# Advancing Bicycling for All:

## Perceptions of Active Transportation in White Center, Washington

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# Table of Contents

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# Acronyms & Abbreviations

| | |
|---|---|
| ACS | American Community Survey |
| APHA | American Public Health Association |
| BMI | Body Mass Index |
| Cascade | Cascade Bicycle Club |
| CBPR | Community-Based Participatory Research |
| CDA | White Center Community Development Association |
| CDC | Centers for Disease Control and Prevention |
| FGD | Focus Group Discussion |

# Executive Summary

## Background

Certain communities are disproportionately disadvantaged when it comes to healthy built environments and access to opportunities for engaging in active transportation. White Center is an urban unincorporated area of King County, Washington with high rates of racial, ethnic and economic diversity—common characteristics of populations who are historically underserved by active transportation infrastructure and programming.

## Methods

This project comprised five focus groups (48 total adults) conducted in four languages in White Center to assess perceptions around active transportation and traffic safety. We asked participants to identify reasons why they walk/bike, barriers and facilitators to active transportation, and ways to advance community-led advocacy on these issues.

## Findings

Across all groups, the most prominent barriers to active transportation centered on concerns about neighborhood safety and driver behavior, though clear differences exist in the themes extracted from English and non-English groups. While infrastructural enhancements, bike-centric programming and education were all cited as catalysts, the feeling of personal safety serves as an underlying baseline facilitator.

## Conclusion

Partners looking to advance accessibility of biking and walking for all must actively address neighborhood and traffic safety in tandem with built environment changes. This assessment is just one component of a broader ongoing process to encourage greater rates of active transportation. Through seeking to hear directly from community members, Cascade is better equipped to understand what changes represent the priorities and needs of people in White Center.

# Preface: Why White Center?

## A Diverse Urban Center in King County

In the most recent chapter of its history, White Center's development as a streetcar-era suburb of Seattle served as catalyst for transformation to its present state.[1] Due to a higher volume of affordable commercial space and nearby housing, White Center became a welcoming entry point for immigrants and refugees to the area through the decades, and it has grown into one of the most diverse communities in the region.[2] An unincorporated neighborhood in King County, Washington found between West Seattle and Burien (FIGURE 1), White Center is home to a community with high rates of racial, ethnic and economic diversity—common characteristics of populations who are historically underserved in active transportation. A table summarizing key demographic data on White Center's population can be found in Appendix A. A few highlights from the most recently available American Community Survey (ACS) data:[3]

- White Center is much more **racially diverse** than King County overall: 44% of White Center's population identifies as White only compared to 68% at the county level. Additionally, over double the proportion of residents identify as Black only, with 14% in White Center vs 6% in King County. The share of residents identifying with two or

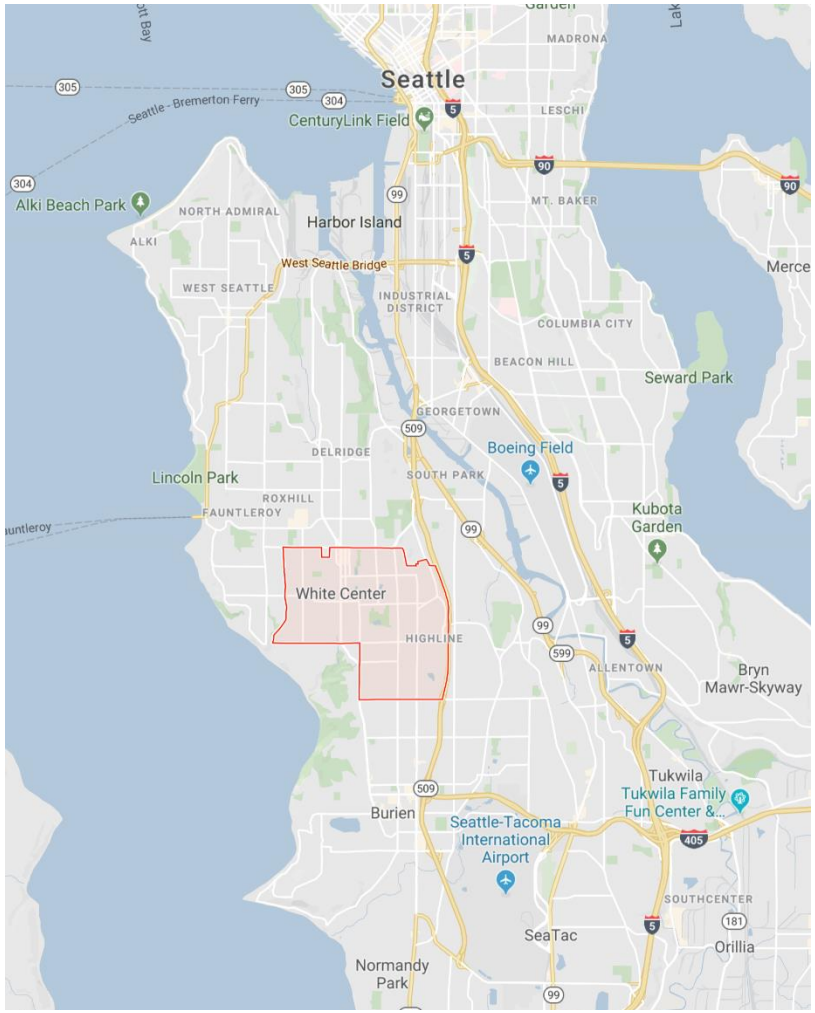


**FIGURE 1.** *White Center is an unincorporated urban area of King County located between West Seattle and Burien. Source: Google Maps.*

more races was 9% in White Center compared to 6% in King County overall.

- When it comes to **languages**, 55% of White Center residents indicated English as the primary language spoken at home, which is significantly below the 74% English response for King County. In White Center, Spanish is the primary home language for almost 20% of the population compared to just 7% of homes county-wide.

- **Household income** is another data point with a noteworthy gap. In White Center, median household income is around $43,500, whereas in King County this figure stands at over $75,000. Similarly, mean household income in White Center is a little under $57,000, almost half of the $102,000 mean for the county as a whole.

From March through July 2017, the White Center Community Development Association (CDA) conducted its own community survey, online and on paper, for people who live, work, worship or shop in White Center.[6] A total of 311 adults provided responses to a survey of over 80 questions concerning community topics such as safety, health education, economy, housing and civic engagement. Key survey findings informing this assessment:[7]

- According to survey data, **language most commonly spoken at home** include English (42%), Spanish (32%), Vietnamese (19%), Khmer (11%), Somali (7%), Other 4%) and Arabic (2%).
- When asked about their **country of birth**, 37% of participants responded that they were born in the US, with the remaining 63% indicating they were not born in the US.
- Of the participants who worked at the time of response, 71% drove, 14% took the bus, 9% walked and 2% biked as their means of **transport to work** (5% indicated they use another mode of transport).
- When asked about the **biggest challenges or problems with health** in White Center, 22% included the "cost of places to exercise" and 23% included "not enough places to exercise" in their top priorities.
- In responding to the **biggest challenges or problems with safety** in White Center, "not enough street lighting" (22%), "not enough bike lanes" (14%) and "poorly maintained parks or playgrounds" (13%) all appeared in the list of top priorities.

In 2016, the City of Seattle conducted a future state analysis looking towards the year 2035 with an equitable growth perspective. Though White Center is not technically within Seattle's municipal boundaries (yet), it is directly adjacent to the Westwood-Highland

Park urban village. While conversations about the potential annexation of White Center are ongoing, the area currently falls under the purview of King County, making it one of the few urban centers with this type of jurisdictional structure.[4] As the level of data desired for analysis is currently unavailable for White Center directly, we chose to examine Westwood-Highland Park as a proxy. In its quest to grow equitably, the City of Seattle developed indices analyzing displacement risk (looking at data on ability to withstand housing cost increases, structural barriers to finding new housing, amenities, development capacity under current zoning and median rent) and access to opportunity (considering measures related to education, economic opportunity, transit, civic infrastructure and public health) as well as a series of vulnerability indicators (including percentage of non-Hispanic White population, linguistic isolation, educational attainment, housing tenancy, housing cost-burdened households and household income).[5]

On all of these scales of analysis, Westwood-Highland Park received concerning scores: **high displacement risk, medium-to-low access to opportunity and high vulnerability**. Based on geographic proximity as well as conversations with long-time residents of the area, extrapolating these analyses across the city boundary would yield accurate growth trajectories for White Center. Indeed, given White Center residents do not have access to the same city-level resources as their neighbors in Westwood-Highland Park, these results may even be exacerbated. Despite the limitations of these assessments (cross-sectional snapshots based on best available data, complicated nuances around measuring opportunity, a complex relationship between growth and potential displacement, etc.), the high-risk warning resounds.

