions and methods were developed to study the five health-related topics.

Stakeholder Interviews

Early in the HIA process, HIA team members conducted stakeholder interviews with representatives from key organizations and institutions in the Sheridan community. The purpose of the interviews was to gather initial input on the issues of greatest concern related to health and the Sheridan Comprehensive Plan. The discussion points and questions were intentionally designed to remain relevant to the stakeholder while collecting meaningful input related to the HIA process. The following broad topics were discussed during the meetings: current activities and initiatives that are underway in the community, what community projects and programs are going well in the community, and what areas of concern they had related to community improvement. The HIA team members also gauged stakeholders' interest in participating in the HIA process and whether the stakeholder had available data that could potentially be used in the HIA.

Establishment of CANDO (Community and Neighborhood Development Organization) as the HIA Steering Committee

Early in the HIA process during discussions with City leadership, the topic of community engagement and the need for a core group of community stakeholders to help guide the HIA process arose. City leadership encouraged the HIA team to utilize existing networks for convening community stakeholders noting that due to the relatively small size of the Sheridan community and the limited number of committed stakeholders, forming another advisory group might overextend community members in terms of time and energy. The CANDO group, which consists of community residents, appointed and elected officials, and representatives from community organizations, was identified as an obvious steering committee for the HIA process.

The role of the steering committee members was to guide the strategic direction of the HIA process. The HIA team met with the CANDO group three times during the HIA process. The CANDO group

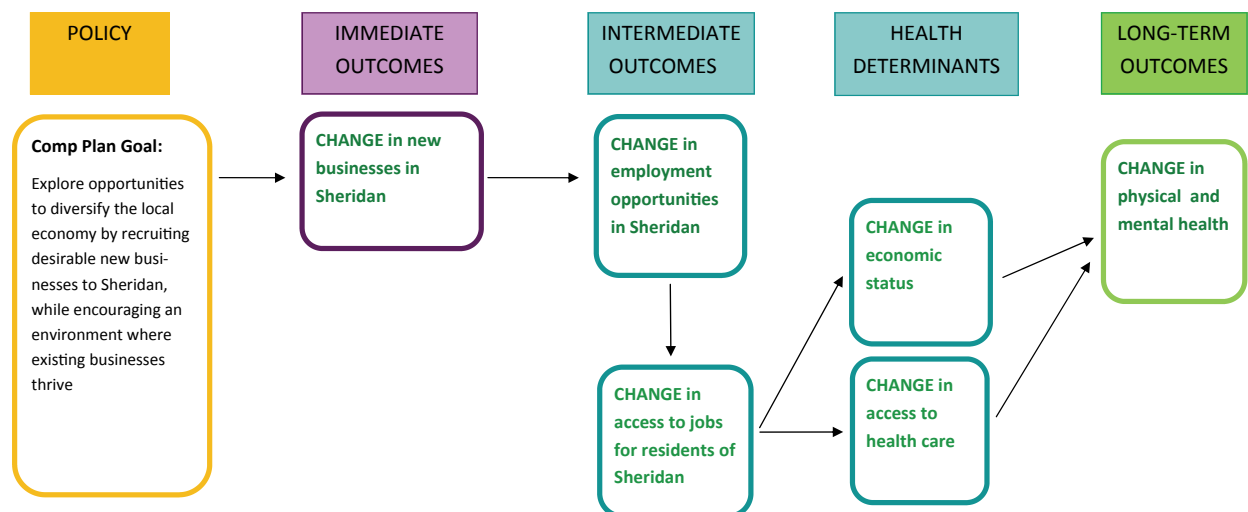
helped with the identification of health-related topics during the scoping phase, the review of HIA findings, and the formulation of HIA recommendations. Steering committee members were instrumental in connecting the HIA process to existing community networks and were community spokespeople for the findings of the HIA.

Identification of health-related topics and research questions

One of the essential objectives of the scoping step is to identify the health-related topics to study through the HIA and the potential research questions to guide the research methods in the Assessment phase of the HIA. Identifying potential health-related topics involved a combination of research, community and stakeholder input, and analysis of the influence the comprehensive plan policies might have on the social determinants of health. The social determinants of health are the “circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness”¹⁶ that impact health, functioning and our quality of life.¹⁷

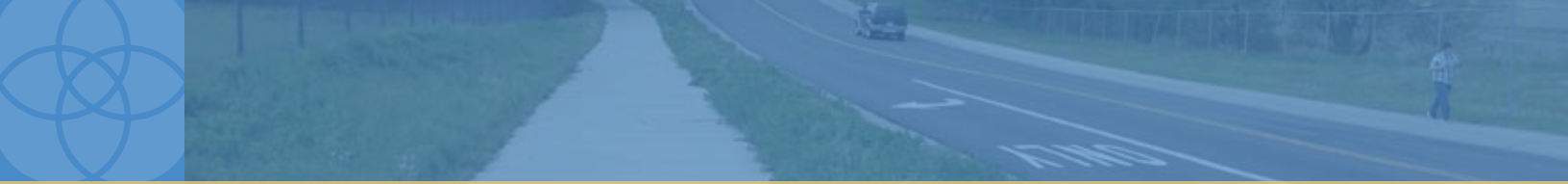
The HIA team identified and proposed the following five health-related topics: healthy food access, economic opportunity, physical activity, neighborhood stability, and transportation safety. The HIA team met with the CANDO group in October 2014 to gain feedback on the proposed health-related topics. Discussion with the CANDO group helped to shape the topics studied. In particular, CANDO members highlighted the community concern about air and water quality. After the meeting with the CANDO group, the topics were updated to include the following: economic opportunity, food access, neighborhood stability, physical activity (including pedestrian and bicycle safety), and air and water quality. The HIA developed causal pathways to illustrate the proposed Comprehensive Plan policies to potential health impacts (Figure 3 shows an example of the pathway diagrams on economic opportunity). Research questions were developed to help guide data collection and analysis to assess the potential health impacts of the proposed plan policies.

Figure 3. Pathway diagram for economic opportunity



Assessment

The Assessment phase included a variety of research methods to collect information on the five primary health topics explored through the HIA process – economic opportunity, food access, neighborhood stability, physical activity, and air and water quality. The HIA team conducted a literature review, collected data (primary data) and obtained data from other sources (secondary data). The Assessment activities were closely coordinated and facilitated through partnerships with existing



community organizations. The research findings from the Assessment phase are summarized in the HIA Findings section of this report.

Primary Data – Information collected by the HIA Team

Below are descriptions of the primary data collection methods used during the Assessment phase.

- Sheridan Celebrates Event – Staff used interactive maps and boards to research the physical activity and walking patterns of Sheridan residents at the day-long Sheridan Celebrates event. Residents were asked to mark on two maps the destinations they currently access via walking and destinations they would like to access but are currently unable/uncomfortable accessing on foot. An interactive board was used for residents to identify the physically active activities they engage in regularly.
- HIA Community Outreach Survey – The HIA Community Survey was a self-administered written survey used to gather information from Sheridan community members. The survey questions were developed using the literature¹⁸, other existing surveys¹⁹ such as the Behavioral Risk Factor Surveillance System from the Centers for Disease Control and Prevention²⁰, and input from the City of Sheridan Planner. TCHD administered this survey to a convenience sample of individuals in a variety of locations to capture input from a diverse group of respondents. These locations included the following: City of Sheridan Recreation Center, Sharing with Sheridan Food Bank, City of Sheridan Library, Parents Working within Sheridan (PAWS) meeting, and the Alice Terry Elementary Parents meeting. The survey asked respondents about the neighborhood they live in. Questions included the number of days/week that respondents bicycled or walked in their neighborhood for leisure or recreation, the reasons why community members initially moved to Sheridan, respondents' current perception of their neighborhood¹⁸, availability of fresh fruits and vegetables, and types of housing residents would like to see in the future. The Community Survey was translated into Spanish. A copy of the survey and results can be found in Appendix A.
- Food Outlets Inventory – The food outlets inventory was created to document all retail sources of food in the City of Sheridan. The inventory was compiled using a combination of business license data from the City of Sheridan and TCHD food inspection records.
- Zoning Code Analysis – The Zoning Code Analysis examined the land uses that are currently allowed under the City of Sheridan's Zoning Code and looked at whether the existing Zoning Code allowed for land uses that potentially provide access to healthy food options. Using the Robert Wood Johnson Foundation's research brief, "Zoning for Healthy Food Access Varies by Community Income" (2012)²¹, the analysis identified a list of land uses that could potentially provide healthy food options. Using this list, the Sheridan Zoning Code was reviewed to determine whether these land uses are allowed, where they are allowed, and the process for establishing these land uses.
- Community Pedestrian Assessments – The Pedestrian Assessments engaged community members in a physical assessment of conditions for walking in Sheridan's Ft. Logan Northgate neighborhood (Figure 4). Participants documented conditions to identify any concerns or issues that would make walking difficult. This neighborhood was selected because it was Sheridan's most populated neighborhood, and an area identified by community feedback (Sheridan Celebrates) as an area where residents were already walking for transportation (Figure 4). A total of 36 blocks were assessed with assessment forms available in both English and Spanish. The pedestrian assessment utilized a tool developed by Community Enterprise, Commerce City, Colorado. Results are located in Appendix B.
- Sidewalk Inventory – The sidewalk inventory was used to document the presence of sidewalks (attached or detached) throughout the City of Sheridan. An initial inventory was collected

through Google Earth aerial/StreetView imagery and verified by TCHD staff on site.

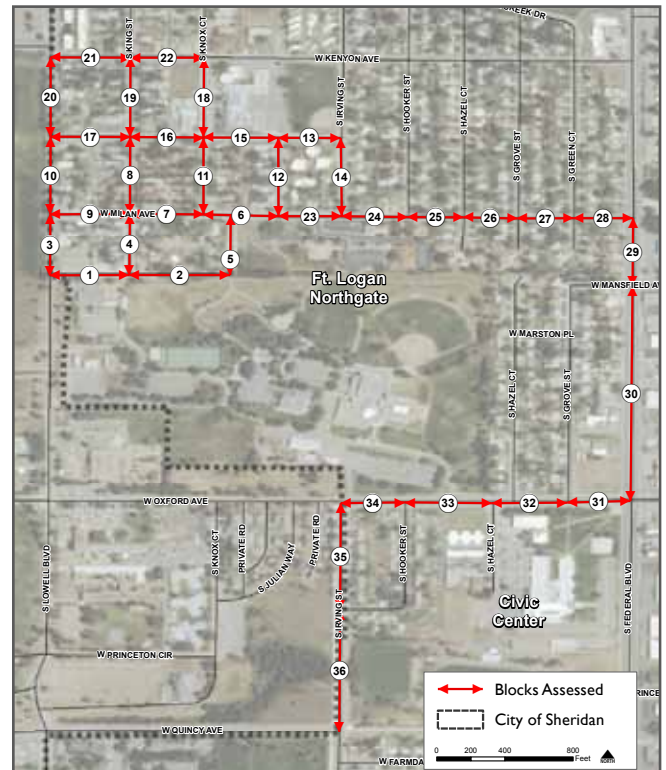
- Mapping Analysis – ArcGIS software was used to analyze secondary spatial data from the City of Sheridan, Arapahoe County, TIGER/Line Shapefiles, and ESRI.

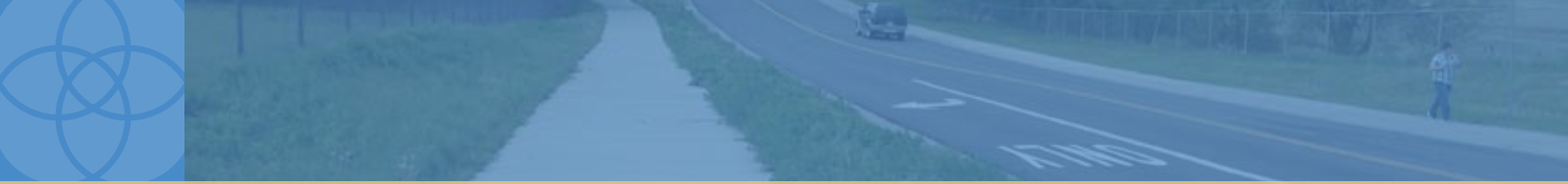
Secondary Data – Information obtained by the HIA Team from other organizations and agencies

The following data was obtained from these federal, state, county, city or private sources:

- U.S. Census
 - American Community Survey (ACS) - Demographics, income, poverty status, employment status and commuting characteristics; housing information including type of housing available, renter vs. owner occupied housing, and percentage of household income spent on housing costs
 - Business – types of businesses and jobs in Sheridan
 - OnTheMap – product analyzing types of businesses and jobs in Sheridan, including Journey-to-Work commute patterns.
 - TIGER/Line GIS shapefiles for census tract and block levels
- U.S. Department of Agriculture (USDA) Food Access Research Atlas – Census-tract-level data on food access and a spatial overview of food access indicators for low-income and low-vehicle availability census tracts using Euclidean measures of supermarket accessibility. The data was downloaded, analyzed, and presented using GIS software.
- Colorado Department of Education – Number of students eligible for free and reduced lunch, demographics of student population, graduation rates
- Colorado Department of Public Health and Environment – Health statistics and Risk Screening Environmental Indicators (RSEI)/Toxic Release Inventory (TRI) air quality data
- Colorado Department of Transportation – Information about the number and circumstances of traffic crashes along the following state highways in Sheridan: Federal Boulevard, Santa Fe Drive, and Hampden Ave. The data forwarded to us by the Colorado Department of Transportation also included some information about the drivers, and whether they appeared injured or were killed at the scene of the crash. The presence of injury was “assessed by the responding officer and is determined by their observations and conversation with appropriate EMT personnel” (CDOT).²²
- Colorado Department of Transportation – OTIS (Online Transportation Information System) – Information about the Annual Average Daily Traffic for all vehicles, and for trucks, for state highways in Colorado.
- Colorado Bureau of Crime Statistics – Data for all Colorado police jurisdictions regarding the number of burglaries and robberies, and the number of arrests for narcotics and disorderly conduct.

Figure 4. Map of community pedestrian assessment





- City of Sheridan
 - Code Enforcement – Number, location, and type of code violations
 - Police department - Number of arrests for disorderly conduct.
 - Top 15 employers in Sheridan, sales tax revenue for 2013 by business and Sheridan neighborhood
- Youth Risk Behavior Survey results – In 2010, under the auspices of the Centers for Disease Control and Prevention and as part of its Communities Putting Prevention to Work grant (CPPW), TCHD conducted the Youth Risk Behavior Survey of students in its jurisdiction. Sheridan High School students participated in this survey. As part of this survey, students were asked about their physical activity, fruit and vegetable consumption, height, and weight.
- Denver Regional Council of Governments (DRCOG), Regional Data Catalog – Shapefiles for existing and proposed regional bike facilities, including off-street trails
- Tri-County Health Department – DECADE retail food establishment records
- Regional Transportation District (RTD) - Ridership totals for the Oxford Station were obtained from their website (<http://www.rtd-denver.com/ServiceDevelopment.shtml>)

Recommendations

One of the culminating steps of the HIA is the development of recommendations to promote positive health outcomes and mitigate the potential negative impacts of the proposed policies on health. It is important that the recommendations are relevant and applicable to the policy decision. Based on research and community engagement, the HIA team developed recommendations related to the five health-related topics studied. The HIA team reviewed the draft recommendations with the CANDO group in March 2015 to gain guidance on the applicability of the recommendations and the appropriateness of the recommendations for the Sheridan community. The recommendations are explained in the HIA Predictions and Recommendations section of this report.

Reporting

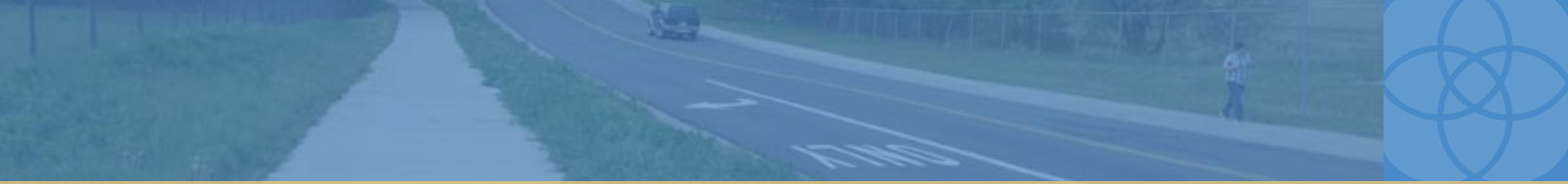
The Reporting phase of the HIA includes sharing the key findings and the HIA recommendations with the decision-makers, stakeholders and community members. The HIA team shared the findings and recommendations with Sheridan decision-makers, the Planning Commission and City Council, and city staff from various departments at a joint study session on March 25, 2015. After a comprehensive discussion, the Planning Commission and City Council passed a motion to direct City staff to incorporate all of the HIA recommendations into the proposed Sheridan Comprehensive Plan.

The HIA team and Sheridan's City Planner held a work session in early April to discuss ways to incorporate the HIA recommendations into the draft Comprehensive Plan. HIA team members developed sample policy language that would support the incorporation of the HIA recommendations.

On May 20, 2015, the Sheridan Planning Commission reviewed and recommended adoption by the City Council of the proposed Sheridan Comprehensive Plan with amendments to address all of the HIA recommendations. The City Council adopted the Sheridan Comprehensive Plan on June 8, 2015 incorporating all of the HIA Recommendations to some degree.

Monitoring

Monitoring describes the process of tracking the implementation of the proposed HIA



recommendations and the change in community population health after an HIA is conducted. The HIA team has developed a monitoring plan that includes tracking whether the HIA recommendations are implemented in Sheridan. Once the HIA recommendations are implemented, TCHD will monitor select community health indicators. In addition, TCHD will be monitoring other impacts associated with the HIA such as the development of new collaborations and the procurement of new funding that supports the implementation of HIA recommendations.