## Project Background

On October 1, 2016, Cascade Bicycle Club (Cascade), in partnership with King County Parks, the YES! Foundation and the CDA, launched Washington State's—and the country's—first-ever bicycle playground at Dick Thurnau Memorial Park (FIGURE 2).[8] The White Center Bicycle Playground resulted from a collaborative effort spanning several years. Initial discussions began in Spring 2014 around reactivating a pair of underused tennis courts by converting them into a bike playground. After the necessary grant funds were successfully obtained, community outreach conversations began in January 2016. Physical playground construction occurred between April and August 2016.

**FIGURE 2.** *The rendering on the left depicts the design firm's final plan for the White Center Bicycle Playground, and the photo on the right was taken during the playground's launch in October 2016. Sources: Alta Planning + Design (L),[9] Cascade Bicycle Club (R).[10]*

After the bike playground had been open to the public for about a year, Cascade and its partners wanted to leverage the excitement and momentum around family cycling to advocate for policy changes that further promote safe, healthy bicycling. Neither Cascade nor any community partners currently track playground usage, but at least anecdotally, the facility appears to have seen regular use and is well-regarded by individual families and local organizations alike. In addition, one of the key findings gleaned from a community conversation conducted with White Center residents about six months after playground launch was that while having this facility for cyclists to learn and practice bike safety is beneficial, safe places to ride their bikes out in the community are also needed.

To truly meet communities where they are and best address their priorities and needs, advocates must first understand current perceptions and needs among populations who have been historically underserved due to racial composition, economic status or otherwise. This project entailed conducting a community needs assessment consisting of various engagement approaches to learn about perceptions related to active transportation (with a particular focus on cycling) and neighborhood traffic safety in White Center. This assessment sought input and feedback from a range of White Center residents, with an emphasis on engaging members from historically underserved populations, and comprised five focus group discussions (FGDs) conducted in four languages. Findings will allow Cascade to advocate for community-identified education and policy priorities as we continue to support accountable, community-centered active transportation planning in White Center.

# Introduction

The built environment, including opportunities for engaging in active transportation, contributes to facilitating, promoting and sustaining health among populations. On the whole, the health benefits of physical activity are well-studied, and the positive effect of physical activity on health outcomes has become conventional wisdom. In recent years, the subdomain of **active transportation**—defined as modes of human-powered transportation such as biking and walking—has emerged as a priority area for policy makers and influential voices in health including the American Public Health Association (APHA) and Centers for Disease Control and Prevention (CDC).[11,12] Certain communities are disproportionately disadvantaged when it comes to high-quality and well-designed infrastructure, healthy built environments, and access to recreational activities and programming. While not the sole influencers, all of these factors play a role in either promoting or deterring active transportation.

When thinking about how to bring about greater engagement in active transportation, the social ecological model is an important guiding framework (FIGURE 3).[13,14] Effective interventions aim to create change at multiple levels. Charging people to be more physically active, both in transportation and recreation, without acknowledging and addressing environmental barriers will not be effective. On the other hand,

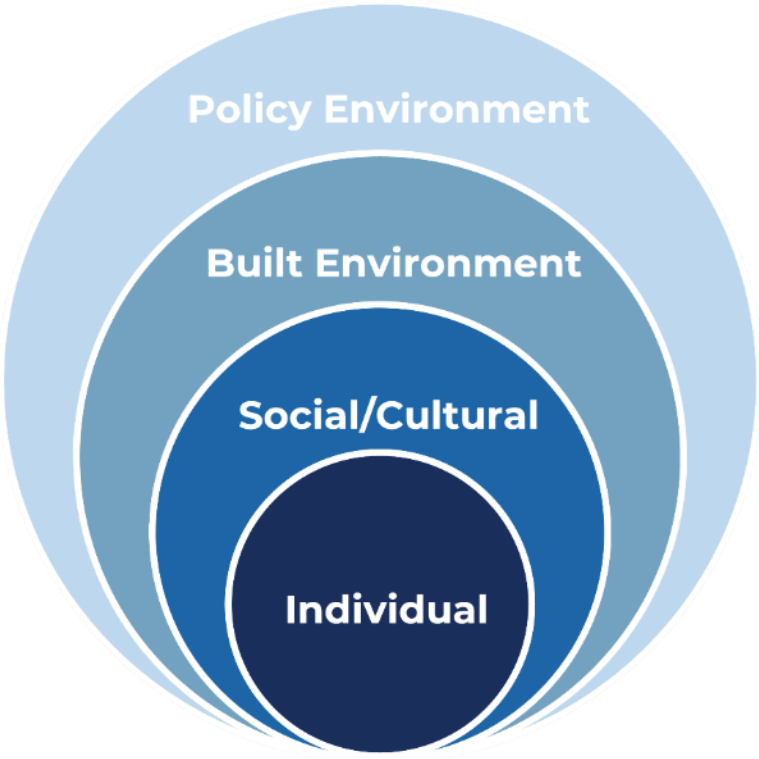


FIGURE 3. *This version of the social ecological model is adapted from Sallis et al. to simplify the domains relevant to this project.*

simply constructing a park, bike lanes or sidewalks will not necessarily lead to their use. Public health practitioners and planners alike need to work with communities to not just modify built environments but to create supportive policies as well.

## Community-Based Participatory Research

From its inception, this project was implemented through community-based participatory research (CBPR), an approach which equitably involves community members, community-based organizations, research leads and other stakeholders in all phases of the process. Through CBPR, all partners contribute to decision-making and have ownership over the design, implementation and results. Israel et al., in a much-cited study of community-based research methodologies, highlight the importance of recognizing different paradigms of knowing (e.g., positivism and constructivism) and considering how these may guide the process of developing appropriate data collection tools and processes.[15] Furthermore, they define community-based public health research as "a collaborative approach to research that equitably involves, for example, community members, organizational representatives and researchers in all aspects of the research process." Based on existing data, experiences and knowledge in the field of public health at the time, the team identified eight guiding principles for engaging in effective community-based research:

1. Recognize community as a unit of identity
2. Build on the strengths and resources within a community
3. Facilitate collaborative partnerships in all phases of the research
4. Integrate knowledge and action for mutual benefit of all partners
5. Promote a co-learning and empowering process that attends to social inequalities
6. Involve a cyclical, iterative process
7. Address health from both positive and ecological perspectives
8. Disseminate findings and knowledge gained to all partners

# Background

## The Current State of Active Transportation

Nationwide, we have seen positive developments in active transportation in recent years. Overall rates of biking and walking have risen, as has the commensurate demand for safe, pleasant and convenient spaces to do so.[16] According to the National Household Travel Survey, the number of bicycle trips more than doubled from 1.7 billion in 2001 to 4 billion in 2009; in that same time period, the average distance cycled annually per capita increased by over 7 miles.[17,18] Using aggregate data from all 50 states as well as the 50 most populous cities in the US, the Alliance for Biking and Walking saw modest increases in the percentage of adults who actively commute via bicycle, from 0.4% in 2005 to 0.6% in 2013; a similar growth trajectory was seen in adults who walk to work, with 2.5% in 2005 and 2.8% in 2013. Perhaps unsurprisingly, this trend experienced steeper increases among commuters in the most populous cities, with the 0.7% of adults biking to work growing to 1.2% in 2013; similarly, walking to work increased from 4.4% to 5.0% during this timeframe.[19] These gains are encouraging and demonstrate a promising trajectory around active commuting on foot and via bike. Rates of children and adolescents actively commuting to school have also seen gains—about 3% more school-aged youth walk to and from school in 2014 (18%) than they did in 2007 (15%).[19,20] Looking at the trends over the past 50 years, however, we see the proportion of children actively commuting to school has decreased significantly from 41% in 1969 to 13% in 2001.[21] Greater distances between home and school may account for up to half of this decline, as it is the most influential factor in the decision to bike or walk versus using other modes of transportation.[20]

### *Barriers and Facilitators to Cycling and Walking*

A systematic review by Pont et al. found that while the presence of recreational facilities and walk/bike paths in the community are possibly associated with greater levels of active transportation in children, household income levels and distance from origin to destination had a more significant effect.[22] Researchers have also found associations between fewer recreational facilities, lower quality facilities and low-income populations. An analysis of 42,857 US census block groups across the nation revealed blocks with lower socioeconomic status and higher proportions of racial/ethnic minority residents were less likely to have access to recreational facilities.[23] This lack of access partially accounted for the disparity seen in physical activity levels of adolescents residing in these areas compared to their peers in higher-income communities. The disparities highlighted by these findings build on the growing evidence

base that lower-income populations experience compounded disadvantages when it comes to obesogenic environmental exposures.[24]

Though lack of cycling infrastructure remains a logical deterrent to riding a bike, other factors are often at play. A recent study conducted by the Alan M. Voorhees Transportation Center found that in 34 Black and Hispanic communities in New Jersey, fear of traffic collision (58%) and fear of robbery/assault while bicycling (30%) stood as the top reported barriers to cycling based on a sample of 2,061 intercept surveys.[25] Additionally, while low-income and racial/ethnic minority groups are more likely than White persons to reside in areas of high walkability, they are also more likely to report their neighborhoods as aesthetically unpleasant, high in crime, heavy in traffic and low in social cohesion—all environmental factors which could affect one's decision to bike.[26] Likewise, research shows areas with higher poverty as well as greater proportions of self-identified Hispanic populations had more sidewalks and were higher in walkability; however, these same areas also had higher cyclist/pedestrian crash rates and higher rates of crime as well as poorer infrastructure, physical amenities, maintenance and overall perceived safety.[27]

When it comes to factors that encourage or promote cycling, studies have yielded myriad potential facilitators. Extensive availability of bike-related infrastructure (e.g., bike lanes and bike parking) as well as pro-bicycling policies and programming are all characteristic of countries and cities with high cycling levels.[28] In a review of 139 studies and 14 international city case studies, researchers found positive and statistically significant relationships between levels of cycling and a variety of factors: bike travel-related infrastructure elements, bike parking and end-of-trip facilities, integration of cycling and public transport, and bike-related programmatic and legal interventions.[29] Interestingly, while many of the examined elements influenced perceived safety and/or accessibility of cycling, this did not always translate into actually increasing engagement in the activity itself. Some of the most compelling facilitators highlighted in this review include:

- **Infrastructure:** On-road bicycle lanes, contraflow bike lanes (i.e., cyclists can travel in the opposite direction on one-way streets), separated bike paths and cycletracks, and maintenance of pavement quality
- **End-of-trip facilities:** Secured bike parking and shower facilities at the destination
- **Transit integration:** Bike parking at public transport stations

- **Programs and legal interventions:** Targeted marketing, Bike-to-Work Days (i.e., an increase in bicycling seen beyond the event), bike sharing/rental programs and reduced automobile speed limits

Additionally, in this same study, researchers observed cities adopting comprehensive packages of interventions—implementing multiple mutually supportive pro-bicycle policies while enhancing and expanding bicycle networks—have seen the most significant increases in the number of bicycle trips as well as share of people cycling.[29] Though not included as a focus area of this particular study, the availability and accessibility of safe biking routes to and from transit is an important consideration as well.[30] Here in King County, a cross-sectional study found certain perceived and objective environmental conditions, including presence and proximity of trails and high land-use mix, support a higher likelihood of cycling.[31]

### *Making the Case for Bicycle Playgrounds*

Bicycle playgrounds have emerged as recreational features that simultaneously promote active transportation and safe cycling education as well as enhance cycling accessibility. These parks provide a smaller-scale replica of a real street network which allows for cyclists of all ages to learn and practice how to bike safely on public roads (see FIGURE 2 on page 8). While still novel here in the US, bicycle playgrounds have become commonplace in countries throughout Europe. Also known as traffic rules playgrounds or traffic gardens, these facilities were implemented throughout the Czech Republic during the Communist era and are regularly used by school groups and individual residents alike.[32] After pilot testing for feasibility through a mobile bike playground in Copenhagen, the Danish Cyclists' Federation began rolling out permanent playgrounds nationwide in 2015.[33] Based on anecdotal evidence, these playgrounds have been successful in encouraging children to be physically active while learning how to cycle safely in traffic; however, formal research on the benefits of such facilities remains a gap.

## The Built Environment, Active Transportation and Health Outcomes

Evidence abounds to support built environment modifications leading to increases in active transportation engagement, safety and related health outcomes. Right here in King County, Washington, a 5% increase in a neighborhood's walkability index score (which considers factors such as residential density, intersection density and land-use mix) was associated with a 32% increase in time engaged in active transportation, in addition to a 0.23-point reduction in body mass index (BMI).[34] Findings from a literature review of transportation infrastructure and cyclist safety suggest infrastructure has a profound influence on risk of injury and crash. In

particular, the presence of marked bike lanes and roundabouts with a designated cycling track were associated with significant reductions in cyclist injury rates.[35] Additionally, given active commuting necessitates a safe physical pathway from origin to destination, filling the infrastructural gaps in existing active transport networks has been touted as the most effective way to minimize costs and maximize benefits.[16] The ongoing Missing Link Project to complete a missing 1.4-mile segment of the Burke-Gilman Trail in Seattle's Ballard neighborhood is an example of this effort happening locally, and we are looking forward to seeing how active commuting rates—and the populations using this infrastructure—might change upon project completion.[36]

Active transportation has repeatedly been associated with positive health outcomes in both youth and adults. In a meta-analytic review of eight studies (173,146 total study participants), researchers found a robust protective effect of active commuting to work on cardiovascular outcomes including mortality, incident coronary heart disease, stroke, hypertension and diabetes.[37] Furthermore, in a cohort study of 30,548 women, those who walked or cycled to work for 30 minutes or more daily had a lower risk of breast cancer than their counterparts who utilized other means to commute.[38] Likewise, a 30-minute or longer commute via foot or bicycle was significantly associated with better self-reported mental health in men.[39] Active commuting to school has been associated with increased levels of moderate-to-vigorous physical activity and lower measures of adiposity among US youth between the ages of 12 and 19.[40] In a different study, adolescents who biked or walked to school not only got more physical activity (i.e., unstructured or recreational physical activity beyond the active transportation) than their counterparts who did not engage in active commuting, but they were also less likely to smoke.[41] Data also indicates active commuting to school is a protective factor against obesity later in life, as youth who actively commuted to school in kindergarten had a lower BMI z-score when they reached fifth grade.[42] In this study, the association between active commuting and lower adiposity was mirrored among a subset of children from "less-safe" neighborhoods. This finding could have actionable implications given lower-income populations, who tend to also live in neighborhoods matching the criteria for being "less-safe", have been found to be more vulnerable to obesity and related diseases.[26]

## Social Perceptions: Gentrification and Bike Infrastructure

Over the past couple decades, Seattle has become one of the fastest-growing metropolitan areas in the country, thanks in large part to the arrival and expansion of numerous technology-centered companies.[43,44] This trend has brought along with it many of the standard effects of rapid urban growth: soaring property values and rental rates, ever-increasing cost of living, and high risk of displacement (physical, economic and cultural).[5] The City of Seattle has implemented many infrastructural improvements, particularly

those oriented towards pedestrians and cyclists, and city planners and officials are looking ahead at the continued growth trajectory with an eye toward increased ridership and cyclist safety.[45]

These types of changes are often perceived to be initiated, designed and championed by community members with vocal influence and political power. As seen in cities nationwide from Washington, DC to Chicago, IL to Portland, OR, the addition of bike lanes and cycling infrastructure has become an omen of impending demographic change and gentrification.[46] Cycling has been shown to be more popular among adults who are male, White and younger (i.e., under the age of 40) as well as individuals who are already physically active independent of biking.[31,47] Though data exists to support an association between an influx of wealthier, White populations and increased investments in bike infrastructure, ACS data from 2008-2012 also shows a striking dichotomy debunking preconceptions that cycling is solely dominated by affluent White men: people most likely to cycle to work are either in the categories of least or most educated.[48,49] Given education levels are often used as proxies for economic status, these findings suggest a correlation which warrants further exploration, particularly in our local context.