FINDINGS - WHAT WE LEARNED



FINDINGS - WHAT WE LEARNED

The Sheridan Comprehensive Plan HIA examined five health-related topics – economic opportunity, food access, neighborhood stability, physical activity, and air and water quality – and the impact the Comprehensive Plan policies will have in these five areas. The following section summarizes what we learned about the topics through outreach to the community, collection and analysis of primary data, analysis of secondary data, and consultation of existing research on the topics. The key findings in this section provide the foundation for the HIA recommendations in the subsequent section of this report.

Economic Opportunity

What we learned about economic opportunity

Sheridan is an economically disadvantaged community with the median household income of \$32,240, slightly more than half the median income for the county or state (\$60,651 and \$58,433, respectively).⁸ Poverty is of significant impact in the school district and in the City of Sheridan. The link between health and economic opportunity was noted by stakeholders in Sheridan. Some of the stakeholder groups individually have begun to address economic opportunity through education and assistance programs.

Sheridan hosts more job opportunities than there are residents in the community. There are 7,100 jobs within the city boundaries and approximately 5,600 residents. Interestingly, only 8.8% of Sheridan residents work in Sheridan.²³ The unemployment rate for those 16 years of age and older in the Sheridan labor force is 16.5%, which is higher than Arapahoe County (8.8%) or Colorado (8.5%). Sheridan residents are more likely to be employed in service occupations and less likely to be employed in management, business, science, and arts occupations, than residents in Arapahoe County or Colorado (Figure 5).⁸ Top employers in Sheridan include education, construction, and retail employers (Table 2).²⁴ The median earnings for Sheridan residents employed in service occupations was much less than that for those employed in management, business, science, and arts occupations; \$12,708 vs. \$43,987 respectively in 2013 (Table 3).⁸

Figure 5. Occupation in past 12 months, for civilian employed population 16 years and over, City of Sheridan and Arapahoe County

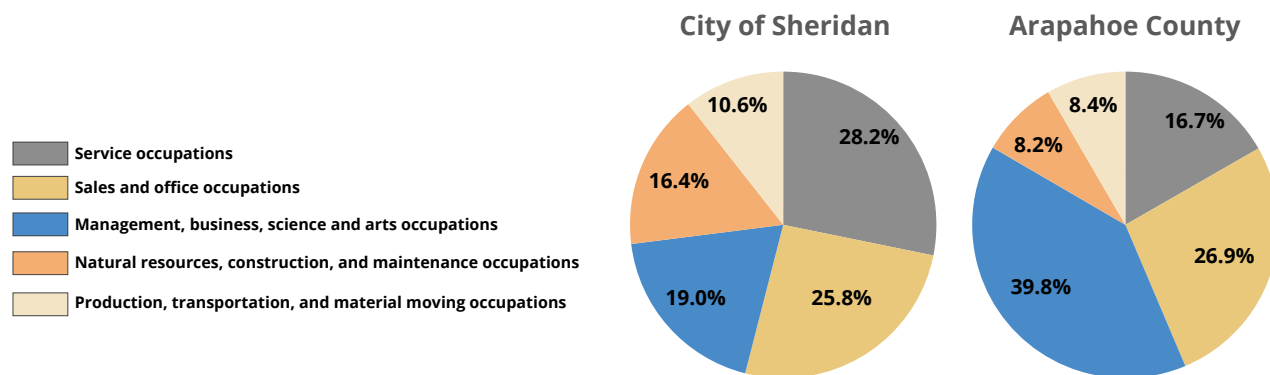


Table 2. Top employers, City of Sheridan, 2013

Rank	Business	Employees
1	Sheridan School District	298
2	Frontier Mechanical Inc.	179
3	Costco	179
4	Target	166
5	Texas Roadhouse	155
6	Weather Sure Systems, Inc.	126
7	Keesen Landscape	108
8	Quality Minerals	105
9	Arborscape	73
10	Omni-X USA	73
11	City of Sheridan	67
12	Kloppenbergl LLC	62
13	Chili's Grill and Bar	59
14	Golden Corral	57
15	Red and Jerry's	51

Source: Sales tax revenue for 2013 by business and Sheridan neighborhood

Table 3. Sheridan residents' median annual earnings by occupation past 12 months, for civilian employed population 16 years and over

Occupation	Per Year
Service occupations	\$12,708
Sales and office occupations	\$25,625
Management, business, science and arts occupations	\$43,987
Natural resources, construction, and maintenance occupations	\$35,093
Production, transportation, and material moving occupations	\$23,947

Source: American Community Survey, 2009-2013

Other existing conditions in Sheridan that may contribute to the employment outlook of residents are levels of education of adult residents and vehicle ownership. Sheridan shows gaps in higher education when compared to Arapahoe County and Colorado. Approximately 60% of Sheridan residents' highest level of education is high school or less (Table 4).⁸ Sheridan has a similar percentage as Arapahoe County and Colorado for residents who obtain some college and an Associate's degree suggesting interest in higher education. Yet, Sheridan has much lower rates for obtaining Bachelor's degrees. Lack of education is an established barrier to gaining steady employment.²⁵ Lack of vehicle ownership can also limit employment, whereby 14% of Sheridan residents do not have a vehicle available compared to 6% for both Arapahoe County and the State of Colorado.⁸ Most Sheridan residents have to commute to other communities for work, and it takes an average of one hour a day roundtrip.⁸ Having to commute to work may be particularly difficult for some residents because they do not have a vehicle and must rely on other forms of transportation, which may cost more, thus lessening the amount of income that can be spent on health-promoting activities and health care.

Table 4. Educational Attainment, population 25 years and over, City of Sheridan, Arapahoe County and Colorado

Educational Attainment	City of Sheridan	Arapahoe County	State of Colorado
Less than High School	23.2%	8.6%	9.8%
High School Diploma	35.6%	20.9%	22.1%
Some college, no degree	20.9%	23.2%	22.8%
Associate’s degree	9.6%	8.4%	8.2%
Bachelor’s degree	6.6%	25.3%	23.6%
Graduate/Professional degree	4.1%	13.5%	13.4%

Source: American Community Survey, 2009-2013

Both unemployment and lower income are correlated with and are a contributing factor to a variety of adverse health outcomes. In Colorado, the Colorado Health Institute found that children living below the poverty level are approximately six times as likely to be obese compared to children living in households with incomes above 400 percent of the federal poverty level.¹⁴ Unemployment has been linked to several indicator variables of mental health including distress, depression, anxiety, psychosomatic symptoms, subjective well-being, and self-esteem.²⁶ Similar relationships can be found with substance use/disorders among the unemployed.²⁷ Unemployment can also extend to impact neighborhood disorder and instability, including levels of violent crime.²⁸


A regular living wage is critical in meeting the needs of residents and plays an important role in a person’s health. In contrast to a minimum wage, a living wage is an “hourly rate that an individual must earn to support their family,” assuming that an individual works 2080 hours per year.²⁹ It is the wage needed to meet a family’s basic needs, such as food, shelter, clothing, transportation, and child care.³⁰ As the number of dependents increases, the living wage required to support those dependents also increases. For example, in Arapahoe County, the living wage for a single adult household is \$10.65 per hour and for a household of one adult and two children is \$28.48 (Table 5).²⁹ Thus, if a single adult without children in Arapahoe County currently works full-time at a job that pays minimum wage, which is \$7.78 in Colorado, the minimum wage will not generate enough income to support this adult’s basic expenses. And almost a third of Sheridan residents (28%) work in service occupations where the median earnings are an estimated \$12,708 per year⁸ or about \$6.11 per hour assuming 2080 hours of work per year. According to calculations from researchers at the Massachusetts Institute of Technology, this single adult needs to earn \$10.65 per hour to meet his/her basic expenses.

Table 5. Living Wage for Arapahoe County

Size of Household	Living Wage (\$/hr)	Minimum Wage (\$/hr)
1 Adult	\$10.65	\$7.78
1 Adult, 1 Child	\$23.95†	\$7.78
1 Adult, 2 Children	\$28.48†	\$7.78
2 Adults (one working), 1 Child	\$21.65	\$7.78
2 Adults (one working), 2 Children	\$23.87	\$7.78

Source: Living Wage Calculator, MIT, 2015

† The living wage 1 adult with children is higher than the living wage for 2 adults (only one working) with children, because when there is only 1 adult in the family, child care is required and factored in to the living wage estimate.



The ability to earn a living wage is linked to health because our income has a significant impact on our ability to buy necessary medications when we are sick, time for and access to recreational activities to stay physically active, time and means for social participation to improve our mental health, and resources to consume healthy food. Since health challenges are most significant for those with the lowest income in a community, connecting people to good jobs can lead to better health outcomes.

Food Access

What we learned about food access

The CANDO group identified food access and affordability as important issues for Sheridan residents. One out of four HIA Community Survey respondents indicated that affordable fresh fruits and vegetables were somewhat or very unavailable in their neighborhood. Analysis of existing conditions in Sheridan suggests that there are potential challenges for some residents to access food retail due to a combination of lower-incomes, lack of a vehicle, and no grocery store or supermarket within one mile.³¹ Approximately half (20) of retail food outlets (restaurants, convenience stores, supermarkets) in Sheridan were located in the River Point neighborhood, a large-scale commercial development, and the remainder were not distributed evenly.³²

In Colorado, it has been found that the prevalence of food insecurity in children increases with increased poverty, and that two-thirds (67.8%) of children living at 100% poverty are food insecure.³³ In Sheridan, 60% of all children under the age of 18 live at 100% poverty level;⁸ based on the results obtained for Colorado, it is expected that two-thirds of those children are food insecure. This means that more than 500 children under the age of 18 in Sheridan are food insecure. To help with food insecurity, approximately 27% of Sheridan households received assistance from the Supplemental Nutrition Assistance Program (SNAP) in the past 12 months, compared to 6.5% in Arapahoe County or 7.3% in the State of Colorado.⁸ In addition, the Sheridan Food Bank was established in 2014 and distributed enough food to feed 672 households from June 2014 to December 2014 (households are limited to two visits per month).³⁴ The Sheridan School District and the Sheridan Recreation Center also offer free meal programs to children in Sheridan during the school year and summer.

The review of Sheridan's existing zoning regulations shows that many land uses that provide access to healthy food options – like farmer's markets, fresh produce stands and carts, and community gardens – are not explicitly allowed in Sheridan and may need to request special permission from the City of Sheridan to operate. The growing of vegetables and fruits, other than in a backyard garden, is only allowed in the Flood Plain Overlay area. Farmer's markets and community gardens are also land uses that have been used to improve both healthy food intake and social cohesion. One study found new farmer's markets could lower produce prices in an area due to increased competition,³⁵ and farmer's markets that accept SNAP benefits could also help increase food access for low-income residents.

According to the Food Action and Resource Center, "food insecure and low income people are especially vulnerable to obesity."³⁶ This is due to a combination of factors, some of which we are all faced with such as a more sedentary lifestyle or larger food portions, and others that are unique such as lack of access to affordable healthy foods.³⁶ Accessing affordable and nutritious food may be more difficult in some neighborhoods if residents need to travel long distances to purchase food, do not have access to transportation, or local retail stores do not adequately stock healthy food options.³⁷ Living closer to healthy food retail is among the factors associated with better eating habits,³⁸ and research shows that access to healthy food has impacts on the risk of obesity or being overweight as measured by fruit and vegetable consumption and body mass index (BMI). Research consistently shows that dietary intake is also linked to socioeconomic status, with lower socioeconomic groups



more likely to have nutritional deficits,^{39,40} and low-income neighborhoods having the poorest access to supermarkets⁴⁰ as well as being less likely than high-income communities to specifically permit non-store food outlets, such as farmers' markets or community gardens.⁴¹

An inventory of all known food retail outlets in Sheridan was collected using 2015 data. In total there were 38 outlets where food could be purchased, ranging from drive-through restaurants and convenience stores to full-scale grocery stores. The number and type of food retail outlets are displayed in Table 6. Approximately half (20 outlets) of the food outlets were located in the River Point neighborhood (approx. 96 residents), a large-scale commercial development located in the

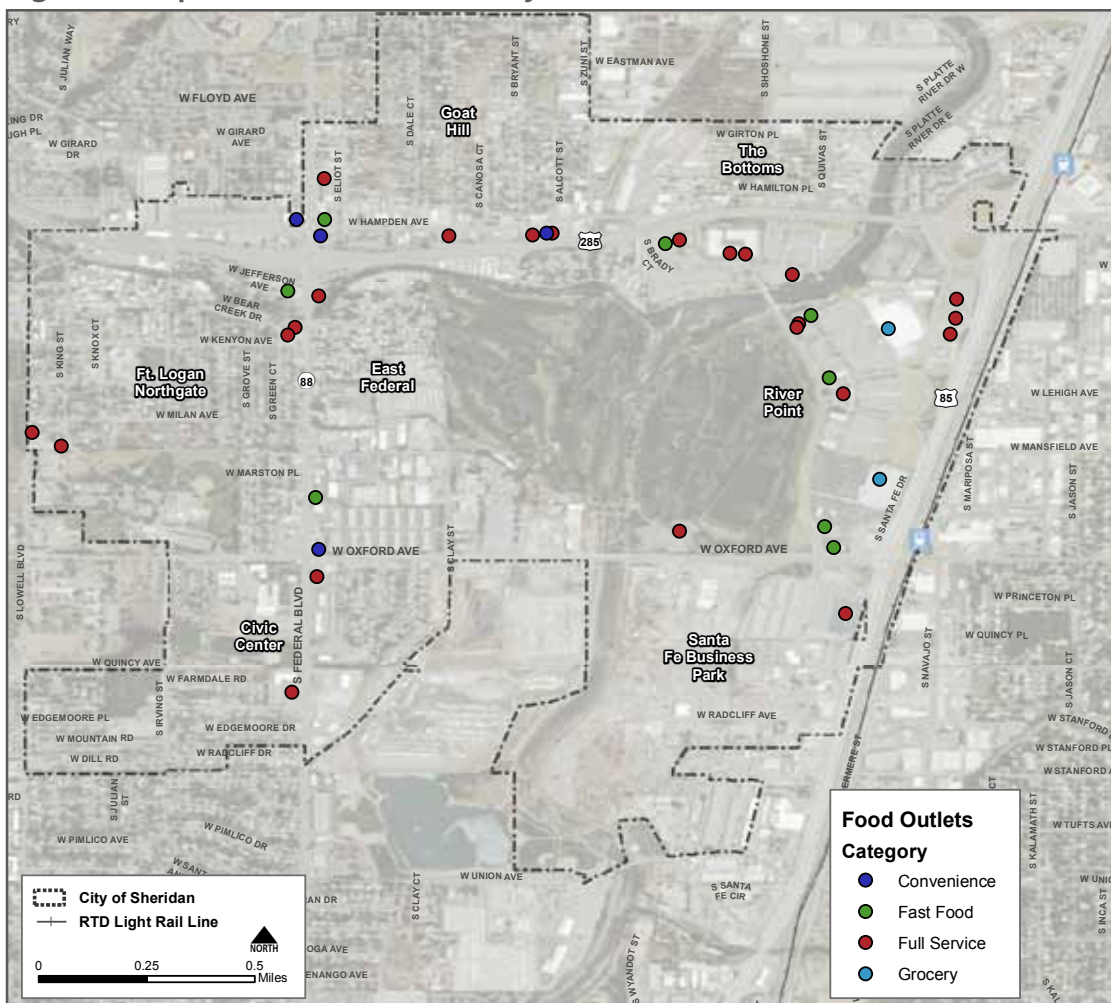
Table 6. Number and type of food retail outlets, City of Sheridan, 2015


Type of Food Retail Outlets	Number
Fast food restaurant*	8
Full-service restaurant	24
Convenience store	4
Grocery store	2

Source: Tri-County Health Department, Food Outlets Inventory

*The Behavioral Risk Factor Surveillance System defines a fast food restaurant as a restaurant where you pay for your food at a counter or drive thru, before you eat it.

Figure 6. Map of food outlets in the City of Sheridan, 2015





east section of the City. No food outlets currently exist in The Goat Hill neighborhood (approx. 1,096 residents). Figure 6 shows the locations of the food outlets. The inventory suggests that food options may be impacted by where residents live in Sheridan, and/or limited for areas where much of the City's population lives.

While access to healthy food is a critical component to increasing the intake of healthy foods, research suggests that strategies aimed at changing individual diets will likely also need to include healthy food education and promotion.⁴² Many organizations in the Sheridan community currently provide educational resources on healthy eating including materials on healthful foods, shopping tips and cooking classes.

Neighborhood Stability

What we learned about neighborhood stability

Research has shown that the neighborhood in which people reside can influence behavior and health. Perceptions of violence have been linked to decreased physical activity whereas feelings of safety such as feeling safe in the home and while walking alone at night have been linked to increased physical activity.⁴³ Neighborhood physical environments have also been found to influence adults' readiness to encourage children's use of local playgrounds.⁴⁴ Crumbling sidewalks, or vandalism in a neighborhood may discourage older adults from walking, while perceptions of social cohesion (feeling socially connected to others in the neighborhood), may increase walking.⁴⁵

The HIA team administered the HIA community survey to collect information from residents about their neighborhood. The community members identified positive and negative aspects about living in Sheridan. The majority of HIA Community Survey respondents felt some social connection to others in the neighborhood as shown by their agreement with the following statements on the Community Survey: "This is a close-knit neighborhood where people care about each other and are friendly with each other" (76.3% agreed), "People around here are willing to help their neighbors" (66.7% agreed), and "People in this neighborhood can be trusted" (59.4% agreed). The number one reason people moved to Sheridan originally was for affordable housing (English speakers) or access to schools (Spanish speakers). To see the complete results of the HIA Community Survey go to Appendix A.