# Methods

As non-residents with limited knowledge of White Center, we began this project by consulting leaders of community organizations and initiatives (including the CDA, YES! Foundation, YWCA and Major Taylor Project) for ideas around engaging community members appropriately and effectively. Through leveraging Cascade staff networks, the project lead built a connection with the CDA, who served as the primary community partner for the duration of the project. An initial consultation meeting at the CDA occurred in January 2018 and resulted in consensus around the timing and execution of data collection.

## LIterature Revlew

A literature review was conducted in November 2017 as a preliminary step to inform the project team around the following topics: 1) historical background and contextual information about White Center; 2) best practices around community-based qualitative research methods; 3) current trends in cycling; 4) the link between the built environment, active transportation and health outcomes; and 5) perceptions of developing bike infrastructure as relates to gentrification. Search methodology consisted of scanning through online

academic databases, examining the cited research in position papers and gray literature from key policy-influencing entities, and combing through existing reviews for relevant primary sources, as well as looking for pertinent media in the public space.

## Focus Group Discussions

After consultation with Cascade staff and partners familiar with the White Center context, the project team identified five main objectives for the assessment, shown in FIGURE 4. With these objectives in mind, focus group discussions (FGDs) emerged as the best option for collecting these types of qualitative data. FIGURE 5 provides a visual summary of the focus group planning, recruitment and execution processes.

Based on input from a team of CDA staff, the project team decided to conduct FGDs in English as well as in three of the most common non-English languages spoken in the community: Spanish, Somali and Vietnamese. Eligibility criteria for participation included residing or working in White Center and being aged 18 or over. We further consulted individuals involved in the social community of White Center for ideas around target populations and recruitment methods. CDA staff advised on starting points for participant recruitment as well as logistics around FGD implementation such as appropriate incentive amounts, provision of childcare, trusted interpretation/ translation services, and focus group locations, dates and times.

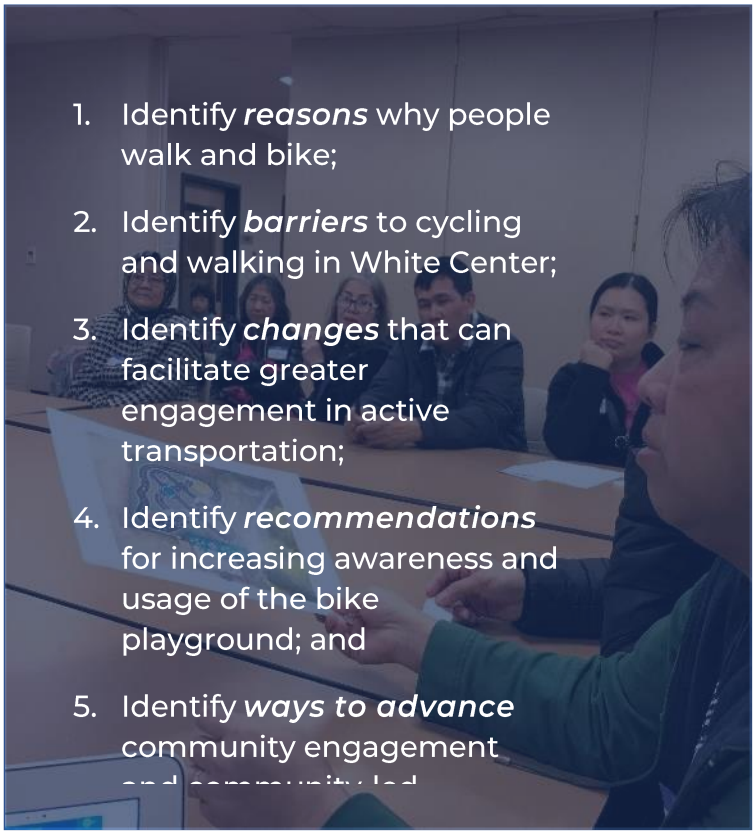


FIGURE 4. *The focus group discussions were built upon these five main objectives.*

Once the recruitment flyer was designed and translated (Appendix B), we circulated it through the CDA staff networks, passed it along to community leaders for targeted dissemination, posted it in various locations around White Center (libraries, community centers, coffee shops, etc.) and used it to recruit participants online through the White Center Facebook page. Additionally, in-person

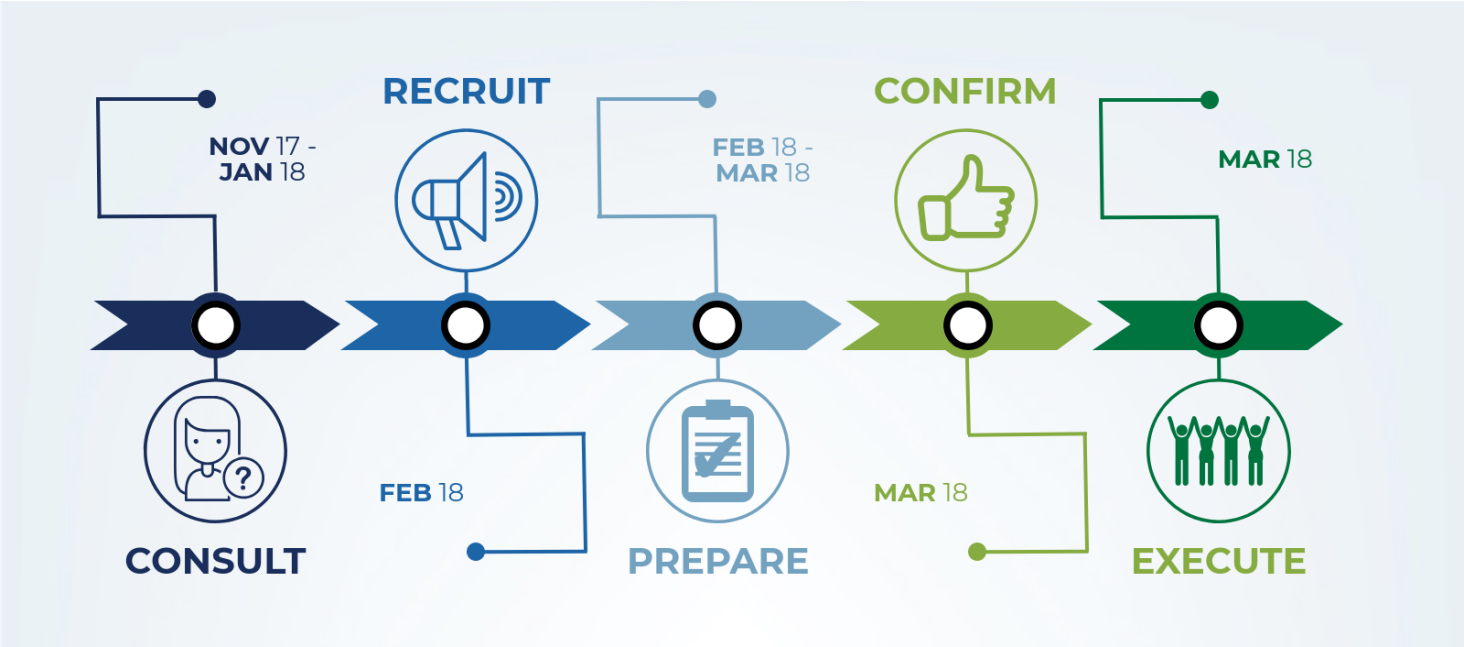


FIGURE 5. *Field work for this assessment took place between November 2017 and March 2018.*

recruitment was conducted throughout the month of February 2018 at the weekly Spanish-, Somali- and Vietnamese-speaking Play & Learn groups hosted by the CDA as well as at the White Center YWCA Job and Community Resource Fair.

Conversations with CDA staff led the team to arrive at a participant incentive of a $40 gift card to Safeway grocery stores. Once it became clear that participants in each of the desired language groups were interested, the team secured interpreters for live interpretation based on CDA recommendations and negotiated a compensation rate. The team also reserved locations for each focus group which were centrally located and familiar to the population base of interest (e.g., the Somali-speaking group was conducted at Seola Gardens, a housing development where a predominant portion of White Center's Somali community lives). Additionally, the

CDA assisted in coordinating trained interns to provide childcare at each of the sessions at a ratio of ~4 children per intern. The project team provided an assortment of snacks and drinks for participants and children present at each group.

For English-speaking FGDs, the project lead coordinated direct confirmation of each participant's attendance through phone, email or a combination of the two. Participants were alerted that they must be registered in order to participate and receive the incentive. Reminders were also made the day preceding each FGD to reconfirm participation. Due to the language barrier, the team relied on relationships with community liaisons who themselves were members of the respective non-English-speaking population for recruitment and confirmation of participants for the Spanish-, Somali- and Vietnamese-speaking FGDs.

Each of the five focus groups was held on a weeknight evening in March 2018 for one hour. The project lead served as the main session facilitator, with an interpreter assisting in the Spanish, Somali and Vietnamese groups. The team developed a FGD guide consisting of 11 main questions and associated probes (**Appendix C**) to address the five objectives. These guides were shared with the interpreters in advance. The project lead had a phone conversation with each interpreter prior to the respective FGD to ensure the objectives and expectations were clear as well as to vet the questions for clarity and appropriateness. A notetaker was also present at each session to transcribe what was discussed.

## Data Analysis

We used constant comparison analysis across groups as a proxy for theoretical sampling, a common method used in social science qualitative research.[50,51] The project lead carefully reviewed the notes from each FGD chronologically and extracted all codes (i.e., open coding) as well as the number of times each code occurred throughout the discussion. Responses which were expressed under the wrong question or at a later part of the discussion were highlighted and recoded under the most appropriate question. The codes were then grouped into general categories (i.e., axial coding) and ordered based on frequency. During this phase, outliers were also tagged for exclusion from the frequency count. From these code groups, overall themes were developed. For questions where contrasting themes emerged, further sorting was conducted to identify the top themes distinct to English and non-English groups.

# Results

## Participant Characteristics

Over the course of five FGDs, 48 individuals provided input. The dates, languages and numbers of participants at each focus group can be found in TABLE 1.

**TABLE 1.** Focus group data.

| focus group # | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| date | 3/6/2018 | 3/16/2018 | 3/19/2018 | 3/21/2018 | 3/26/2018 |
| language | English | Spanish | Somali | Vietnamese | English |
| # of participants | 8 | 8 | 9 | 16 | 7 |

Participants had lived or worked in White Center for between 3 months and 28 years, with a fairly normal distribution in between—see FIGURE 6 for a more detailed breakdown of participants' tenure in White Center.

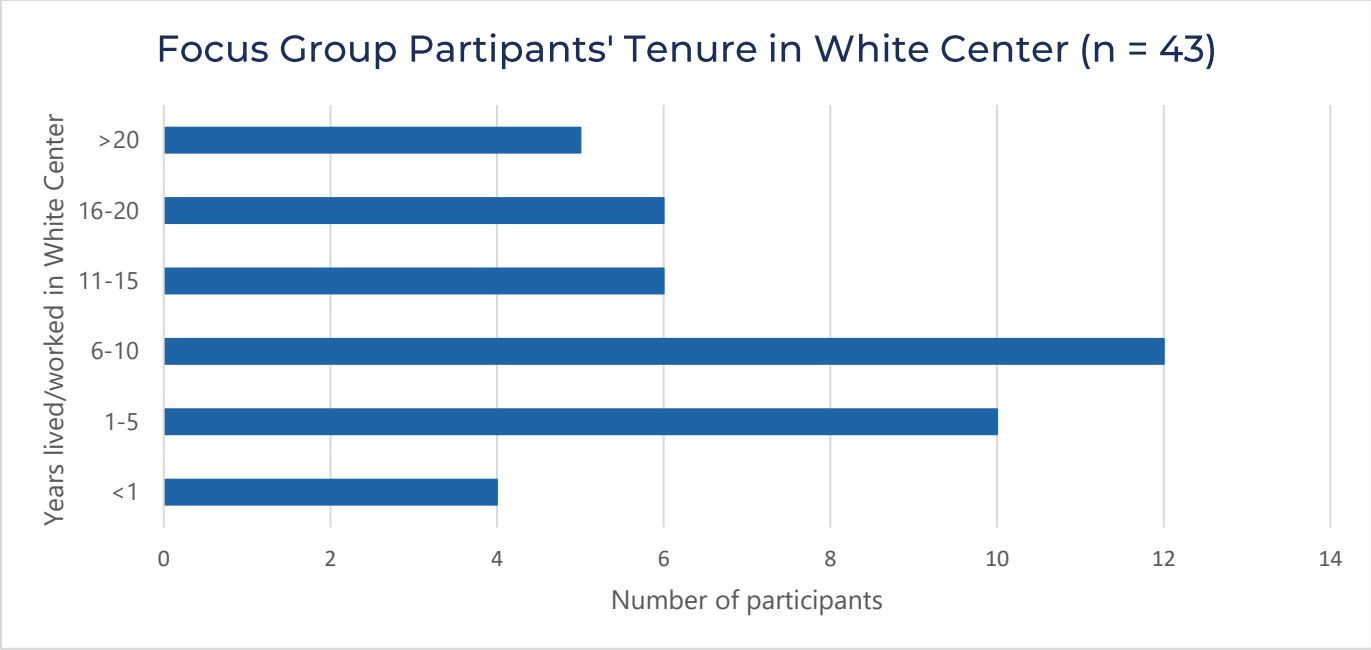


**FIGURE 6.** *The average participant tenure in White Center was 10.4 years.*

## Why Do People Walk and Bike?

Across all five focus groups, recreation represented the most common reason for engaging in active transportation of any kind. Participant responses indicted they most often walk for exercise, to socialize with friends and neighbors, or to walk the dog. Commuting to school or work via walking was the second most common reason, followed by walking to access other modes of transit. Reasons falling under biking for recreation include exercise (i.e., for health, to relax, to reduce stress, etc.), fun and as a means of getting family members outside. The second most cited reason for biking was also to commute to school or work. Thirdly, participants indicated they bike in order to model good exercise habits for their kids. Worth noting is the Somali-speaking group unanimously expressed that while they frequently walk, they do not currently ride bikes, though they would be interested in doing so given the right circumstances.

## What are Barriers to Cycling and Walking in White Center?

Participant responses related to factors hindering them from walking and cycling more regularly in White Center are captured in TABLE 2 below, in descending order with the most frequent answers appearing at the top.