There were, however, concerns voiced. Property maintenance, transient populations (undocumented immigrants, high turnover in housing), graffiti, homeless children, domestic violence, and absentee landlords were brought up as issues by stakeholders. "Litter and trash in the streets" and "houses and yards not kept up" were identified as a problem by half or more of HIA Community Survey respondents.

Data from the Sheridan Police Department showed that there are issues with code violations. Several multi-family housing units had multiple code violations from 2011-2013. During that same time period, the code enforcement officer had 108 reports of abandoned vehicles on a total of 89 properties (as indicated by the street address). For properties that had two or more reports, it cannot be determined whether there were two different vehicles or two reports of the same vehicle. In addition, there was an average of 81 incidents of vandalism and 38 incidents of graffiti each year. Compared with neighboring communities of Englewood and Littleton, Sheridan had a higher rate of disorderly conduct arrests from 2011-2013.⁴⁶

The HIA Community Survey also asked residents about the types of housing they would like to see more of in Sheridan. Several respondents mentioned housing for elderly residents and affordable

housing for low-income families, as indicated by the following comments on the survey:

- “Not enough housing for everyone to live in”
- “Low income”
- “Sheridan is too small, need low income housing”
- “More senior citizen housing”
- “Having affordable housing for low-income families”
- “Elderly housing”

Some families in Sheridan do not have any permanent housing. Approximately 10% or 150 students attending Sheridan School district every year are homeless,⁴⁷ and as such are at risk for experiencing adverse health outcomes. Research shows that children experiencing homelessness are sick four times more often than other children, are more likely to have asthma, and be undernourished. They

Table 7. Owner-occupied versus renter-occupied housing units by select demographics and economic indicators, City of Sheridan

Indicator	Owner-occupied	Renter-occupied
Number of occupied housing units	1,152	1,067
Percent of total occupied housing units	52%	48%
Race and Hispanic or Latino origin of Householder		
One race --		
White	87.9%	60.8%
Black or African American	1.7%	10.9%
American Indian and Alaska Native	3.2%	4.6%
Asian	0.0%	2.6%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%
Some other race	4.9%	21.1%
Two or more races	2.3%	0.0%
Hispanic or Latino origin	20.1%	47.0%
Age of Householder		
Under 35 years	12.5%	49.4%
35 to 85 years +	87.5%	50.6%
Year Householder Moved Into Unit		
Moved in 2010 or later	9.5%	45.1%
Moved in 2000 to 2009	36.0%	48.5%
Moved in prior to 2000	54.5%	6.4%
Household Income in the Past 12 Months (In 2013 inflation-adjusted dollars)		
Less than \$20,000	14.9%	44.4%
Median Household Income (dollars)	\$39,762	\$23,750
Median Monthly Housing Costs (dollars)	779	910
Monthly housing costs 30% or more of household income in the past 12 months	21.4%	55.1%

Source: American Community Survey, 2009-2013

also have higher rates of emotional and behavioral problems than children who are not homeless.⁴⁸

For Sheridan residents who do have permanent housing, housing tenure is almost evenly split between owner-occupied and renter-occupied. Data from the American Community Survey (Table 7) show that Sheridan residents who live in renter-occupied units are more likely to be lower income, Hispanic, and of a minority race compared to those who live in owner-occupied units. In almost half (44%) of the renter-occupied units in Sheridan, the household income is less than \$20,000. On average, the monthly housing costs are higher for renter-occupied units (\$910) than owner-occupied units (\$779). Over half of Sheridan households (55.1%) that rented their housing unit spent 30% or more of their household income in the past 12 months on housing costs.⁸ “Families who pay more than 30 percent of their income for housing are considered cost burdened and may have difficulty affording necessities such as food, clothing, transportation and medical care.”⁴⁹ Affordable housing improves health by freeing up resources that can be used for healthcare and nutritious food, and by reducing stress.⁵⁰

The Urban Land Institute states that having a range of good quality housing available at different prices is not just beneficial for those living in poverty, but benefits everyone in the city because as circumstances and income change, residents are able to move to different homes within the same city.⁵¹ At some point in life, almost everyone may need access to good quality affordable housing, whether that is as a young person in an entry-level job or as an older adult on a fixed income. Other members of the community that may benefit from affordable housing are public sector professionals such as teachers, firemen, and police officers; service sector workers such as medical assistants and food service workers; and recent immigrants.⁵² One of the concerns about affordable housing is that it may drive down property values, but it is reported that many studies have demonstrated that is not the case; affordable housing does not adversely affect property values, and may in some cases improve property values. Affordable homes are not “cheap” homes, they are good quality homes that must comply with the same building restrictions and design standards as market-rate homes. In addition, multi-family affordable housing units have a significantly higher effective tax rate than single family homes, thus contributing to the local tax base.^{53,54}

To inform current local policy makers about the types of choices they have in addressing housing problems in their communities, analysts at the Brookings Institution Center on Urban and Metropolitan Policy, and The Urban Institute, performed an extensive literature review of research looking at the overall performance of federal and local housing approaches during the past 70 years. From their research, they concluded that an effective housing policy does not simply increase the number of affordable housing units, but rather “supports and promotes healthy families and communities” by having a broader perspective as depicted by the seven goals listed below. The analysts further state that “although not all housing programs can meet all seven housing objectives simultaneously, this list enables state and local leaders to better align the community outcomes they want to achieve with the housing policy approaches they adopt.”⁵⁵

“Having a safe, decent and affordable place to live allows people to put down roots and communities to grow strong. It also gives homeowners and renters alike the stability to keep their children in school, anticipate financial expenses and get to know their neighbors.” NeighborWorks® America⁵⁶



Table 8. Brookings Institution Center on Urban and Metropolitan Policy, and The Urban Institute recommended goals of an effective housing policy, with suggestions for accomplishing each goal⁵⁵

1	Preserve and expand the supply of good-quality housing units - This goal can be accomplished by building new housing units, and/or improving substandard units, and/or preventing the deterioration and loss of existing affordable units. To help maintain the quality of homes, owners and managers must have the resources and capacity to manage effectively.
2	Make existing housing more affordable and more readily available - Consider programs that help supplement what families can afford to pay for rent, provide down payment assistance for first time buyers, or help underserved families search for housing.
3	Promote racial and economic diversity in residential neighborhoods - Locate affordable homes in residential neighborhoods so that the residents have access to social, educational, and economic opportunities and avoid clustering affordable homes in poor or distressed neighborhoods.
4	Help households build wealth - In the United States, home ownership is the primary method for accumulating wealth. Affordable housing policies that promote home ownership (when home ownership is feasible) for the underserved not only provides a home, but helps households accumulate wealth as well. Home ownership is not possible for everyone; for low-income families, increase family incomes by enhancing access to and use of such federal investments such as earned income tax credit (EITC), nutrition assistance, health care, child care, and Supplemental Nutrition Assistance Program (SNAP).
5	Strengthen families - Effective housing policies protect health by eliminating exposure to hazardous substances (such as lead-based paint), and should encourage family stability and income growth by not enacting eligibility rules or rent policies that could harm the family or penalize them for working and/or income growth (for example).
6	Link housing with essential supportive services - Some low income households may have special needs such as accessibility, meal assistance, or social-service assistance with finding other resources, thus it is important to have programs that link affordable housing with supportive services.
7	Promote balanced metropolitan growth - ..."housing policies determine where affordable housing is located, how well it is maintained and preserved, and where new housing (in all price ranges) is built. Housing policy fails if it contributes to the decline of older, inner-city neighborhoods or if it does not create housing opportunities near centers of job growth. Thus, an effective housing policy should promote balanced metropolitan growth that strengthens existing neighborhoods and ensures that affordable housing is available throughout a metropolitan area." ⁵⁵

Physical Activity

What we learned about physical activity

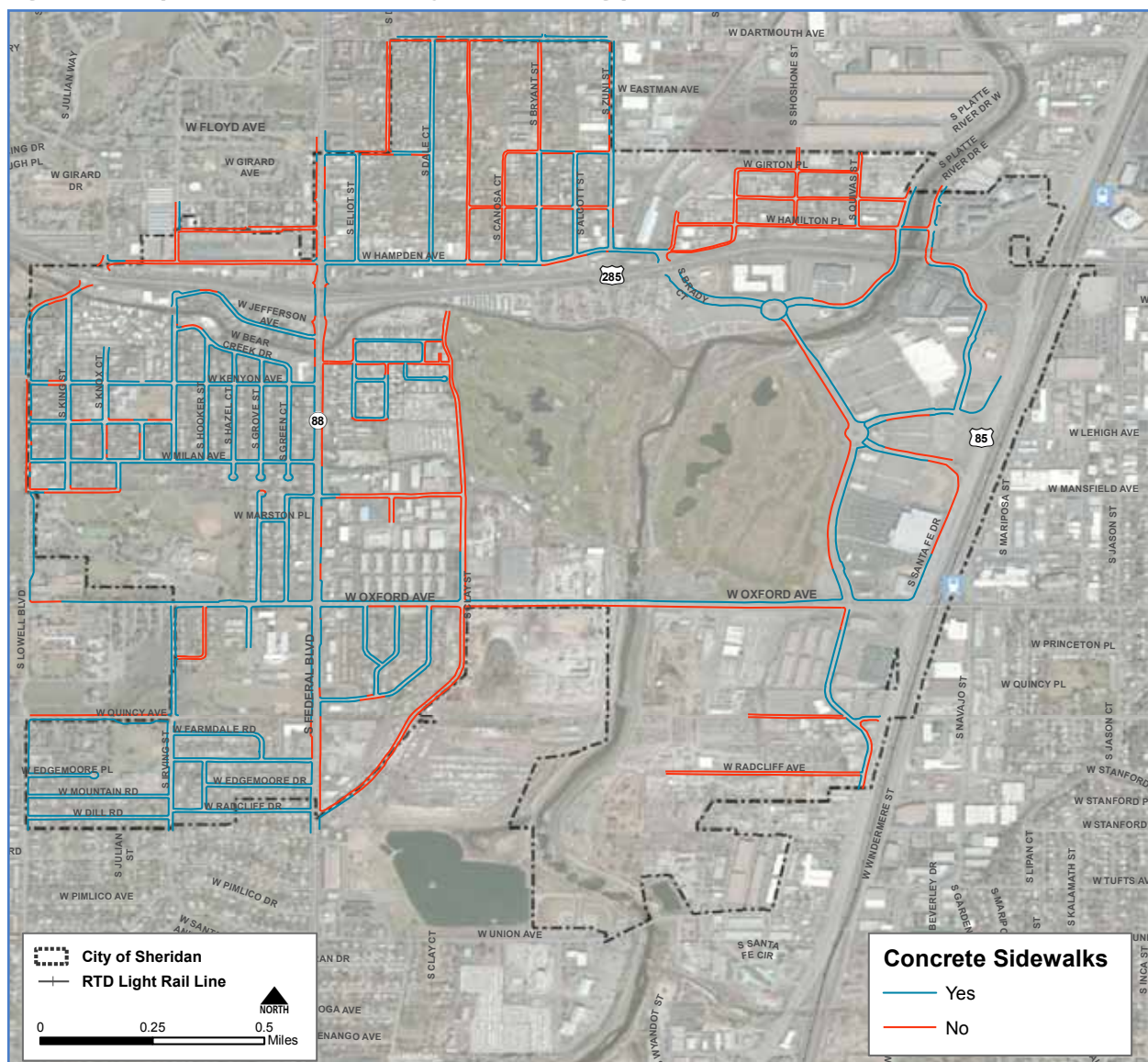
Building physical activity into one’s daily routine is important for health. For adults, physical activity can help manage weight, and lower the risk of coronary heart disease, stroke, high blood pressure, Type 2 diabetes, breast and colon cancer, falls, and depression. Physical activity also has benefits for children: it can improve bone health, improve cardiorespiratory and muscular fitness, and decrease levels of body fat.⁵⁷ Many factors play a role in whether the environment is conducive to physical activity such as adequate infrastructure (e.g., sidewalks), ease of travel between two destinations, safety, availability of public transit, and access to recreational activities/programs.


Sheridan residents are interested in getting physical activity, and the majority of HIA Community Survey respondents rated their neighborhood at least “somewhat pleasant” as a place to walk or ride their bike. More than 40% of the respondents (42.7%) reported walking or riding their bike in their

neighborhood at least twice a week, however, one-in-five (20%) said they never walked or rode in their neighborhood for leisure or as a way to get to their destination. Census data showed that Sheridan residents are not using a bicycle to commute to work.⁸ According to Sheridan's recent Colorado Safe Routes to School application, approximately one-third of the students walk to school, but no one bicycles to school. In addition, less than half of the students (48%) in Sheridan Schools were meeting the physical activity guidelines of being physically active for a total of at least 60 minutes per day on five or more of the past seven days in 2010.⁵⁸

There are barriers to walking or bicycling in Sheridan including: limited sidewalks or sidewalks in disrepair, lighting, and safety concerns. Research indicates that street and trail connectivity (the directness or ease of travel between two points) is a neighborhood characteristic necessary for active transportation, namely walking and biking, and is a primary factor that influences the choice to use motorized or non-motorized transportation.⁵⁹ The City initiated a study in 2011 to assess the critical missing links to the pedestrian and bicycle crossings across major roadways and started to make new investments to improve connectivity. Currently, many stakeholders identified difficulty navigating the

Figure 7. Map of sidewalk inventory documenting presence/absence of concrete sidewalks, 2015





area north of Oxford Avenue in and around the Sheridan Recreation Center and Sheridan High School, noting that physical barriers like fences and unmarked pathways prevent good connectivity.

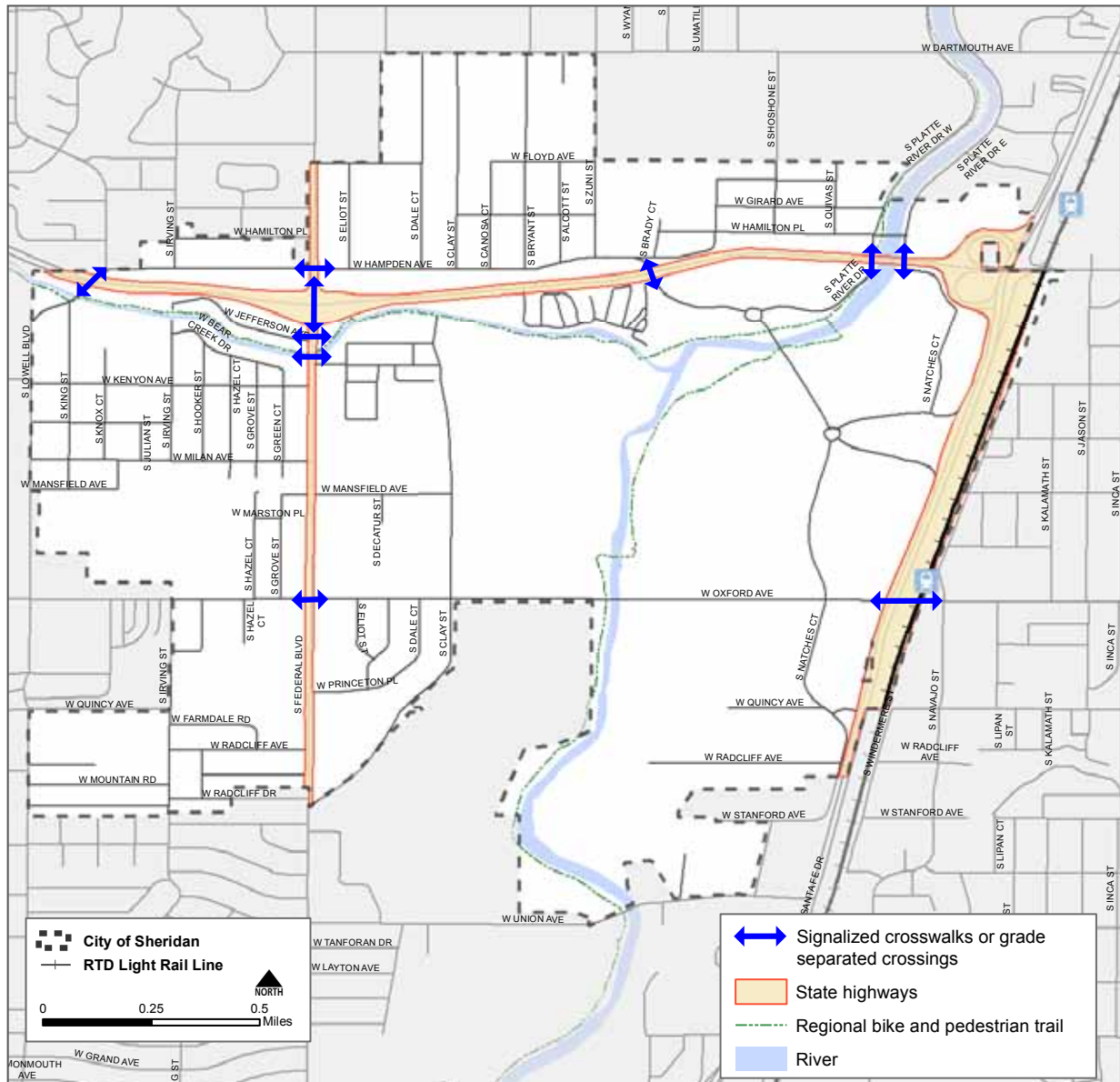
Sidewalks are important for promoting physical activity. A 2006 study of adults in the Southeastern United States found that the number of residents who met the physical activity guidelines was 15 percent higher in communities with sidewalks.⁶⁰ Sheridan school officials indicated that the main reason that students do not walk to school is parents' concerns about limited sidewalks and poor lighting (Stakeholder Interview). The Pedestrian Assessments and the Sidewalk Inventory illustrated that sidewalks in Sheridan are in need of repair and upgrading in order to encourage walking in neighborhoods. Figure 7 illustrates where sidewalks exist in Sheridan. An initial analysis showed that over 60% of the block faces in Sheridan had a sidewalk and in some neighborhoods the percentage was even higher. However, respondents on the pedestrian and bicycle assessment also indicated that sidewalks were a problem. When asked, "what keeps this neighborhood from being a safe place to walk and ride a bicycle?" the top response provided by participants was "No sidewalks or paths to walk on," which was selected for 25% of the blocks. In addition, the quality of the sidewalk was commented upon for several blocks, and included in part: "bad sidewalk," "missing," "sidewalk is rough, broken, cracked," and "Felt sidewalk was too close to very fast moving cars, noisy." It is important to note that older adults are especially vulnerable to poor sidewalk conditions and are at increased risk for falling.⁶¹

Safety of pedestrians and bicyclists is also a concern among Sheridan residents and stakeholders. The severity of pedestrian injuries increases when vehicles are traveling at higher speeds.⁶² A study conducted in Florida looked at the factors within the roadway that significantly influence the pedestrian's feeling of safety and found that vehicle volume, vehicle speed, and the design of the roadway such as the lateral separation between cars and pedestrians has a strong impact on pedestrian perception of safety.⁶³

Three state highways with high traffic volumes transect Sheridan – South Santa Fe Drive, West Hampden Avenue and South Federal Boulevard. Figure 8 shows the location of the three state highways in Sheridan and the location of signalized or grade-separated crossings across the state highways. These roads have high volumes of vehicles including high volume of truck traffic and high speeds, creating a significant barrier for pedestrians or bicyclists. From 2009-2013, eight crashes involving pedestrians (1 fatal, and 5 resulting in injury) and seven crashes involving bicycles (3 resulting in injury) occurred along the state highways. The majority of the pedestrian crashes occurred during limited lighting conditions. All of the bicycle crashes were intersection related.⁶⁴ The school district expressed significant concerns about pedestrian safety around schools and recently started a program that installs a camera on school buses to document other vehicular behavior around the schools and report incidents to the Sheridan Police Department.