TABLE 2. Participant-identified barriers to active transportation.

| Barriers | Examples |
|---|---|
| Concerns about neighborhood safety | • Crime and theft<br>• Bothered by people in the neighborhood<br>• Drug use<br>• Fear of attack/threats<br>• Uncomfortable with kids going out alone |
| Car-related safety concerns | • Speeding<br>• Cars not stopping for pedestrians<br>• Hit and runs<br>• Distracted and unsafe driving<br>• Lack of driver education around cyclist and pedestrian safety<br>• Too many cars in the neighborhood |
| Lacking bike infrastructure | • No or poor-quality bike lanes<br>• Incomplete or lack of safe bike routes<br>• No or limited bike parking |

| | |
|---|---|
| | • No safe places to store bikes |
| Lacking pedestrian infrastructure | • No sidewalks<br>• No crosswalks |
| Lack of bike education | • Don't know how to ride safely<br>• Not using proper safety equipment |
| Weather | • Rain<br>• Darkness |
| Visibility issues | • No streetlights |
| Poor road conditions | • Potholes<br>• Road debris<br>• Roads aren't built for bikes |
| Lack of enforcement | • Traffic violations<br>• Crime |
| Terrain | • Hills are challenging to bike on |
| Cost | • Equipment is expensive<br>• Repairs are expensive |
| Lack of destinations | • No attractive destinations to bike or walk to<br>• Parks are not well maintained |
| Lack of bike culture | • Don't see many other people riding around |

Within English-speaking groups, the five most frequently expressed barriers included driver behavior, bike infrastructure, general neighborhood safety, poor road conditions and issues around visibility. In the non-English-speaking groups, concerns around neighborhood safety and driver behavior were noticeably emphasized, followed by weather, visibility issues and poor road conditions. Additionally, several unique themes surfaced from the Somali-speaking group around the participants' roles as mothers (i.e., no time for walking or biking, husbands usually take the kids out for recreational activities) and perceptions that bikes are inaccessible due to their cultural modes of dress (i.e., long garments and hijabs).

## What Changes Could Facilitate Greater Engagement in Active Transportation?

Most participants indicated they would like to bike and walk more in their neighborhood; however, in all groups, this was accompanied by a caveat that increased levels of active transportation would only be desirable if changes were made to address barriers and enhance safety. The most frequently cited category of facilitators—a visible response to safety concerns—reflects this sentiment. All categories of facilitators and cited examples are included in TABLE 3 below, presented in descending order according to frequency mentioned.

TABLE 3. Participant-identified facilitators to active transportation.

| Facilitators | Examples |
|---|---|
| Visible response to safety concerns (peace of mind) | • Speeding enforcement<br>• Enforcement around traffic/safety violations (e.g., running red lights or stop signs)<br>• Seeing action taken to make neighborhoods safer |

| | |
|---|---|
| Bike-friendly roads | • Protected and separated bike lanes<br>• Improvements to and maintenance of bike lanes<br>• Cleaned-up roads (e.g., debris removed, potholes filled)<br>• Better bike routes (especially north-south)<br>• Less cars on the road |
| Pedestrian infrastructure | • More sidewalks<br>• More crosswalks, and crosswalks equipped with flashers |
| Improved visibility | • Street lighting |
| More community bike safety education/ awareness | • Education campaigns<br>• Signage alerting drivers about cyclists |
| Bike access and infrastructure | • Access to bikes<br>• Access to safety equipment (e.g., bike lights, helmets, etc.)<br>• More bike parking<br>• Safe bike storage |

## How Can We Increase Awareness and Usage of the Bike Playground?

Focus group participants had a range of knowledge about the White Center Bicycle Playground at Dick Thurnau Memorial Park. While some participants knew about the park, only one person mentioned actually taking their kids there to bike around. The vast majority of people did not know about the playground, even those who frequently walk by the park. Participants shared recommendations for building greater awareness of the playground's existence and engaging families to use it:

- **Publicize through school networks** by passing out/hanging flyers, conducting joint programming with school-based programs, and engaging teachers and staff.

- **Advertise in the community** at housing rental offices, YWCA, food bank, Boys & Girls Club and similar settings.
- **Add more prominent signage** on site as well as wayfinding around the park area. Also, consider how to improve the ability to access the playground by foot or bike (e.g., ensure there is a direct route for bike access from the street, create a crosswalk at the nearby intersection leading to the park, etc.).
- **Promote on social media** through the White Center Facebook page, the White Center blog and other web-based channels.
- **Use the playground as the site for hosting community events** like bike education and safety days with activities for kids and families. Also, consider partnering with local organizations to host events directed towards groups who are interested in biking but may face unique barriers (e.g., Somali women).

## How Can We Advance Community-Led Advocacy in White Center?

The final area of interest explored through the FGDs was around how participants would go about creating change to address a need in their community. Across all groups, the most prominent theme was that people were unclear of who to turn to for help. Perhaps in part due to how White Center is uniquely situated as an urban yet unincorporated area, participants generally seemed to not know who their local governing officials and entities are. They did mention city and county council as well as local government (e.g., Chamber of Commerce) should be theoretically contacted. School officials and community organizations like the YWCA and CDA were also cited as possible starting points. Other ideas included contacting police, law enforcement or the housing authority. Participants also said they would look to others in their own communities, and some mentioned they themselves could organize for change.

Interestingly, a fairly pronounced divide appeared in the themes emerging from the English-speaking and non-English-speaking groups. English speakers tended to more frequently mention seeking help from local government, law enforcement, community organizations and schools, while non-English speakers were more inclined to look to members in their own community (e.g., friends and contacts at the CDA who spoke their language) and to express a desire to self-mobilize around tackling issues important to them.

# Discussion

The reasons for engaging in walking and/or biking most frequently revolve around **recreation**. This is significant because it indicates participants are most concerned about having safe, accessible spaces for exercising and being physically active with their family members, friends and neighbors. While commuting to work and school or engaging in multi-modal forms of transit (e.g., walking to the bus stop to take the bus to work) were also cited as common reasons for active transportation, the frequency of these was lower.

Based on the data gleaned from the five focus groups, a clear difference exists in the barriers of active transportation perceived by English and non-English groups. This could also be extrapolated to indicate a potentially similar trend between people native to the US and immigrants, an important consideration when working with culturally diverse communities. While this assessment did not seek to explicitly explore issues of race and how these might be associated with personal barriers and facilitators to biking and walking, disparities between white and non-white populations have been found in other contexts across the US.[25,52,53] The fact that **personal safety concerns**, both due to overall perceived neighborhood safety and the behavior of drivers in the area, emerged as the most common theme reveals interventions addressing issues beyond individual knowledge, skills and behavior are necessary to achieve higher rates of active transportation. Without changes to broader environmental issues to enhance community safety and individual peace of mind, programmatic and infrastructural changes could still result in persisting low levels of motivation. Also, worth noting is the removal of this barrier could result in significantly higher numbers of pedestrians and cyclists around the neighborhood, which would in turn change the overall culture around active transportation in White Center.

We can see some alignment between the perceived barriers and facilitators (i.e., expressed barriers could be overcome with the cited facilitators). The desire for actions to be taken to address safety concerns through **visible efforts to enhance neighborhood safety** and **increased enforcement traffic safety laws** points to how personal peace of mind and community trust (or lack thereof) influences one's desire and likelihood to engage in active transportation. While infrastructural additions, enhancements and improvements, bike-centric programming and education were all cited as facilitators, as is the case from the barriers perspective, the feeling of personal safety serves as an underlying facilitator. When these changes are addressed in tandem, people are more likely to engage in higher rates of biking and walking than if they experienced built environment modifications or neighborhood safety enhancements alone. Of special note is that while the Somali-speaking participants are not currently engaging in cycling, they

expressed great enthusiasm around wanting to learn how to bike if the right types of equipment (e.g., step-through frame or folding bikes which are easier to ride while wearing long garments) and culturally-sensitive bike education were made available.

With regards to the bike playground, FGD findings yield mixed results. While it is discouraging most people were not aware of the playground, participants did express they would be interested in frequenting the park if it were more accessible. Some of the suggested changes, such as adding signage, are relatively easy and inexpensive to implement but could yield significant results. They also shared numerous ways they felt greater awareness could be built in order to further activate the space. This presents a direct opportunity for Cascade to tailor programming and initiatives towards leveraging this infrastructural resource in encouraging more people to engage in active transportation.