Another way to build physical activity into the day is walking to and from public transportation. Studies have shown that it can help physically inactive populations, especially low-income and minority groups, attain the recommended level of daily physical activity. Increased access to public transit may help promote and maintain active lifestyles.⁶⁵ Approximately 7.4% of Sheridan workers commute to their jobs on public transit compared to 4.7% for Arapahoe County and 3.2% for the state of Colorado (Table 9).⁸ Sheridan is within the service area for the Regional Transportation District (RTD) and is served by bus routes on major streets, namely routes 51, 29, 36/36L and the C and D rail lines along the Southeast Corridor (Figure 9). There is a light rail station at the border of Sheridan and Englewood (Oxford – City of Sheridan Station), but the station is more than a mile from the majority of Sheridan residents who live in the Ft. Logan Northgate and Civic Center neighborhoods. Figure 9 illustrates the RTD service in Sheridan.⁴

Figure 8. Map of state highways in Sheridan and locations of signalized crosswalks or grade separated crossings, 2015



While walking may be an optional recreational activity for some, many residents in this community may have to rely on alternative methods of transportation such as biking and walking or transit to get where they need to go. Approximately 25% of the residents in the community are younger than 18 years of age, and 15% of residents are age 65 or older, age groups who do not drive or are less likely to drive. Sheridan residents are also less likely to have a vehicle available, approximately 14% of Sheridan residents compared to 6% for both Arapahoe County and the State of Colorado.⁸ Providing connected and safe infrastructure is particularly important for this group of individuals.

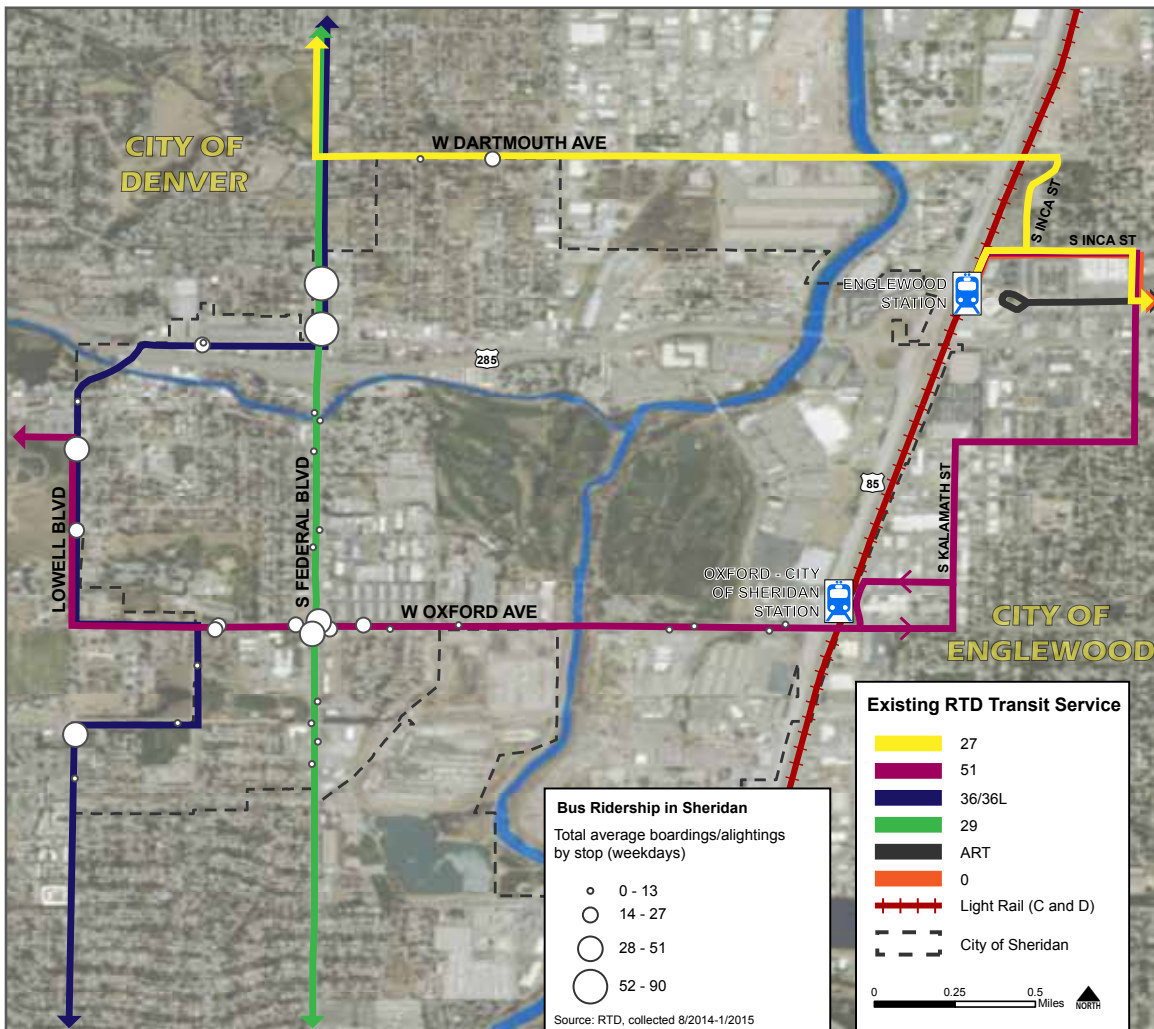
Physical activity can also be added through recreational activities and programs. Stakeholders identified the Sheridan Recreation Center, a facility of the South Suburban Parks and Recreation District, as an important resource for recreation. However, according to stakeholders, recreation center programming is not well-attended and the scholarship program is underutilized. Based on an



Table 9. Commute to work for employed population 16 years and over, City of Sheridan, Arapahoe County and Colorado

	City of Sheridan (n=2,250)	Arapahoe County (n=291,451)	State of Colorado (n=2,494,794)
Method for commuting to work			
Car, Truck, or Van - Drove alone	70.6%	78.1%	74.8%
Car, Truck, or Van - Carpooled	9.4%	8.7%	9.9%
Public Transit	7.4%	4.7%	3.2%
Motorcycle	0.71%	0.26%	0.27%
Bicycle	0.0%	0.42%	1.31%
Walked	6.3%	1.6%	3.1%
Other Means (incl. taxi)	1.4%	1.5%	2.5%
Work at Home	4.8%	5.4%	6.6%
% No Vehicles Available for Use	13.8%	5.6%	5.7%
Travel Time to Work (minutes)	26.7	26.9	24.5

Source: American Community Survey, 2009-2013

Figure 9. Map of existing transit service, 2015





initial analysis of existing publicly-owned park space in the community, it is clear that not all public park resources are the same in each neighborhood. As mentioned above, poor pedestrian and bicycle infrastructure and safety concerns, especially along the three state highways, make it difficult for residents to access parks on foot or bike. Research supports that residents who live in close proximity to accessible parks get more exercise than residents who do not have good access to parks. Research has shown that cost can be a barrier for accessing recreation for lower-income groups.⁶⁶ A regional golf course and the Mary Carter Greenway Trail (along the South Platte River) are located in relatively close proximity to Sheridan residences. However, cost and safe accessibility are factors for Sheridan residents' use of these facilities.

One approach to increasing access for residents to safe places to be physically active is by opening up facilities at schools and sports complexes to the public. Several facilities exist in Sheridan that provide opportunities for physical activity but are not owned and operated by the City of Sheridan. In order to increase access to recreation options for community members, it may be beneficial to explore a shared use or joint use approach where entities who have recreational resources work together to provide better access to community residents. Utilizing a shared use approach to recreation facilities across multiple institutions in a community can increase access to recreation and save money across local government entities and schools.⁶⁷

Air and Water Quality

What we learned about air and water quality

Air Quality

Residents in Sheridan have expressed concerns about air quality in the community. According to the HIA Community Survey, the second most frequent response to the question, "What would make this neighborhood a safer place to walk and ride a bike?" was "Cleaner air from cars or lots of trash" and was selected by 19.4% of respondents. Members of the CANDO group expressed that the air in Sheridan often does not look clean because of the haze that they see.

Most hazardous air pollutants originate from human-made sources that fall into three main categories – stationary sources including factories or power plants, mobile sources including cars and trucks, and indoor sources including building materials and cleaning solvents. There are six criteria air pollutants – ozone, nitrogen oxide (NOx), particulate matter (PM), sulfur dioxide, lead, and carbon monoxide. Exposure to these pollutants may put people at risk of a range of health effects. For many of these pollutants the risk of exposure is greater for younger people, older people and people with existing respiratory conditions. Sheridan is in the Denver non-attainment area, meaning that the Denver region is currently not meeting the ground-level ozone standards set forth by the Federal government in 2008.⁶⁸ High levels of particulate matter in the air may not be directly harmful to health but can contribute to existing respiratory issues for vulnerable groups.⁶⁹ Windblown dust and wildfires can also affect the air quality in the dry Colorado climate.

Pollutants directly emitted from cars, trucks and other motor vehicles are found in higher concentrations near major roads.⁶⁹ Several peer-reviewed studies show that the greatest impact on air quality along high-traffic corridors is within the first 300-500 meters from the source.^{69,70} Sheridan has three high traffic state highways that run through or border the city – Federal Boulevard (SH-88), South Santa Fe Drive (US 85), and West Hampden Avenue (US 285).

In 2013, the estimated annual average daily traffic (AADT) on Federal Boulevard for the sections that run through Sheridan was between 22,000-26,000 vehicles; on Santa Fe Drive, 66,000–69,000 vehicles;

and on Hampden Avenue, 65,000 vehicles. In addition, there is a significant amount of truck traffic on these roadways. On Federal Boulevard, the estimated daily truck traffic averaged more than 1000 trucks per day in 2013. Hampden Ave. and Santa Fe Dr. have even greater volumes of truck traffic.⁷¹ Per vehicle, heavy-duty diesel trucks can emit more of certain pollutants (e.g., NOx and PM) and contribute disproportionately to the emissions from all motor vehicles.⁷² For a relatively small geographic area, Sheridan has several major roadways running through or adjacent to the community. Compared to other state highways in the Denver metro area, the three state highways in Sheridan carry comparable or a higher percentage of AADT that is off peak truck traffic. Table 10 shows the AADT for trucks and total vehicles on the three state highways that are in Sheridan compared to other state highways in the Denver metro area.⁷¹

Table 10. Annual Average Daily Traffic (AADT) for all vehicles and trucks along State Highways

State Highway / Roadway	Vicinity of traffic counting	Truck AADT	Total AADT	Percent of AADT (off peak) that is truck traffic
Hampden Avenue (US 285)	City of Sheridan	1,520	65,000	2.4%
Wadsworth Blvd (SH-121)	North of Jewell, Lakewood	1,270	44,000	2.9%
Colfax Avenue (SH-40)	East of Lincoln St., Denver	830	23,000	3.6%
6 th Avenue (SH-6)	East of Indiana St., Lakewood	2,700	64,000	4.2%
Colorado Boulevard (SH-2)	Commerce City, Northeast of 72nd Ave.	390	9,000	4.3%
Federal Boulevard (SH-88)	City of Sheridan	1,023	22,000 - 26,000	4.3%
Santa Fe Drive (US 85)	City of Sheridan	5,250	66,000 - 69,000	7.8%

Source: CDOT - Online Transportation Information System

Federal and state regulations and permitting processes help to monitor and mitigate the impacts of air pollution sources on air quality in the Denver region. At the federal level, the Environmental Protection Agency (EPA) is charged with setting standards for all major sources of air pollutants.⁷³ The State of Colorado plays a role in the permitting and enforcement activities for businesses who have the potential to emit air pollutants.⁷⁴ At a regional level, the Regional Air Quality Council (RAQC), a cross-jurisdictional entity, is charged with developing air quality plans to meet federally- and state-mandated air quality standards that include options for reducing emissions from vehicles, reducing vehicle miles traveled and other measures that yield emission reductions from the transportation sector.⁷⁵

One well-researched measure to improve air quality is the planting of deciduous trees. Urban trees can have an impact on summertime temperature reduction, removal of air pollutants, decreased emissions of volatile organic compounds and increased energy efficiency in buildings.⁷⁶ Certain deciduous trees such as Ash, Apple, Birch, Hawthorne, Hackberry, Maple, Pear, and Peach trees scrub pollution through a process called leaf stomata.^{76,77} The size of the trees is also a factor. Larger more mature trees have a greater impact.⁷⁶ Many cities have set tree planting metrics and ordinances to protect mature trees to address air quality.

Water Quality

Stakeholders in the community expressed concerns about past flooding in the community and the




ability of the existing stormwater facilities in Sheridan to handle future high water events. Several community members noted specific locations in the City where water collects during heavy rainfall and identified failing infrastructure as a problem in the City. The City of Sheridan has made many improvements in the stormwater system since the last update to the Comprehensive Plan in 2004 and recognizes the remaining needs in the City. The City adopted a Capital Improvements plan in 2014 to identify and prioritize street and utility improvements in order to guide future infrastructure investments.

Bear Creek, a 42-mile tributary of the South Platte River, is one of the major waterways that flows through the City of Sheridan. A recent monitoring study in Lower Bear Creek showed high levels of E. coli in areas in and near Sheridan.⁷⁸ Poor water quality has been linked to health issues for people recreating in water⁷⁹ and as a result of high levels of E.coli, Bear Creek is considered “impaired” for recreational use. Groundwork Denver, a non-profit organization, is leading an effort to develop and adopt a watershed plan for Bear Creek to work toward improving water quality. The Watershed Plan is currently under review with the Colorado Department of Public Health and Environment and planned to be released in 2015.⁷⁸

Stormwater, the accumulation of precipitation that flows across land, is of great importance to the community health and, specifically, the health of nearby waterways. The manner in which stormwater is collected and conveyed can improve water quality. Groups like the EPA and Urban Drainage and Flood Control District are promoting a more natural approach to managing stormwater. Low Impact Development (LID) is a land development practice that treats stormwater as a resource rather than a waste product.⁸⁰ This is especially applicable in Colorado’s arid climate where water is a precious commodity. LID is often referred to as “green infrastructure.” Green infrastructure is generally referred to as “systems and practices that use or mimic natural processes to infiltrate, evapotranspire (the return of water to the atmosphere either through evaporation or by plants), or reuse stormwater or runoff on the site where it is generated.”⁸⁰ By employing practices that allow rain water to soak into the ground close to where it falls, the water has fewer opportunities to collect pollutants that impair nearby waterways.

Many groups in the Denver region work across jurisdictional boundaries to protect waterways and promote responsible development near watersheds. These groups are often organized based on concern or interest in common waterways or watersheds. Two of these groups that impact Sheridan are the Bear Creek Watershed Association and the South Platte Coalition for Urban River Evaluation.



PREDICTIONS AND RECOMMENDATIONS - WHAT WE CAN DO



PREDICTIONS AND RECOMMENDATIONS - WHAT WE CAN DO

Drawing on what we learned about the health-related topics, the HIA team evaluated the proposed policies in the Sheridan Comprehensive Plan and formulated some predictions of how the proposed Comprehensive Plan will potentially impact the five topic areas. The analysis identified both the potentially positive and negative impacts on health. Based on the findings described in the previous section and the predictions described below, recommendations related to each of the health-related topics were formulated to help inform the decision-making process for the Comprehensive Plan. The primary purpose of the recommendations were to provide guidance to the Sheridan Planning Commission and City Council, the decision-makers for the Sheridan Comprehensive Plan, on how to better incorporate health into the Comprehensive Plan policies. Implementation of the recommendations is likely to include many community organizations and partners.

Economic Opportunity

How the proposed Comprehensive Plan potentially impacts economic opportunity

Economic opportunity and quality of life are intertwined, and a successful economic development strategy purposely leverages new growth and redevelopment to improve the community. Like other areas in a comprehensive plan, a city's approach to economic development should reflect shared values for businesses and residents to work together and proactively maintain a strong economy by creating and retaining desirable jobs, which provide a good standard of living for individuals and improve the overall community well-being.

The proposed Comprehensive Plan addresses general economic development through strategies like business recruitment and attraction, and has the potential to positively impact health. However, a more community-oriented economic development approach may be more likely to positively impact health if it offers tailored goals and objectives that lead to the creation of new jobs for which the Sheridan residents are already qualified and/or can be trained.

Businesses that provide jobs for local residents are a direct way to improve health in the community. The City can add objectives to focus their recruiting efforts on businesses that best match the Sheridan workforce and offer living wages. Research has shown that small firms are the main source of job creation in the U.S. economy,⁸¹ and building an effective support system for small and emerging businesses is an increasingly important effort for job creation. Entrepreneurs can benefit from resources that help them grow or expand new ideas, including assistance programs and partnerships or networking opportunities.

Workforce development is also a key strategy for supporting business development and the Comprehensive Plan can include objectives related to workforce development. Employees (both adults and youth) need training to stay competitive and raise their standard of living through higher-skilled jobs; likewise employers need a trained workforce to be able to expand or relocate their business in Sheridan. Workforce development includes skills development, language courses, or on-the-job training-- programs aimed at addressing skills gaps in the workforce.



What we can do to address economic opportunity in the Sheridan Comprehensive Plan

Economic opportunity is closely linked to health. The proposed Comprehensive Plan has a unique opportunity to provide goals and objectives that will both benefit Sheridan residents and the economic success of the city as a whole. Reaching Sheridan's more vulnerable residents who experience significant barriers to economic opportunity such as lower education levels, language barriers and lower incomes will contribute to a more comprehensive approach to economic development. The following recommendations should be considered:

- Add goals and objectives that promote new small business formation and entrepreneurship.
- Add an objective to the goals related to business recruitment and attraction that specifies recruiting businesses that would benefit vulnerable populations in Sheridan.
 - Match new employers with skills/education of Sheridan residents, encourage local hiring, target specific employers who offer a living wage.
 - Work with existing employers on employment opportunities for Sheridan residents.
 - Promote employment opportunities through existing resources such as the City's and community organizations' communication tools such as advertising employment opportunities on the City's website.
- Add goals to promote workforce development initiatives and programs.
 - Work with area organizations who have business and workforce development programs such as South Metro Chamber and Arapahoe Community College.
- Add a goal to support the collaboration with the school district and other organizations on workforce development initiatives for youth.

Food Access

How the proposed Comprehensive Plan potentially impacts food access

Increasing access to healthy food options is linked to healthy eating among community members. The proposed Comprehensive Plan goals and objectives related to food access include establishing farmers' markets in The Bottoms and Goat Hill neighborhoods and a small grocery store in the Ft. Logan Northgate neighborhood. These efforts could potentially improve health by increasing access to fresh fruits and vegetables, and subsequently individual diet and weight status.

The proposed Comprehensive Plan does not address zoning changes to allow a variety of healthy food land uses in a community. Without revising the zoning ordinance to permit non-store food outlets such as fruit and vegetable stands, mobile food vendors, and farmer's markets, business owners could face a burdensome process to establish operations in Sheridan or a lengthy proposal to change regulations for new business plans. This process could limit the food environment options for Sheridan residents, particularly low-income populations and residents without access to a vehicle.

The proposed Comprehensive Plan does not provide goals or objectives related to food insecurity. It is likely that little impact will be made in improving the food environment in Sheridan without addressing the needs of the most vulnerable Sheridan residents. One strategy to address food insecurity is to link community members to existing resources and programs aimed at providing access to food. Another strategy to address food insecurity is to increase wages and employment opportunities for Sheridan residents as outlined in the Economic Opportunity section.

What we can do to address food access in the Sheridan Comprehensive Plan

Providing a clear process to establishing healthy food outlets and providing incentives for developing food options in the proposed Comprehensive Plan will aid Sheridan in developing a more complete food environment that has options for all. Some communities such as Wheat Ridge, Colorado have created zoning ordinances that allow for produce stands on residential and non-residential property.⁸² In 2011, the City of Minneapolis adopted the Urban Agriculture Policy Plan that amends the zoning code to allow urban agriculture land uses (Urban Agriculture Text Amendment Background Information & Preliminary Recommendations, City of Minneapolis, 2011).⁸³ The following recommendations for the proposed Comprehensive Plan will better address food access in Sheridan and ultimately should have a positive impact on community health.

- Add a goal to change the zoning code to provide explicit allowance of healthy food land uses including non-store food retail outlets and food producing activities.
- Add goals to promote access to retail for healthy food options, including the following objectives:
 - Add an objective to promote the development of new retail venues that sell fresh, healthy food in the areas of the City where healthy food access is a challenge.
 - Add an objective to provide programs, incentives, and/or grants to encourage existing small grocery or convenience stores to sell fresh fruits and vegetables in underserved areas.
- Add a goal to support the coordination of schools, recreation centers, and other venues to expand free or low cost meals currently offered to low-income residents.
- Add objectives to create a healthy food education program that includes education for healthy cooking and food shopping. Work with Sheridan Health Services, Tri-County Health Department and other organizations to develop and implement programs.
- Add an objective to establish healthy food policies for city government events.

Neighborhood Stability

How the proposed Comprehensive Plan potentially impacts neighborhood stability

By addressing blight (“a generic term commonly used by many to refer to unattractive buildings or parts of the City that are in need of repair or cleaning up”)⁸⁴ and infrastructure (such as sidewalks) and by including strategies to improve the economy, the Comprehensive Plan supports neighborhood stability. If implemented, these plan elements are predicted to have a positive effect on health by reducing barriers to physical activity, decreasing stress, and potentially increasing income for Sheridan residents.

Having an affordable housing policy also impacts neighborhood stability. According to NeighborWorks® America, “Having a safe, decent and affordable place to live allows people to put down roots and communities to grow strong. It also gives homeowners and renters alike the stability to keep their children in school, anticipate financial expenses and get to know their neighbors.”⁵⁶ The Comprehensive Plan does contain a goal (“Ensure an appropriate supply of housing at all density levels”), and objective (“Perform a housing needs assessment and a marketing study to determine how much...housing Sheridan will need in the coming years”) related to housing, however, affordable housing is not specifically mentioned.



What we can do to address neighborhood stability in the Sheridan Comprehensive Plan

Addressing neighborhood stability through the promotion of quality, affordable housing could have a significant impact on improving health outcomes in Sheridan. The following recommendations should be considered.

- Add affordable housing goals and objectives that strive to comply with the following goals outlined by the Brookings Institution Center on Urban and Metropolitan Policy, and The Urban Institute:⁵⁵ preserve and expand the supply of good-quality housing units, make existing housing more affordable and more readily available, promote racial and economic diversity in residential neighborhoods, help households build wealth, strengthen families, link housing with essential supportive services, and promote balanced metropolitan growth.⁵⁵
- Add goals related to working with landlords to be more accountable for property and the people who live there.
- Add goals and objectives to increase family incomes by enhancing access to and use of such federal investments as the earned income tax credit (EITC), nutrition assistance, health care, child care, and Supplemental Nutrition Assistance Program (SNAP).

Physical Activity

How the proposed Comprehensive Plan potentially impacts physical activity

The provision, design and condition of pedestrian and bicycle infrastructure in a community can have an impact on physical and mental health. “Creating and improving places to be physically active can result in a 25% increase in the percentage of residents who exercise at least three times per week.”⁸⁵ In Sheridan, there are age and income disparities that make access to alternative transportation especially important.

The proposed Comprehensive Plan includes many goals and objectives related to walkability and pedestrian and bicycle infrastructure and proposes developing a Pedestrian Infrastructure Plan. These goals and objectives should lead to better health outcomes in the community by encouraging improved sidewalks and critical links in the pedestrian network. Limited resources may be an obstacle to upgrading and constructing new infrastructure. The proposed Comprehensive Plan may benefit from providing further guidance on prioritization of areas where pedestrian infrastructure may have the greatest impact on health.

The proposed Comprehensive Plan proposes developing a multimodal transportation master plan for the city. Considering all modes of travel including walking and bicycling will help to provide coordinated strategies for infrastructure planning and will better address safety and connectivity for pedestrians and bicyclists. These plans should include quantifiable goals to measure progress on making Sheridan a more walkable, well-connected and transit-oriented community.

The current conditions of high volume roadways have an impact on health both from an injury perspective and if people do not feel safe walking in their community, they will walk less and may not meet the recommended guidelines for physical activity.⁸⁶ While the proposed Comprehensive Plan includes goals related to improving crossings of busy streets in Sheridan, it does not provide strong policies for improving conditions along roads.

By including more explicit language in the Comprehensive Plan like “complete streets”, a community can promote street design and land use policies that allow people to get around safely on foot, bicycle,

or public transportation. Integrating complete streets practices into planning and policy decisions can help encourage safe and active transportation, reduce vehicle emissions, and reduce the incidence of childhood obesity, social isolation, diabetes, and heart disease.⁸⁷

Underutilized recreation space in Sheridan was identified by community members as a concern. The proposed Comprehensive Plan provides some guidance on promoting collaboration among City institutions to work together to resolve this challenge. Providing better access to parks and recreational facilities will support health.

What we can do to address physical activity in the Sheridan Comprehensive Plan

The proposed Comprehensive Plan is well on its way to addressing pedestrian and bicycle infrastructure in Sheridan. The following recommendations for the proposed Comprehensive Plan will better address factors that will encourage increased physical activity for Sheridan residents and ultimately should have a positive impact on community health.

- In the development of goals and objectives, prioritize pedestrian infrastructure investments based on the location of common destinations in the community such as schools, recreation center, parks, healthy food outlets and transit stops.
- Develop goals to promote the integration of Complete Streets practices into street design and construction decisions to create safe and inviting environments for all ages and abilities to walk, bicycle, and use public transportation. Goals should pay attention to the need to establish an implementation process for considering and balancing the use of street right-of-way to accommodate pedestrian and bicycle needs, as well as transit, trucks, and personal vehicles.
- Develop a goal to promote access to transit through land use patterns, site planning processes and street design decisions.
- Add to the existing multi-modal plan goal by setting quantifiable goals in the proposed multi-modal pedestrian plan. (i.e. grow bicycle lane miles by 10% by 2020, etc.)
- Develop a goal to promote a “shared use” strategy to increase access to spaces for physical activity. A formal agreement between the City, Recreation District, School District, and other organizations should be considered to clarify the resources available to Sheridan residents.

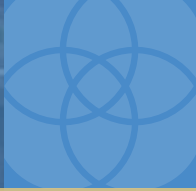
Air and Water Quality

How the proposed Comprehensive Plan potentially impacts air and water quality

Strategies to improve air and water quality are often addressed through regional initiatives. However, there are several local strategies that can contribute to improving air and water quality. The proposed Comprehensive Plan includes many goals and objectives that should help to bring better air and water quality to Sheridan including: promoting mixed-use land use patterns that should increase alternative transportation use like walking and should reduce the use of motor vehicles, promoting multi-modal transportation and active transportation planning should reduce vehicle miles traveled, utilizing buffers around more intense industrial uses, and addressing suitable development in the floodplain.

What we can do to address air and water quality in the Sheridan Comprehensive Plan

Local support and leadership can make significant impact on regional air and water quality efforts. The HIA analysis provides guidance for additional strategies for addressing air and water quality through policies in the proposed Comprehensive Plan.



- Add goals to increase the urban tree canopy by setting goals for city-wide tree planting and the development of a tree planting campaign or program to help facilitate the planting of trees.
- Add a goal to work with adjacent community and regional planning group transportation demand management programs to reduce vehicle miles traveled.
- Add a goal to participate in watershed groups in order to provide representation for Sheridan's water quality concerns and to promote the best strategies for improving the water quality in the portion of the watersheds that run through Sheridan.
- Add goals to promote and incentivize the use of green infrastructure to preserve open space, support a sustainable and resilient community, and to protect surface and ground waters.



CONCLUSIONS, OUTCOMES AND NEXT STEPS





CONCLUSIONS, OUTCOMES AND NEXT STEPS

The policies in the Comprehensive Plan as proposed are likely to lead to some health improvements in the community. The proposed goals and objectives for economic development should result in economic growth for the City and should have a positive impact on health. The promotion of farmers' markets in certain neighborhoods will help to improve food access. Addressing neighborhood upkeep and nuisances will support health improvement. Goals and objectives addressing pedestrian and bicycle infrastructure, multimodal transportation planning, mixed-use development and development of recreational resources all support health. However, the HIA findings and predictions demonstrate that while the proposed Comprehensive Plan supports health in general, the goals and objectives may not improve health for the most vulnerable groups in the City of Sheridan.

The Comprehensive Plan has the opportunity to amend and expand goals and objectives to maximize the potential for positive health outcomes for all residents. Promoting business attraction that brings good jobs for Sheridan residents will boost economic gain for the City and make great strides to improve the quality of life for the people of Sheridan. Making policy and zoning regulation changes for healthy food outlets and healthy vending will remove barriers to establishing more healthy food options throughout the entire city. Supporting the development of housing options for all residents and promoting access to existing income assistance programs will promote more equitable health outcomes. Going further in the efforts to promote walkability, the Comprehensive Plan could maximize health outcomes by supporting a Complete Streets policy, setting metrics for improving the built environment for pedestrians and bicyclists, and promoting innovative approaches to recreation access like shared use agreements. Adding goals and objectives for intentional support of regional air and water quality efforts should lead to better health outcomes. All of the HIA recommendations will better integrate health into the policies of the Comprehensive Plan.

The HIA findings and recommendations were presented to the Sheridan Planning Commission and City Council on March 25, 2015. The policy makers passed a resolution supporting the incorporation of all of the HIA recommendations into the proposed Comprehensive Plan. The HIA team worked closely with Sheridan's City Planner to develop appropriate language for amending and adding new goals and objectives. Appendix D outlines the proposed changes to the Comprehensive Plan to integrate the HIA recommendations. The amended Comprehensive Plan was reviewed and supported by the Planning Commission who made a recommendation for approval on May 20, 2015. The City Council reviewed and adopted the Comprehensive Plan with all of the HIA recommendations incorporated on June 8, 2015.



REFERENCES




References

1. State of Colorado, Department of Local Affairs, Community Development Office. Local Government Land Use Authority in Colorado.2012. Available at: <http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-Disposition&blobheadername2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Land+Use+Planning+in+Colorado.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251883675536&ssbinary=true> Accessed March 7, 2015
2. Kemm J, Parry J, Palmer S (editors). Health Impact Assessment: concepts, theory, techniques, and applications. Oxford: Oxford University Press, 2004.
3. Source: Colorado Department of Public Health and Environment. Health Statistics Section.
4. Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention website <http://www.cdc.gov/chronicdisease/> Last updated June 19, 2015. Accessed December 5, 2014.
5. Robert Wood Johnson Foundation Commission to Build a Healthier America. Beyond health care: New directions to a healthier America. Available at: <http://www.commissiononhealth.org/Report.aspx?Publication=64498>. Accessed December 5, 2014.
6. History. City of Sheridan, Colorado website <http://www.ci.sheridan.co.us/index.aspx?NID=147> Accessed June 2, 2015.
7. City of Sheridan, Colorado. City of Sheridan Comprehensive Plan. October 2004. Available at: <http://co-sheridan.civicplus.com/DocumentCenter/Home/View/166> Accessed May 1, 2015.
8. Source: U.S. Census Bureau, 2009-2013 American Community Survey.
9. Source: Colorado Department of Education. 2013 K-12 free and reduced lunch eligibility by district and school. Obtained from Pupil Membership for 2013 – School data. Colorado Department of Education. Available at <http://www.cde.state.co.us/cdereval/pupilcurrentschool>. Accessed September 8, 2014.
10. Adler NE, Newman K. Socioeconomic disparities in health: Pathways and policies. Health Affairs. 2002; 21(2):60-76. Accessed March 18, 2015.
11. Marmot M. The influence Of income on health: Views of an epidemiologist. Health Affairs.2002;21(2):31-46. Available at: <http://content.healthaffairs.org/content/21/2/31.long> Accessed February 27, 2015.
12. American Public Health Association. Health disparities: The basics. Available at: https://www.apha.org/~media/files/pdf/fact%20sheets/hlthdisparty_primer_final.ashx Accessed May 1, 2015.
13. Martinson M. Income inequality in health at all ages: A comparison of the United States and England. American Journal of Public Health. 2012;102(11):2049-2056. Doi:10.2105/AJPH.300929.
14. King, E. New data on Colorado's child obesity rate. Colorado Health Institute – Informing Policy, Advancing Health. 2013. Available at <http://www.coloradohealthinstitute.org/blog/detail/new-data-on-colorados-child-obesity-rate>. Accessed December 5, 2014.
15. Health Impact Project- HIA Process. The Pew Charitable Trusts website <http://www.pewtrusts.org/en/projects/health-impact-project/health-impact-assessment/hia-process> Accessed March 7, 2015.
16. What are social determinants of health? World Health Organization website http://www.who.int/social_determinants/sdh_definition/en/ Accessed December 5, 2014.
17. Social Determinants of Health. Healthy People 2020 website <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health> Last updated June 22, 2015. Accessed June 18, 2015.
18. Sampson RJ, Raudenbush SW, Earls F. Neighborhoods and violent crime: A multilevel study of collective efficacy crime. Science. 1997;277:918-924. Available at: <http://faculty.washington.edu/matsueda/courses/587/readings/Sampson%201997%20Science.pdf> Accessed June 22, 2015.
19. Guy, SM. Community needs assessment survey guide. Logan, Utah: Utah State University Extension , n.d. Available at <https://extension.usu.edu/files/uploads/surveyguide.pdf> Accessed February 3, 2015.
20. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Questionnaire. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