The final area of interest stemmed from Cascade's desire to deepen community relationships and engagement in White Center. Prior to this assessment, Cascade' presence in the White Center community spanned back over 10 years by way of Major Taylor Project after school clubs, which seek to empower youth from diverse communities through bicycling. Beyond the life of this project, Cascade hopes to continue investing in White Center through partnering with the community to fight for changes enhancing the health and safety of their home. The baseline knowledge around community engagement and mobilization collected through these focus groups serves to inform future initiatives around advocacy.

## Limitations

We acknowledge this assessment is not without limitations in both design and implementation:

- Despite efforts engage a broad audience base during recruitment, **reach of participants was still limited** to the people who encountered the outreach channels and were available to participate on the set focus group dates/times. We also relied heavily on community liaisons as our entry points to recruit non-English-speaking participants and encouraged them to use a snowball sampling technique to expand their reach. While working through these community gatekeepers afforded greater access to participants, we must also acknowledge they could simultaneously limit the diversity of people involved in the assessment based on their personal networks. Additionally, while focus groups were available in four language options, some interested participants declined due to their primary language being something other than English, Spanish, Somali or Vietnamese (e.g., Arabic, Khmer, Amharic, etc.).

- While the project team did request review of the FGD guide from Cascade staff familiar with the project context as well as the interpreters for each session, we **did not vet the questions with the CDA or other White Center-based partners**. This constituted a deviation from the CBPR principles.
- During each focus group, we **only had one notetaker** typing notes as the discussion progressed. The FGDs were not recorded. Additionally, the notetaker did not participate in the discussion in any way, including asking clarifying questions. This left some potential for transcription errors.
- Non-English FGDs included live interpretation with the English-speaking project lead serving as the primary facilitator for all sessions. As a result of the **continual interpretation throughout the session** and reliance on the interpreters' back translation to inform probes, some of the nuance and detail which could add to the overall richness of the data was inevitably lost.
- We **did not track responses by individual participant** during the FGDs, so we were unable to extract accurate proportions of each response (or category of responses) from each focus group. This deeper level of data could have allowed for a more extensive level of analysis through attributing instances of each response to more significantly highlight certain barriers or facilitators, for example.
- While some variation in the dynamics of each FGD existed, participants typically did not reiterate/repeat something another participant had already mentioned, even if they agreed. Some **notation of group consensus** (e.g., lots of nodding, others affirming) was included in the notes, though this methodology was not consistent. If further distillation to individual-level responses are warranted, we suggest applying a micro-interlocutor analysis method.
- Participants indicated they would feel more drawn to bike and walk more if they saw more enforcement around speeding and traffic/safety violations as well as other visible efforts to enhance neighborhood safety. This begs the question: ***What does safety mean?*** What constitutes safety could be different for everyone, but the elements of this definition are important for informing directed changes which could effectively facilitate greater engagement in active transportation.

# Conclusion

This assessment is just one component of a broader ongoing process to encourage greater rates of walking and biking. Through actively seeking to hear directly from community members, Cascade is better equipped to understand what changes represent the priorities and needs of people in White Center. An environment where all people feel safe is a critical baseline if we are to see more people engaging in active transportation. From there, advocacy can occur for other improvements such as sidewalks, crosswalks, streetlights and bike-friendly roads, to enhance overall neighborhood and traffic safety.

## Dissemination Plan

In line with the CBPR principles guiding this project, we plan to share assessment findings back to the community and sought to develop multiple dissemination channels to expand accessibility. In addition to this report, the team developed a short summary video—the video transcript can be found in **Appendix D**—with subtitles that can be translated into non-English languages as needed. Additionally, in lieu of a traditionally presentation, we invited community leaders, elected officials and Cascade staff (**Appendix E**) to join us for a 1-mile walking tour in White Center where we shared key findings. This form of dissemination enables people to physically see and experience some of the barriers and facilitators raised by participants during the focus group discussions, and it also creates an opportunity for sparking dialogue between the partners looking to advance active transportation in White Center.

# Recommendations

## Cascade Policy Team

- Pursue partnerships with local government and county officials to bring them into the conversation and to demonstrate the need for addressing broader neighborhood safety issues in order to encourage active transportation.
- Advocate for infrastructural improvements that will enhance overall neighborhood and traffic safety, such as sidewalks, crosswalks and streetlights.
- When advocating for bike-friendly roads, also push for the construction of safe, accessible bike parking and storage.
- Tailor and adapt advocacy activities to make them accessible and welcoming to diverse community members.
- Partner with local organizations like the CDA to ensure all work in the active transportation realm is culturally appropriate and representative of community wants and needs.
- Move ahead with conducting advocacy and leadership training with White Center community members.

## Cascade Education Team

- Continue to seek out opportunities to partner with local schools around bike education, specifically through using the bike playground.
- Tailor and adapt education and outreach activities so they are accessible and welcoming to diverse community members.
- Partner with organizations like the CDA to develop programming promoting active transportation for a wide range of community members from diverse cultural backgrounds and life stages.
- Host community events and/or campaigns to further promote bike safety for both cyclists and drivers.

# Lessons Learned

Throughout this project process, valuable lessons were gleaned which could be applicable for future work with the White Center community.

- **Remain flexible.** Participation, particularly for non-English groups, remained unconfirmed until the week or day of, and despite attempts to communicate participation limits (to preserve the integrity of the FGD), additional individuals still showed up. Researchers need to be prepared to handle these types of situations and make contingency plans.
- **Defer to the community-based partner.** One can conduct the most extensive background research on best practices of community engagement prior to entering, but certain nuances and understandings of community culture and dynamics will, by nature, remain with those who are members of the community. As such, working in close partnership with those based in the community is critical—they are the true experts when it comes to knowing and understanding the community norms and appropriate means of engagement.
- **Prioritize space to hear from community members.** To truly adhere to CBPR, mutual respect needs to exist between all project stakeholders. As can be clearly seen from the findings of this project, community members have no shortage of opinions, insights and recommendations; however, appropriate, accessible spaces must be created for their voices to be heard.

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# Appendix A: White Center's Key Demographic Data

| | |
|---|---|
| Total Population | 14,728 |
| Age (%) | |
| Under 5 | 6.8 |
| 5-17 | 17.6 |
| 18-64 | 65.3 |
| 65+ | 10.3 |
| Median Age (years) | 36.4 |
| Sex (%) | |
| Female | 49.1 |
| Male | 50.9 |
| Race (%) | |
| White only | 44.3 |
| Black or African American only | 13.6 |
| American Indian and Alaska Native only | 1.4 |
| Asian only | 17.5 |
| Native Hawaiian and Other Pacific Islander only | 6.5 |
| Some other race | 7.4 |
| Two or more races | 9.3 |
| Language (%) | |
| English only | 55.2 |
| Spanish | 19.6 |
| Other Indo-European languages | 1.6 |
| Asian and Pacific Island languages | 19.4 |
| Other languages | 4.2 |
| Household Income ($) | |
| Median | 43,516 |
| Mean | 56,991 |
| Household Income (%) | |
| <$10,000 | 10.3 |
| $10,000-$24,999 | 17.7 |
| $25,000-$49,999 | 28.6 |
| $50,000-$74,999 | 17.3 |
| $75,000-$99,999 | 8.5 |
| $100,000-$149,999 | 11.6 |
| >$150,000 | 6.0 |

# Appendix B: Focus Group Recruitment Flyers



Miyaad degen tahay mise ka shaqeesaa White Center?
✓ Adiga miyad jirtaa 18 ama ka weyntahay?
✓ Miyad ku lugeesaa mise baskiil ayaa ku wadataa xaafada gudaheeda?
✓ Maka walwashaa amaanka taraafikada iyo mashquulka baabuurta?
Waxa aan rabnaa in aad nala wadaagto ra'yigaaga!
Ka soo geybgal kulanka xafaada wada tashiga amniga, ahna halsaac oo kaliya. Dhamaan ka soo geyb galayaasha kulankan, waxa aad heleysaan $40 hadiyad ah.
Aan ku dadaalno sidaan xaafadeena White Center aan uga dhigi lahayn meel amni iyo nolol wanaagsan ka jirto!
Wixi faahfaahin dheraad ah, fadlan is diwaan gali, la soo xirir :
Cheryl Tam
610-256-8245
cherylt@cascadebicycleclub.org
cascade
BICYCLE CLUB