21. Chriqui JF, Thrun E, Rimkus L, Barker DC and Chaloupka FJ. Zoning for Healthy Food Access Varies by Community Income – A BTG Research Brief. Chicago, Illinois: Bridging the Gap Program, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, 2012. Available at: www.bridgingthegapresearch.org Accessed March 9, 2015.
22. Colorado Department of Transportation, Transportation System Management & Operations, S Traffic & Safety. How is the extent of injury determined? (e-mail). 2014.
23. Source: U.S. Census Bureau. 2013. OnTheMap Application. Longitudinal-Employer Household Dynamics Program. Available at: <http://onthemap.ces.census.gov/> Accessed March 17, 2015.
24. Source: Sheridan Sales Tax Revenue for 2013.
25. Ross C, Wu C. The Links Between Education and Health. *American Sociological Review*. 1995;60(5):719-745. Available at: www.jstor.org/stable/2096319 <http://www.jstor.org/stable/2096319> Accessed March 4, 2015.
26. Paul K, Moser K. Unemployment impairs mental health: Meta-analyses. *Journal of Vocational Behavior*. 2009;74(3):264-282. Available at: <http://www.sciencedirect.com/science/article/pii/S0001879109000037> Accessed February 27, 2015.
27. Henken, D. Unemployment and Substance Use: A Review of the Literature (1990-2010). *Current Drug Abuse Reviews*. 2011;4(1):4-27.
28. Sundquist K, Theobald H, Yang M, Li X, Johansson SE, Sundquist J. Neighborhood violent crime and unemployment increase the risk of coronary heart disease: A multilevel study in an urban setting. *Social Science & Medicine*. 2006;62(8):2061-2071.
29. Glasmeier AK and Massachusetts Institute of Technology. Living Wage Calculator. 2015. Available at <http://livingwage.mit.edu/> Accessed June 18, 2015.
30. Bhatia R and Katz M. Estimation of Health Benefits From a Local Living Wage Ordinance. *American Journal of Public Health*. 2001;91:1398-1402.
31. Food Access Research Atlas. Washington D.C.: U.S. Department of Agriculture, Economic Research Service; 2010. Available at: <http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx> Accessed March 5, 2015.
32. Source: Tri-County Health Department Food Outlet Inventory
33. Tolliver R, Shupe A. Food insecurity contributes to obesity among Colorado children and pregnant women. *Health watch*. June 2012(No. 86). Available at: <http://www.chd.dphe.state.co.us/Resources/briefs/FoodInsecurity2.pdf> Accessed March 5, 2015.
34. Sheridan Food Bank, Sheridan, Colorado (personal communication).
35. Larsen K, Gilliland J. A farmers' market in a food desert: Evaluating impacts on the price and availability of healthy food. *Health & Place*. 2009;15(4):1158-1162. Available at: <http://www.sciencedirect.com/science/article/pii/S1353829209000641> Accessed February 27 2015.
36. Why low income and food insecure people are vulnerable to overweight and obesity. Food Research and Action Center website <http://frac.org/initiatives/hunger-and-obesity/why-are-low-income-and-food-insecure-people-vulnerable-to-obesity/> 2010. Accessed March 7, 2015.
37. Breneman V, Farrigan T, Hamrick K, Hopkins D, Kaufman P, Lin BH, Nord M, Smith T, Williams R, Kinnison K, Olander C, Singh A, Tuckermanty E, Krantz-Kent R, Polen C, McGowan H, Kim S. Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences. 2009. Available at: http://www.ers.usda.gov/media/242675/ap036_1_.pdf Accessed February 27, 2015.
38. Bell J, Mora G, Hagan E, Rubin V, Karpyn A. Access to Healthy Food and Why it Matters: A Review of the Research. Oakland, California: PolicyLink, 2013. www.policylink.org Accessed March 9, 2015.
39. Larson N, Story M, Nelson M. Neighborhood Environments - Disparities in Access to Healthy Foods in the U.S. *American Journal of Preventive Medicine*. 2009;36(1):74-81.
40. Katz B, Turner MA, Brown KD, Cunning M, Sawyer N. Rethinking local affordable housing strategies: Lessons from 70 years of policy and practice [a discussion paper]. December 2003. The Brookings Institution Center on Urban and Metropolitan Policy and The Urban Institute. Available at <http://www.brookings.edu/urban/knight/housingreview.pdf> Accessed March 7, 2015.

41. Chriqui JF, Thrun E, Rimkus L, Barker DC and Chaloupka FJ. Zoning for Healthy Food Access Varies by Community Income – A BTG Research Brief. Chicago, IL: Bridging the Gap Program, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago, 2012. www.bridgingthegapresearch.org Accessed March 9, 2015.
42. Cummins S, Flint E, Matthews S. New Neighborhood Grocery Store Increased Awareness Of Food Access But Did Not Alter Dietary Habits Or Obesity. *Health Affairs* 2014 33 2 283-291 <http://content.healthaffairs.org/content/33/2/283.abstract> 10.1377/hlthaff.2013.0512
43. Mason P, Kearns A, Livingston M. "Safe Going": the influence of crime rates and perceived crime and safety on walking in deprived neighbourhoods. *Social Science & Medicine*. 2013;91():15-24.
44. Miles, R. Neighborhood disorder, perceived safety, and readiness to encourage use of local playgrounds. *American Journal of Preventive Medicine*. 2008;34(4) 275-281. doi:10.1016/j.amepre.2008.01.007.
45. Mendes de Leon CF, Cagney KA, Bienias JL, et al. Neighborhood social cohesion and disorder in relation to walking in community-dwelling older adults: a multilevel analysis. *Journal of Aging and Health*. 2009;21(1):155-171.
46. Source: Colorado Bureau of Investigation, Department of Public Safety. Crime in Colorado. Available at: <https://www.colorado.gov/pacific/cbi/crime-colorado1> Accessed March 8, 2015. An average rate of disorderly conduct arrest was calculated for the time period 2011-2013 for the population 6 years of age and older.
47. Sheridan homeless education program. Sheridan School District number 2 website <http://ssd2.org/district-wide-programs-sheridan-homeless-education-program/> Accessed March 7, 2015.
48. The National Center on Family Homelessness. The characteristics and needs of families experiencing homelessness [fact sheet]. Updated 12/11. Available at <http://www.familyhomelessness.org/media/306.pdf> Accessed March 7, 2015.
49. Affordable housing. U.S. Department of Housing and Urban Development website http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/affordablehousing/ Accessed March 7, 2015.
50. Lubell J, Crain R, Cohen R. Framing the issues – The positive impacts of housing on health. July 2007. Center for Housing Policy. Available at http://www.nhc.org/media/documents/FramingIssues_Heath.pdf Accessed March 7, 2015.
51. Myerson, DL. Mixed-Income Housing: Myth and Fact. Washington, D.C.: ULI-the Urban Land Institute, 2003.
52. Bach A, Gupta PK, Haughey R, Kelly G, Pawlukiewicz M, Pitchford M. Ten Principles for Developing Affordable Housing. Washington, D.C.: ULI-the Urban Land Institute, 2007.
53. Myth busting. Open Communities website http://www.interfaithhousingcenter.org/Resources/Myth_Busting/ Accessed March 7, 2015.
54. Business and Professional People for the Public Interest. Myths and stereotypes about affordable housing [fact sheet]. 2004. Available for download as a pdf at <http://www.affirmedhousing.com/resources/myths.html>. Accessed March 7, 2015.
55. Katz B, Turner MA, Brown KD, Cuning M, Sawyer N. Rethinking local affordable housing strategies: Lessons from 70 years of policy and practice [a discussion paper]. December 2003. The Brookings Institution Center on Urban and Metropolitan Policy and The Urban Institute. Available at <http://www.brookings.edu/es/urban/knight/housingreview.pdf> Accessed March 7, 2015.
56. Homes & Finances. NeighborWorks® America website <http://www.neighborworks.org/Homes-Finances> Accessed March 7, 2015.
57. Physical Activity. Healthy People 2020 website <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity> Updated June 19, 2015. Accessed March 1, 2015.
58. Source: Youth Risk Behavior Survey Data, Sheridan High School, Sheridan, Colorado, 2010. Data used with permission.
59. Saelens BE, Sallis JF, Frank LD. Environmental correlates of walking and cycling: findings from the transportation, urban design, and planning literatures. *Annals of behavioral medicine : A publication of the Society of Behavioral Medicine*. 2003;25(2):80-91.

60. Reed JA, Wilson DK, Ainsworth BE, Bowles H, Mixon G. Perceptions of neighborhood sidewalks on walking and physical activity patterns in a southeastern community in the US. *Human Kinetics*. 2006;3:243-253.
61. Li W, Keegan THM, Sternfeld B, Sidney S, Quesenberry CP, Kelsey JL. Outdoor falls among middle-aged and older adults: A neglected public health program. *American Journal of Public Health*. 2006;96:1192-1200. Doi:10.2105/AJPH.2005.083055.
62. Leaf, WA, Pruesser, DF. Literature review on vehicle travel speeds and pedestrian injuries among selected racial/ethnic groups [DOT HS 809 021 October 1999]. Washington D.C.: National Highway Traffic Safety Administration, U. S. Department of Transportation, 1999. Available at <http://www.nhtsa.gov/people/injury/research/pub/hs809012.html> Accessed March 7, 2015.
63. Landis BW, Vattikuti VR, Ottenberg RM, McLeod DS, Guttenplan M. Modeling The Roadside Walking Environment: A Pedestrian Level of Service. *Transportation Research Record*. 2007. Available at: http://cp298pedbiketranpo.wikispaces.com/file/view/PedLOS_TRBPaper.pdf Accessed May 13, 2014.
64. Colorado Department of Transportation, Traffic Safety and Engineering Branch. Sheridan – 3 – hwy (2009-2013).xlxs. September 18, 2014.
65. Besser LM and Dannenberg AL. Walking to public transit: Steps to help meet physical activity recommendations *American Journal of Preventive Medicine*. 2005; 29(4): 273-280. Doi:10.1016/j.ampre.2005.06.010 Available at: http://www.cdc.gov/healthyplaces/articles/besser_dannenberg.pdf Accessed June 21, 2015
66. Dahmann N, Wolch J, Joassart-Marcelli P, Reynolds K, Jerre M. The active city? Disparities in provision of urban public recreation resources. *Health & Place*. 2010;16(3):431-445.
67. International City/County Management Association (ICMA). Local Governments and Schools: A Community-Oriented Approach. IQ Report. 2008;40(Special Addition):8, 16. Available at: http://icma.org/en/icma/knowledge_network/documents/kn/Document/5753/Local_Governments_and_Schools_A_CommunityOriented_Approach Accessed March 7, 2015.
68. Ozone information. Colorado Department of Public Health and Environment website <https://www.colorado.gov/pacific/cdphe/ozone-information> Accessed June 21, 2015.
69. U.S. Environmental Protection Agency. Near Roadway Air Pollution and Health: Frequently Asked Questions. 2014;pp 1-3. Available at: <http://www.epa.gov/otaq/documents/nearroadway/420f14044.pdf> Accessed March 7, 2015.
70. Final report: Exposure to vehicular pollutants and respiratory health. U.S. Environmental Protection Agency website http://cfpub.epa.gov/ncer_abstracts/index.cfm/fuseaction/display.highlight/abstract/8462/report/F Last updated January 28, 2008. Accessed March 7, 2015.
71. Source: Colorado Department of Transportation – Online Transportation Information System. Available at <http://dtdapps.coloradodot.info/otis>. Accessed March 7, 2015.
72. What Are the Six Common Air Pollutants? U.S. Environmental Protection Agency website <http://www.epa.gov/oaqps001/urbanair/> Accessed March 7, 2015.
73. Clean Air Act requirements and history. U.S. Environmental Protection Agency website <http://www.epa.gov/air/caa/requirements.html> Accessed May 3, 2015
74. The Clean Air Act: A partnership among governments. U.S. Environmental Protection Agency website <http://www.epa.gov/air/caa/partnership.html> Accessed May 3, 2015
75. Who we are. Regional Air Quality Council website http://raqc.org/who/category/about_us/ Accessed March 7, 2015.
76. Nowak D J. The Effects of Urban Trees on Air Quality. 2002. Available at: http://www.nrs.fs.fed.us/units/urban/local-resources/downloads/Tree_Air_Qual.pdf Accessed March 7, 2015.
77. Finley B. Deciduous trees have decidedly beneficial on air pollution. *Denver Post* [newspaper], 10/22/2010. Available at: http://www.denverpost.com/ci_16402656 Accessed June 21, 2015.
78. Bear Creek Watershed Plan. Groundwork Denver website <http://groundworkcolorado.org/projects/bear-creek-watershed/> Accessed March 17, 2015.
79. Healthy Swimming/Recreational Water: Oceans, Lakes & Rivers. Centers for Disease Control and Prevention (CDC) website <http://www.cdc.gov/healthywater/swimming/oceans/> Updated April 7, 2014. Accessed March, 7, 2015.

- 
-
80. Low impact development. U.S. Environmental Protection Agency website <http://water.epa.gov/polwaste/green/> Updated February 12, 2015. Accessed March 17, 2015.
 81. Kane, T. The importance of startups in job creation and job destruction. Kansas City, Missouri: Ewing Marion Kauffman Foundation, 2010. Available at: http://www.kauffman.org/~media/kauffman_org/research%20reports%20and%20covers/2010/07/firm_formation_importance_of_startups.pdf Accessed February 6, 2015.
 82. Urban Agriculture. Wheat Ridge, Colorado website <http://www.ci.wheatridge.co.us/985/Urban-Agriculture> Accessed March 17, 2015.
 83. The City of Minneapolis, Community Planning and Economic Development – Planning Division. Urban agriculture text amendment - Background information & preliminary recommendations. 2011. Available at: <http://www.minneapolismn.gov/www/groups/public/@cped/documents/webcontent/wcms1p-090609.pdf> Accessed March 17, 2015.
 84. City of Sheridan Comprehensive Plan. 2015. Page 63. (unpublished).
 85. Kerr J. Designing for active living among adults. Spring 2008. Available at: <http://activelivingresearch.org/designing-active-living-among-adults> Accessed March 7, 2015.
 86. Landis BW, Vattikuti VR, Ottenberg RM, McLeod DS, Guttenplan M. Modeling The Roadside Walking Environment: A Pedestrian Level of Service. Transportation Research Record. 2007. Available at: http://cp298ped-biketranpo.wikispaces.com/file/view/PedLOS_TRBPaper.pdf Accessed May 13, 2014.
 87. National Policy and Legal Analysis Network to Prevent Childhood Obesity (NPLAN). Model Comprehensive Plan language on complete streets.2010. Available at: <http://changelabsolutions.org/publications/comp-plan-language-cs> Accessed March 7, 2015



APPENDIX



Results from the Sheridan HIA Community Survey

TCHD administered this survey to a convenience sample of individuals in a variety of locations to capture input from a diverse group of respondents. These locations included the following: City of Sheridan Recreation Center, Sharing with Sheridan Food Bank, City of Sheridan Library, PAWS meeting, and the Alice Terry Elementary Parents. Surveys were administered in English and Spanish. A total of 83 surveys from Sheridan residents were collected (54 in English and 29 in Spanish). The number of people who answered each question is indicated in parentheses at the end of each question (n=). Spanish responses were translated into English.

Technical Notes: The results obtained in this survey represent the views and habits of the people who were in attendance at one of the locations when the survey was available. People who were not in attendance may or may not have different views and habits from those who were in attendance and took the survey.

1. On average, how would you rate your neighborhood as a place to walk or ride a bicycle? (n=81).

	Percent of respondents (%)
Very pleasant	37.0
Somewhat pleasant	42.0
Not very pleasant	13.6
Not at all pleasant	7.4

2. On average how often do you walk or ride a bicycle in your neighborhood for leisure or as a way to get to your destination? (n=82)

	Percent of respondents (%)
Every day	22.0
2-3 times a Week	20.7
1 time a Week	8.5
2-3 times a Month	8.5
Less than 2 times a Month	19.5
Never	20.7

3. What brought you to your current neighborhood? By language survey completed in. (check all that apply) (n=83)

	Percent of respondents (%)		
	English	Spanish	TOTAL
Affordable housing	53.7	37.9	48.2
Access to schools	16.7	72.4	36.1
Proximity to family and friends	33.3	31.0	32.5
Access to needed goods and services	14.8	20.7	16.9
Access to my job	9.3	24.1	14.5
Other	33.3	6.9	24.0

Other reasons:

- By the neighborhood
- Home town feel
- Visibility for business
- No HOAs, no covennces, older houses, History of Sheridan, centralized
- Quiet neighborhood
- Proximity to light rail
- I bought my daughter's home when she moved out of state
- Bought house available
- I built my house
- Near major streets
- I love the district
- Family
- This neighbor hood was close to my former job.
- Boyfriend and I wanted to live together in a nice neighborhood
- I could afford it. Then there was a vacant lot I could build on, it has a great view.
- Special Education services in SSD2
- Available property to build a house
- Born here, lived here forever
- To get food
- Elderly people

4. Thinking about the neighborhood in which you live, how strongly do you agree or disagree with each of the statements below?

	Percent of responses (%)			
	Agree*	Neither agree or disagree	Disagree**	Don't Know
People around here are willing to help their neighbors. (n=76)	76.3	15.7	4.0	4.0
This is a close-knit neighborhood where people care about each other and are friendly with each other. (n=72)	66.7	23.6	6.9	2.8
People in this neighborhood can be trusted. (n=69)	59.4	24.6	10.1	5.8
People in this neighborhood generally don't get along with each other. (n=69)	24.6	30.4	36.2	8.7
People in this neighborhood do not share the same values. (n=65)	20.6	33.8	27.9	17.7

* Agree = Responses for "Strongly agree" and "Agree" were grouped together;

** Disagree = Responses for "Strongly disagree" and "Disagree" were grouped together.

7. Which, if any, are problems in your neighborhood?

	Percent of responses (%)			
	Not a problem	Somewhat of a Problem	Big Problem	Don't Know
Vandalism or graffiti (n=71)	45.1	35.2	8.4	11.3
Litter or Trash in the streets (n=74)	43.2	43.2	9.5	4.1
Houses and yards not kept up (n=68)	42.7	30.9	19.1	7.3
Vacant houses, buildings or lots (n=67)	65.7	20.9	4.5	8.9
Deteriorated sidewalks and/or streets (n=73)	28.8	32.9	32.9	5.5
Loitering (n=71)	50.7	32.3	8.5	8.5
Public drunkenness (n=72)	55.7	31.4	5.7	7.2

8. How available are affordable fresh fruits, vegetables, and other healthful foods (such as whole grain breads or low fat dairy products) in your neighborhood? (n=77)

	Percent of responses (%)
Very Available	38.9
Somewhat Available	32.5
Somewhat <u>U</u> navailable	20.8
Very <u>U</u> navailable	5.2
Don't Know	2.6

9. If Sheridan offers a farmers' market, what days would you prefer the market to be on? (Check all that apply) (n=83)

	Percent of responses (%)
Saturday	67.5
Sunday	34.9
Wednesday	31.3
Monday	27.7
Friday	27.7

10. If given the opportunity, would you volunteer to help construct a new park or garden for the community? (n=77)

	Percent of responses (%)
Yes	72.7
No	27.3

10. What types of businesses/restaurants would you like to see more of in Sheridan?

***** There were very few items that were mentioned repeatedly. Here are some of the items that came up more than once:

- **9 people mentioned Mexican Restaurant**
- 3 people mentioned Italian
- 2 people mentioned Chipotle, Subway
- Sports clubs and sports clubs/children were mentioned more than once.

Here is the list of answers in alphabetical order:

- A buffet that has more food
- Affordable family dining, vintage new construction
- Albertson's, Sprouts
- Anything west of shopping center
- Applebee's, SAMs club, village inn
- BBQ, Mexican, Italian, Sushi. Grocery, footwear, book, home improvement, electronics/computer.
- Book Stores, art stores, galleries, coffee houses.
- Chinese restaurant, since Yu Garden left there isn't any Chinese available
- Chipotle
- Clothing stores, shoe stores
- Corner Stores,
- Country Buffet
- Dentist, lawyer, anchor restaurant
- Dinner restaurant, coffee house
- Dollar Tree or Family Dollar
- Englewood is close and has this stuff already
- Fast food or sit down
- Fast foods and/or more sit down restaurants
- Fish
- Fitness center
- Food store
- For more shopping and healthy eating and organics
- Gas station - Bradleys
- Grocery-type stores that are more accessible walking distance in the heart of Sheridan
- Healthy fast food, Replacement for 7-Eleven eating (students)
- Healthy Food, sports activities
- Italian
- Local coffee shop, non-chain restaurants, regular/full-size grocery
- Mexican restaurant (9 people mentioned)

- Mexican bakery
- Mexican store
- Mexican/Italian restaurants
- Mom and Pop shops
- More healthy foods
- More variety/reasonable RiverPoint is a great start!
- No drugs
- Non-service industrial/technology.
- Not a good place for Bar next to new Northgate School A good Mexican restaurant would be nice
- Pizza, Ice Cream, Family Restaurant
- Places to walk to, Restaurants - family gathering spaces, community gathering spaces
- Retail
- Small shops for books
- Sports clubs
- Sports clubs / children
- Subway
- Subway, Mexican store, Taqueria
- Sunflower Market, Chipotle
- Sweet Tomatoes
- TJ Fridays
- Walmart (3 people mentioned Walmart)
- We have a good selection of restaurants in Sheridan, but not in our neighborhood (Northgate).
Healthy food and fresh veg. Jason's Deli, Larkburger, Natural Grocers
- Wendy's

11. What type of housing would you like to see more of in Sheridan? (Choose all that apply) (n=83)

	Percent of responses (%)
Single Family Homes	55.4
Townhomes	30.1
Apartment buildings	18.1
Condominiums	9.6

12. Please add any additional comments you have about living in Sheridan.

- It is ok
- Well, I'd like a bigger house
- Nice, lots of police presence, friendly, we are pleased to live in Sheridan
- Travel immunizations would be helpful to have in Sheridan
- Too many apartment buildings which eats up too much of our Police resources.
- Not enough housing for everyone to live in
- Everytime it changes; it has impact
- Low income
- Sheridan is too small, need low income housing
- More senior citizen housing
- Having affordable housing for low-income families
- Quiet, peaceful
- Please more surveillance at night for graffiti
- Elderly housing

13. How many years have you lived in Sheridan? (n=83)

Range 1 – 74 years

Average (median): 10 years

	Percent of responses (%)
2 years or less	13.1
3 - 9 years	32.1
10-19 years	22.6
20 years or longer	23.1
Did not answer	8.3

14. Please select your age-group. (n=83)

	Percent of responses (%)
18 - 39 years	36.1
40 - 64 years	38.6
65 years of age or older	20.5
Did not answer	4.8

15. Which neighborhood do you live in? (n=83)

	Percent of responses (%)
City Center	14.5
East Federal	9.6
Northgate	32.5
Old Town	1.2
River Point	8.4
The Hill	18.1
Other area in Sheridan	2.4
Did not answer	13.3

Results from the Community Pedestrian Assessment Sheridan, Colorado

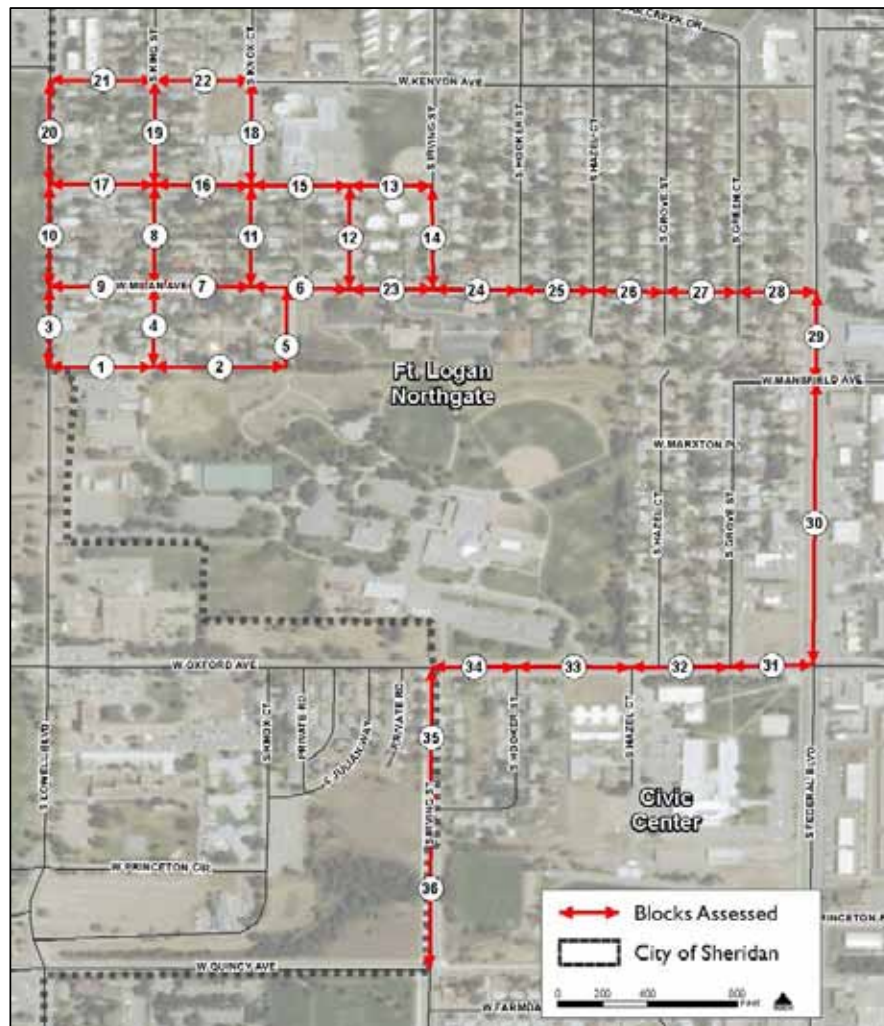
Date: November 22, 2014 **Block(s) surveyed:** See Map

11 participants evaluated 36 blocks in Sheridan's Ft. Logan Northgate neighborhood. Participants documented conditions to identify any concerns or issues that would make walking difficult. This neighborhood was selected because it was Sheridan's most populated neighborhood, and an area identified by community feedback (Sheridan Celebrates) as an area where residents were already walking for transportation.

The responses are based on the number of blocks. For example, (n=36) means that the percentages are based on 36 blocks.

Technical Notes: This tool was used with permission and adapted from Neighborhood Walkability and Bikeability Assessment[©] developed by Community Enterprise, Commerce City, Colorado.

Map:



To assess how safe it is to walk in this neighborhood, please answer the questions below.

1. A. Where did you walk? (check all that apply) (n=36 blocks evaluated)

Response	Percent (%) of blocks*
On a sidewalk, path, or trail where cars were not allowed	80.6
On the road with cars	30.6
Other (write in response):**	11.1

* Responses equal more than 100% because multiple responses could be selected.

**NOTES for question 1A – other responses included the following:

- East side: sidewalk and car parking area
- Side of road on west side
- Partial sidewalk on west side
- At points I walked in street because there was a truck parked on the sidewalk

B. If you selected “on the road with cars” or “other”, please tell us why (check all that apply)
(responses below are based on 15 blocks)

Response	Percent (%) of 15 blocks*
No sidewalk or path	60.0
Sidewalk or path was blocked with things like cars, shrubs, poles	26.7
Sidewalk or path started and stopped	20.0
Sidewalk or path was too narrow and/or too crowded	0
Sidewalk or path did not go where you needed to go	0
Other (write in reason)**	26.7

* Responses equal more than 100% because multiple responses could be selected.

**NOTES for question 1B – other responses included the following:

- No sidewalk on north side of street
- Sidewalk on south side is nice and wide and good condition; sidewalk only in part of the north side
- Checked both sides of street
- Between King and Lowell south side of street sidewalk needs repair or replaced
- Bad sidewalks

Other Comments

- Sidewalk near school only and by restaurant
- Feels more like an alley than a street

Street Block (both sides)

For each statement below, please choose whether you agree or disagree with it.

Explanation of results: the number of blocks that were commented upon is listed in parentheses under the statement. For example, “This section feels safe for walking was assessed for 33 blocks.” 45.5% of the 33 blocks felt safe to the person that was walking that block.

	Strongly Disagree 1	Disagree 2	Neither agree or disagree 3	Agree 4	Strongly Agree 5
This section feels safe for walking. (responses based on 33 blocks)	3.0%	30.3%	18.2%	45.5%	3.0%
This section is visually attractive for walking. (responses based on 31 blocks)	9.7%	32.3%	25.8%	29.0%	3.2%
Overall, this section is very walkable. (responses based on 31 blocks)	0	32.3%	32.3%	29.0%	6.5%

2. In your opinion, what keeps this neighborhood from being a safe place to walk? Participants could select multiple answers. (36 blocks evaluated)

Response	Percent (%) of blocks*
Too many cars	13.9
Cars go too fast	8.3
Scary people	5.6
Scary dogs	11.1
No sidewalks or paths to walk on	25.0
No sidewalks or paths leading to where you need to go	0
No lights	13.9
No safe places to cross streets	8.3
Dirty air from cars or lots of trash	16.7
Nothing. The streets in this neighborhood are a safe place to walk and/or ride a bike.	13.9
Other reason*	52.8

* Responses equal more than 100% because multiple responses could be selected.

**NOTES for question 2 – other responses included the following:

- Dive bar
- Run down houses that looked and felt scary, but my child felt safe walking next to well kept houses
- Hole in sidewalk, tree covering sidewalk, doesn't link up at King and Milan
- Street uneven

- Sidewalks cracked and uneven, still fair by early scary people still in bed
- Cars at Julian Apts go over sidewalk to park / lots of trash dumpster next to sidewalk with gate open
- Sidewalks interrupted by alleyways
- 20' length of sidewalk missing on South / East
- Both sidewalks
- Bad sidewalk
- Cars and other things blocking the sidewalk
- Very narrow
- Sidewalk is rough, broken, cracked
- Sidewalk broken, rough
- The east side of Federal felt safer than the Oxford/Mansfield section because the sidewalk was about 4 ft. away from Federal so I did feel like the cars were right along side of me.
- Felt sidewalk was too close to very fast moving cars, noisy
- Hard to walk across when bike was in sidewalk
- A lot of sand on east sidewalk (mentioned twice)

3. In your opinion, what would make this neighborhood a safer place to walk? Participants could select multiple answers. (36 blocks were evaluated)

Response	Percent (%) of blocks
Less cars	2.8
Cars that go slower	5.6
Nicer people	2.8
Fenced in dogs	0
More sidewalks or paths to walk or bike on	22.2
More sidewalks or paths leading to where you need to go	5.6
More lights	16.7
Safer places to cross streets	16.7
Cleaner air from cars or lots of trash	19.4
Nothing. The streets in this neighborhood are a safe place to walk and/or ride a bike	8.3
Other reason*	58.3

* Responses equal more than 100% because multiple responses could be selected.

**NOTES for question 3– other responses included the following:

- Better parking for cars so they aren't blocking the sidewalk
- Cleaner yards, better kept fences
- Well kept houses. A lot of trash - would be better to be picked up.
- Physical improvements of sidewalk on east side - rough and holes
- This street is full of rentals and it is clear that there is no community pride. Unsafe because one has to walk down middle of street and dodge cars
- Need better sidewalks, sidewalks are cracked and somewhat uneven
- The existing sidewalk on south side of Lehigh is deteriorating, icy, and wide; the buffered sidewalk on north side is missing and deteriorating

- Continue sidewalks across alleyways and driveways
- Sidewalk replacement
- Replace sidewalk
- Consistent frontage
- Wider sidewalks (mentioned a total of four times)
- Sidewalk on east side is inconsistent
- Having more space between sidewalk and cars
- Irving and Oxford has awkward angles to cross at
- Sweep sidewalk
- Less sand

Please provide any additional comments about your experience in space provided below.

- Dive bar is located right across the street from a childcare facility
- Another bar located across the street from childcare. No places for kids to go after school.
- No houses felt very open on east side. It's nice on east side as you see it connects to path in park. Had to cross 'alley' - narrow one way part of Mansfield seemed spooky. Electric wires didn't make child feel safe. "Do not Enter" signs not inviting to walk by. We have an SRTS grant to put a sidewalk along Mansfield that will tie in to S. Knox Ct. at the park
- Typically this is a very busy street. Houses and yards in disrepair made my child feel scared.
- East side of street: sidewalk ends, hole in sidewalk, crossing at King and Lehigh, West side: uneven sidewalk
- Ramp at crossing at SW corner of King and Milan, ramps at Lowell, ramps at Milan and Lowell, but don't face the right direction - set up to cross Lowell, but there's no sidewalk across Lowell to cross to
- These apts complex of this street are unkept and one does not feel safe when walking by them.
- The apartment complex on south side - people who own/manage/live in it have no motivation to keep grounds clean and free of trash
- Kenyon Ave. sidewalk is horrible
- Between Lowell and King on Kenyon, south side of street sidewalk needs replaced. A disabled person living on the corner has difficulty walking on sidewalk.
- Crosswalk paint missing- you cannot see it, pictures end with pic of crosswalk at Milan/Irving
- Pictures end showing how one section of sidewalk was widened by adding 6 in. of concrete
- Cars parked in driveway block sidewalk - driveway and sidewalk too narrow
- cracked /broken sidewalk at Milan and Federal
- The east side of Federal felt safer than the Oxford/Mansfield section because the sidewalk was about 4 ft. away from Federal so I did feel like the cars were right along side of me.
- East side the sidewalk was inconsistent / missing. There was a valve cover missing and the hole was exposed. The sidewalk was in better condition on the west side. There was a barking dog on the west side, see picture with red car in front

- When bus came by there less than 5 ft. between my daughter on sidewalk and the bus on the street
- This area is in a school zone - slower traffic speeds, wide sidewalks, and crosswalks everywhere
- North side is attractive for walking, south side not as much

4. Did you cross any streets? (If no, go to question 5) (36 blocks evaluated)

Response	Percent (%) of blocks
Yes	80.9
No	19.1

5. Which street(s) were easy to cross? Please write the name of the street(s) that were easy to cross.

- Lowell and Mansfield
- S. Knox Ct. - even had ADA ramps
- King at Milan (also listed as difficult to cross)
- Lehigh at Lowell (also listed as difficult to cross)
- West side of Julian to west - no/little traffic at 930am
- S. Irving St.
- S. Knox Ct.
- All intersections are good
- W. Kenyon Ave.
- Milan
- Green
- Oxford and Federal
- Grove - but no striped walk on street
- Hazel Ct. @ Oxford - nice, safe crosswalks, in a school zone, probably why the street has nice safe crosswalks
- Oxford and Hooker
- Oxford and Irving – has crosswalk (also mentioned as difficult to cross)
- Crossed at Quincy, a little traffic
- Oxford, moderate traffic

6. A. Which street(s) were hard to cross? Please write the name of the street(s) that were hard to cross. (11 blocks had streets that were difficult to cross)

- Milan Ave. - cars going fast
- King at Lehigh
- Milan Ave. at King
- Lowell at Lehigh
- W. Milan Ave and S. Irving St.
- W. Milan and S. Hooker St.
- Federal Blvd

- Federal and Milan (mentioned twice)
- Oxford @ Federal - afraid of right turning vehicles coming off Federal
- Oxford and Irving

B. Why was the street(s) hard to cross? (check all that apply)

Response	Percent (%) of 11 streets that were listed as difficult to cross*
Street was too wide	36.4
Traffic was too fast	36.4
Traffic light made you wait too long or didn't give you enough time to cross	0
View of traffic was blocked	9.1
No ramp, or ramp needed repair	36.4
No crosswalk or striping	18.2
Other**	45.5

* Responses equal more than 100% because respondents could select multiple answers.

**NOTES for question 4 – other responses included the following

- Not paved, uneven
- Paint worn off, no crosswalk
- No safe way to cross
- Noisy
- Awkward

Limitations of Methods

HIA Community Survey

The HIA Community Survey was administered to a group of people (sample) that just happened to be in attendance at various locations in Sheridan when the survey was administered. This type of sample is called a convenience sample. The survey was administered in the following locations to capture input from a diverse group of respondents. City of Sheridan Recreation Center, Sharing with Sheridan Food Bank, City of Sheridan Library, PAWS meeting, and the Alice Terry Elementary Parents meeting. The survey asked respondents about the neighborhood they live in. Questions included the number of days/week that respondents bicycled or walked in their neighborhood for leisure or recreation, the reasons why community members initially moved to Sheridan, respondents' current perception of their neighborhood, availability of fresh fruits and vegetables, and types of housing residents would like to see in the future.

Surveys administered to a convenience sample of respondents provide important information about the people who took the survey. The limitation of a convenience sample is that the results can not be generalized to the entire population, or in this case, all of the residents of Sheridan. It can not be determined whether the responses of the people who did not take a survey would be the same or different from those who did take the survey. It's important to keep this in mind when interpreting the results.

Community Pedestrian Assessments

The Pedestrian Assessments engaged community members in a physical assessment of conditions for walking in Sheridan's Ft. Logan Northgate neighborhood. Participants documented conditions to identify any concerns or issues that would make walking difficult. The assessment asked participants their opinion(s) of the neighborhood as a place to walk, and why streets were difficult to cross. The assessment was completed once, and not repeated with another group of people to see if they had similar experiences and responses as the first group.

Research has shown that people's opinions or perceptions of a neighborhood are important to consider when promoting outdoor physical activity.⁴³⁻⁴⁵ A limitation of using opinion data, however, is that opinions are formed by beliefs, attitudes, and previous experiences, which vary widely among individuals. As an extreme example, if someone were previously hit by a car while walking on the street, or has small children then he/she may feel that 10 cars on a street segment is "too many cars" and keeps the neighborhood from being safe. On the other hand, someone who has not had these life experiences may not be bothered by the 10 cars on the street segment and does not feel that "too many cars" keeps the neighborhood from being a safe place to walk. The results from the pedestrian assessment were just a part of the overall assessment of the walking environment. To get a deeper understanding of the walking environment, the results from the Community Pedestrian Assessments were considered along with other quantitative and qualitative data obtained as part of the HIA.

Proposed language amendments for the Sheridan Comprehensive Plan based on the recommendations contained in the Health Impact Assessment (HIA)

March 31, 2015

The following proposed amendments were developed in partnership with the Sheridan City Planner and the HIA Team to incorporate the recommendations presented through the HIA. The document is organized by the chapters in the proposed Comprehensive Plan. Newly proposed goals, objectives, and actions are indicated in the following text as “new.” Suggested language to amend existing goals, objectives and goals are indicated as “amend.” There is also suggested language for new sidebar definitions under each section.

Community Engagement and Special Events: CCE

New Sidebar Definition: Healthy Eating Active Living (HEAL): HEAL is a term used to describe actions and policies focused on increasing access to healthy food choices and opportunities for physical activity in communities. Healthy communities require healthy environments— neighborhoods, schools, childcare centers, and workplaces. People need environments structured in ways that help them access healthy foods and easily incorporate physical activity into their daily routines. (Healthy Eating Active Living Convergence Partnership:

http://www.convergencepartnership.org/atf/cf/%7B245A9B44-6DED-4ABD-A392-AE583809E350%7D/CP_Promising%20Strategies_printed.pdf)

New Sidebar Definition: LiveWell: LiveWell Colorado is a nonprofit organization committed to reducing obesity in Colorado by promoting healthy eating and physical activity. In addition to educating and inspiring people to make healthy choices, LiveWell Colorado focuses on policy, environmental and lifestyle changes that remove barriers and increase access to healthy behaviors. (LiveWell Website: <http://livewellcolorado.org/livewells-commitment/about-livewell>)

- Goal: Develop and maintain a wide variety of special events that attract visitors, boost the economy and strengthen the desired image of the community as a destination. CCE 2
 - **New Objective:** To serve as a role model and encourage healthy eating, establish healthy food policies for city government events. **CCE 2.3 p.34**
 - **New Action:** Work with LiveWell Colorado to establish Healthy Eating Active Living (HEAL) policies for the City. **2.3.1 p.34**
- **Amend Goal:** Encourage and support neighborhoods, community organizations, and schools with programs and **events that will serve and** engage the entire community. **CCE 3**

- **New Objective:** Support the coordination of schools, recreation centers, and other venues to expand free or low cost meals currently offered to low-income residents **CCE 3.2 p.35**
 - **New Action:** Work with Sheridan organizations and local restaurants to create a community calendar that advertises free and low cost meals. **CCE 3.2.1 p. 35**
- **New Objective:** Increase family incomes by enhancing access to and use of such federal programs. **CCE 3.3 p.35**
 - **New Action:** Publicize federal investments as the earned income tax credit (EITC), nutrition assistance, health care, child care, and Supplemental Nutrition Assistance Program (SNAP). **CCE 3.3.1 p.35**
 - **New Action:** Coordinate with Tri-County Health Department and Sheridan Health Services to improve access to and utilization of federal investments. **CCE 3.3.2 p.35**

Growth and Economic Development: CG

- Goal: Define and promote a positive image of Sheridan that capitalizes on community strengths and neighborhood themes and allows the City to market itself to attract businesses and residents. CG 1
 - **New Objective:** Incorporate messaging into the new branding campaign that resonates with small and emerging businesses in order to help recruit these businesses to locate in Sheridan. **CG 1.3 p. 38**
 - **New Action:** Coordinate with business development groups like the South Metro Denver Chamber of Commerce to share Sheridan’s new branding materials through their communication networks. **CG 1.3.1 p. 38**
- **Amend Existing Goal:** Explore opportunities to diversify the local economy by recruiting desirable new businesses to Sheridan **that bring living wage jobs to Sheridan residents**, while encouraging an environment where existing businesses thrive. CG 2 **p.39**
 - **New Action:** Build an attractive environment for small and emerging businesses by offering networking opportunities, assistance programs and a recognition program. **CG 2.1.4 p.39**
 - **New Objective:** Match new and existing employers with skills and education of Sheridan residents, encourage local hiring, and target specific employers who offer a living wage. **CG 2.4 p.39**
 - **New Action:** Work with existing businesses to encourage local hiring. **CG 2.4.1 p.39**

- **New Action:** Work with South Metro Denver Chamber of Commerce to identify potential employers to attract to Sheridan who fit the criteria above. **CG 2.4.2 p.39**
 - **New Objective:** Support the development of workforce development programs in Sheridan and align the City’s economic development efforts with building a stronger workforce. **CG2.5 p.39**
 - **New Action:** Work with area organizations that have business and workforce development programs such as South Metro Chamber and Arapahoe Community College to offer services to Sheridan residents. **CG 2.5.1 p.39**
 - **New Action:** Support the collaboration with the school district and other organizations on workforce development initiatives for youth. **CG 2.5.2 p.39**
- **New Goal:** Promote access to healthy food options through retail establishments. **CG 3 p.39-40**
 - **New Objective:** Promote the development of new and existing retail venues to sell fresh, healthy food in the areas of the City where healthy food access is a challenge. **CG 3.1 p.39-40**
 - **New Action:** Work with the South Metro Denver Chamber to recruit new healthy food retail vendors to the City. **CG 3.1.1 p.39-40**
 - **New Action:** Identify programs, incentives, and/or grants to encourage existing small grocery or convenience stores to sell fresh fruits and vegetables in underserved areas. **CG 3.1.2 p.39-40**

Land Use and Community Design: CLU

New Sidebar Definition: Community Resiliency: Community resilience is a measure of the sustained ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations (RAND Corporation: <http://www.rand.org/topics/community-resilience.html>)

New Sidebar Definition: Green Infrastructure: Green infrastructure is an approach to water management that protects, restores, or mimics the natural water cycle. Green infrastructure is effective, economical, and enhances community safety and quality of life. It means planting trees and restoring wetlands, rather than building a costly new water treatment plant. (American Rivers: <http://www.americanrivers.org/initiatives/pollution/green-infrastructure/what-is-green-infrastructure/>)

- **Goal:** Use the Future Land Use Map to revise the Zoning Map CLU1
 - **New Action:** Ensure all new mixed use zone districts create walkable and well-connected neighborhoods. **CLU 1.1.3 p.44**

- **New Objective:** Review the Zoning Code to ensure there are allowances for healthy food land uses including non-store food retail outlets and food producing activities. **CLU 1.4 p.45**
 - **New Action:** Identify zone districts where non-store food retail will be allowed. **CLU 1.4.1 p.45**
 - **New Action:** Identify non-store food retail types that are applicable to Sheridan. **CLU 1.4.2 p.45**
- **Amend Goal:** Ensure appropriate supply of housing in Sheridan at all density and affordability levels. **CLU 2 p.45**
 - **New Action:** Conduct a review of existing City policies to identify barriers to the development of a variety of housing types that appeal to a broad spectrum of Sheridan residents such as accessory dwelling units and cooperative housing. **CLU 2.1.4 p.45-46**
 - **Amend Action:** Rezone and amend zoning regulations to remove barriers to the development of a variety of housing types. **CLU 2.1.2 p.45-46**
 - **New Objective:** Where feasible, integrate housing for different income levels within new and infill projects. **CLU 2.2 p.45-46**
 - **New Action:** Consider the use of development incentives for incorporating affordable units into development projects. **CLU 2.2.1 p.45-46**
 - **New Objective:** Ensure the development of housing is closely coordinated with the planning of transit stops, recreational amenities and community services in order to promote a more accessible and walkable city. **CLU 2.3 p.45-46**
 - **New Action:** Work with the Regional Transportation District (RTD) and South Suburban Parks and Recreation District (SSPRD) to provide access to transit and recreational opportunities when new housing is considered. **CLU 2.3.1 p.45-46**
- Goal: Capitalize on opportunities for growth and redevelopment in Sheridan. **CLU 4**
 - **New Objective:** Ensure that new growth areas and redevelopment plans incorporate transportation access and active transportation options into the overall vision for the area. **CLU 4.4 p.46-47**
 - **New Action:** Work with the Regional Transportation District (RTD) and South Suburban Parks and Recreation District (SSPRD) to provide access to transit and active transportation opportunities in new growth and redevelopment areas. **CLU 4.4.1 p.46-47**

- Goal: Provide more opportunities for walking and promote walking as a viable transportation option in Sheridan. CLU 5
 - Objective: Encourage mixed use, cluster development and central parking facilities. CLU 5.4
 - **New Action:** Review the current zoning regulations and consider updating site plan requirements that promote pedestrian and bicycle infrastructure on private property such as sidewalks and bicycle parking. **CLU 5.4.2**
 - **New Objective:** Identify and prioritize pedestrian and bicycle infrastructure investments that get people from where they live to places they want to go like businesses, schools, recreation center, parks, and transit stops. **CLU 5.5**
 - **New Action:** Encourage the development of new complementary land uses not already present in residential neighborhoods, such as grocery stores, basic commercial services, parks and recreational fields, and schools. **CLU 5.5.1**
 - **Amend Objective:** As part of an overall branding campaign to unify Sheridan as an urban community in the Denver suburbs, develop a public way-finding signage plan *in multiple languages* to direct residents and visitors to **public transit**, and places and facilities of interest in Sheridan. **CLU6.2 p.49**
- **New Goal:** Promote more resilient development practices for new projects and redevelopment areas. **CLU 8**
 - **New Objective:** Promote integrating stormwater management into landscape planning in an effort to support green infrastructure and increase the attractiveness of stormwater management infrastructure. **CLU 6.1 p.51**
 - **New Action:** Encourage integration of stormwater management practices in site design and landscaping requirements. **CLU 6.1.1 p.51**

Recreation, Open Space and Culture: CROSC

New Sidebar definition: Shared Use: Occurs when government entities, or sometimes private nonprofit organizations, agree to open or broaden access to their facilities for community use. (Change Labs: <http://changelabsolutions.org/shared-use>)

- **Amend Goal: Improve** community quality of life, **health**, attractiveness, and identity by providing recreational opportunities through the creation and maintenance of a sustainable system of interconnected parks, trails and recreation facilities. **CROSC 1 p.52**
 - **New Objective:** Create a healthy food education program that includes education for healthy cooking and food shopping. **CROSC 1.2 p.53**

- **New Action:** Work with Sheridan Health Services, Tri-County Health Department and other organizations to develop and implement programs. **CROSC 1.2.1 p.53**
- **New objective:** Develop a “shared use” strategy to increase access to parks, trails, playgrounds, and recreational facilities for all Sheridan residents. **CROSC 1.3 p.53**
 - **New Action:** Work collaboratively with Sheridan School District and South Suburban Parks and Recreation to identify opportunities for increasing access to existing resources like playgrounds and recreation facilities. **CROSC 1.3.1 p.53**
 - **New Action:** Promote unified messaging about the resources available to Sheridan residents through existing communication portals from the City, Sheridan School District, and South Suburban Parks and Recreation. **CROSC 1.3.2 p.53**
- **New Objective:** Promote best practices for improving water quality through regional cooperation and public education initiatives. **CROSC 2.2 p.53**
 - **New Action:** Participate in regional water quality projects and initiatives to represent Sheridan’s unique water quality concerns. **CROSC 2.2.1 p.53**
 - **Move Action CROSC 2.1.4 under the CROSC 2.2. Make it Action CROSC 2.2.2.**
- **New Goal:** Increase the tree canopy through changes in city regulations and programs that encourage the planting of trees along streets and in new and redevelop of private property. **CROSC 3 p.53-54**
 - **New Objective:** Partner with organizations that provide assistance with tree-planting campaigns. **CROSC 3.1 p. 53-54**
 - **New Action:** Tree species should be selected for site suitability, superior form, disease resistance, regional performance, drought tolerance, urban tolerance, diversity, and mature size. **CROSC 3.1.1 p.53-54**
 - **New Action:** Review the current zoning regulations and consider updating landscape requirements to promote increased tree canopy in the city. **CROSC 3.1.2 p.53-54**

Transportation and Utilities: CT

New Sidebar Definition: Complete Streets: Complete Streets are streets for everyone. They are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities. Complete Streets make it easy to cross the street, walk to shops, and bicycle to work. (Smart Growth America: <http://www.smartgrowthamerica.org/complete-streets/complete-streets-fundamentals/complete-streets-faq>)

New Sidebar Definition: Active Transportation: Active transportation is any self-propelled, human-powered mode of transportation, such as walking or bicycling. (CDC: http://www.cdc.gov/healthyplaces/transportation/promote_strategy.htm)

- **Amended Objective:** Develop a multi-modal transportation master plan for the City with measurable goals that will provide guidance for infrastructure investments. **CT 1.1 p.58**
- **New Objective:** Consider a “Complete Streets” approach to street design and construction decisions to create safe and inviting environments for all ages and abilities to walk, bicycle, and use public transportation. **CT 1.2 p.59**
 - **New Action:** Adopt a Complete Streets policy that establishes a process for balancing the use of street right-of-way to accommodate pedestrian and bicycle needs, as well as transit, trucks, and personal vehicles in all infrastructure projects. **CT 1.2.1 p.59**
- **New Goal:** Work with adjacent communities and regional agencies on transportation demand management initiatives that lead to reduced vehicle miles traveled in and around the City of Sheridan. **CT 3 p.61**
 - **New Objective:** Participate in DRCOG initiatives that address transportation issues. **CT 3.1 p.61**
 - **New Action:** Continue to work with the City of Englewood to maximize the usage of light rail by residents of and employees of both communities. **CT 3.1.1 p.61**

Community Image: CN

- Goal: Clarify, advertise, and enforce existing ordinances designed to address negative community image issues to keep Sheridan clean, safe, and inviting for residents, visitors and business owners and operators. **CN 1 p.64**

- **New Objective:** Work with landlords to develop programs and practices that educate them about their responsibilities to the condition and the tenants of the properties. **CN 1.2 p.64-65**
 - **New Action:** Evaluate ways other communities encourage landlord education and propose new strategies for Sheridan. **CN 1.2.1 64-65**



HEALTHYdecisions
healthyPLACES

Integrating health
into community
decision making

www.tchd.org
hiaprogram@tchd.org

6162 South Willow Drive, Suite 100
Greenwood Village, CO 80111