Có phải bạn sống hay là làm việc tại White Center không ?
✓ Có phải bạn 18 tuổi hoặc là lớn hơn không?
✓ Có phải bạn đi bộ hoặc là đi xe đạp quanh vùng hàng xóm không?
✓ Bạn có quan tâm về an toàn giao thông không?
Chúng tôi muốn lắng nghe bạn!
Hãy đến kết nối vói hàng xóm của bạn một tiếng đồng hồ để hội thoại về những đề tài này. Tất cả những người tham gia sẽ nhận được thẻ quà tặng là $40.00
Hãy giữ gìn vùng White Center an toàn và sức khỏe cho tất cả mọi người!
Muốn biết thêm tin tức và ghi tên, xin liên lạc:
Cheryl Tam
610-256-8245
cherylt@cascadebicycleclub.org
cascade
BICYCLE CLUB

# Appendix C: Focus Group Discussion Guide

**Needs:**

- Flipchart paper + markers
- Photos of safety improvements (mounted on cardstock)
- Snacks: clementines, cracker packs, cookie packs
- Drinks: small water bottles, juice boxes
- Napkins
- Sign-in sheets (w/ space for incentive receipt signature)
- Name badges
- Gift cards
- Pens

**Prep:**

- Write contact info on board or flipchart paper
- Set up snacks on one side of the room

**Introduction:**

Welcome and thank you for being here tonight. My name is Cheryl Tam, and I am working with Cascade Bicycle Club to learn more about what people in White Center think about biking and walking. The purpose of this session is to have a discussion about why you do or do not walk/bike and to identify ways for Cascade to work with the White Center community to enhance biking and walking in the neighborhood.

Your participation in this group is voluntary. There are no right or wrong answers, we simply want to hear about your experience and stories. The information you share with us is confidential, meaning your name will not be linked to any of the feedback you provide. I'll be taking notes to make sure we capture your experiences accurately. You do not have to respond to questions that you are uncomfortable answering. You are also welcome to ask any questions about the focus group during the session. I just ask that

everyone respects each other's responses, opinions, and confidentiality--meaning what is said within the group, stays within the group. Also, it is helpful if only one person speaks at a time.

If you need to take a break or use the restroom, please feel free to do so and return to the group when you are ready. Does anyone have questions at this time?

Let's get started.

**Questions:**

Introduction

1. Please share your name and how long you have lived (or worked) in White Center.

Warm-up

2. Who in your family has access to a bike?
3. What are the reasons you most often walk around White Center?
4. What are the reasons you most often bike around White Center?
    a. How would you like to bike in White Center? For transportation? With your family? For exercise? Other reasons?

Barriers

5. Are you walking and/or biking more or less than in the past couple years?
    a. Why? Has anything changed in your life or the local surroundings that led to this shift?

6. Would you like to bike/walk more?
    a. What prevents you from walking and/or biking more around White Center?
    b. *[Capture participants' answers on flipchart as they speak]*
    c. Does this list look right to you? Is anything missing?

Bike Playground

7. How many of you know about the bike playground in Dick Thurnau (Lakewood) Park?
    a. How could we make more people aware of this playground?
    b. What would you and your family like to see happen at the playground?
    c. What types of events would you be excited about attending?

Facilitators

8. What types of changes would encourage you/your family to bike more?
    a. What types of safety improvements would be most impactful?
    b. *[Show* photos *of bike lanes, flashing crosswalk beacons, speed reductions/bumps, lane narrowing, shared roadway, roundabouts, cycle tracks, etc.]* -- Are you familiar with these types of changes? Do you think they would make you feel safe enough to bike around? Do you have other ideas?

9. What types of changes would encourage you to walk more?

10. If you see a change that is needed in your community (for example, a crosswalk is needed near a school), who are you likely to turn to for help?
    a. How would you go about making that change?

Recap/Wrap-up

11. Is there anything else you'd like to share?

**Conclusion:**

Thank you again for your participation in this discussion. I really appreciate all of the thoughtful responses you shared. This information will be useful for maintaining and improving the health and safety of White Center. If you have any further questions about this session, our project or the results you may contact me via email or phone. Be sure to sign for the receipt of your gift card before leaving. Have a great night!

# Appendix D: Video Transcript

Hi, I'm Cheryl Tam, and I'm a policy research intern with Cascade Bicycle Club. Cascade is a non-profit organization with a mission to improve lives through bicycling. We seek to enhance the accessibility of cycling through education, events, policy improvements and advocacy. I'm here in White Center, which is an urban center in King County with high rates of racial, social, and economic diversity. These types of areas are historically underserved when it comes to active transportation, which is a term for human-powered modes of getting around, such as biking and walking. This means that the community usually lacks the same access to high-quality, well-designed infrastructure, recreational programming and transportation options compared to its surrounding neighborhoods.

Cascade wants to base our advocacy efforts on community-identified needs and priorities. We want to hear directly from communities about what they value and perceive as barriers and facilitators towards engagement in active transportation. We recently conducted an assessment to learn more about perceptions around active transportation here in White Center. Through community conversations, we heard that local residents were excited about the addition of this bike playground. It's the first of its kind in the US and provides a place for anyone to learn about cycling safely. Despite the enthusiasm surrounding the playground, we heard there is a strong interest for safe places to bike out in the neighborhoods as well.

Cascade worked closely with the White Center Community Development Association to determine effective, appropriate ways to hear from more members of the community. We conducted five total focus groups in four different languages: two in English, one in Spanish, one in Somali and one in Vietnamese. Through these focus groups, we were able to hear from almost 50 people who have been living and working in White Center for an average of 10 years. We asked each group questions like, *What are the reasons you most often walk and bike in White Center?* and *What types of changes would encourage you and your family to bike more?*

After an extended time of dialogue, here's what we found. Participants expressed a desire to walk and bike more, but certain changes must take place for them to do so. Across the board, participants highlighted that the most prominent barriers to active transportation are centered around personal safety concerns—specifically neighborhood safety and risky behavior of drivers in the area. This reveals that interventions need to address broader environmental issues to achieve higher rates of active transportation. While infrastructural additions and bike-centric programming and education were all cited as facilitators, the feeling of personal safety serves as an underlying facilitator.

Without changes to enhance community safety and individual peace of mind, motivation to bike and walk could still be low despite programmatic and infrastructural changes. Through listening to community members, Cascade is better-equipped to understand what changes represent the priorities and needs of residents in White Center. We need to actively create an environment where all people feel safe. If we want more people to bike, this baseline of personal safety has to be where we start. From there, we can begin advocating for other improvements such as sidewalks, crosswalks, streetlights and bike-friendly roads, to enhance overall neighborhood and traffic safety.

# Appendix E: Policy Walk Invitees

| Name | Organization + Position |
|---|---|
| Vicky Clarke | Cascade Bicycle Club, Seattle Policy Manager |
| Megan Conaway * | Cascade Bicycle Club, Advocacy Engagement Event Coordinator |
| Meghna Jaradi | Cascade Bicycle Club, Event Producer |
| Rachel Osias * | Cascade Bicycle Club, Youth Programs Manager |
| Ariana Rundquist | Cascade Bicycle Club, Digital Marketing Manager |
| Richard Smith * | Cascade Bicycle Club, Executive Director |
| Brent Tongco * | Cascade Bicycle Club, Senior Director of Communications & Marketing |
| Blake Trask * | Cascade Bicycle Club, Senior Policy Director |
| Ryan Young | Cascade Bicycle Club, Youth Programs Coordinator |
| Huong Kieu | Community member |
| Tam Nguyen | Community member |
| Deeqa Yusuf | Community member |
| Erin Dziedzic | Dziedzic Public Affairs |
| Suzy Knutson | Healthy King County Coalition, Coalition Organizer |

| | |
|---|---|
| Betsy Conrad | Kaiser Permanente, Community Health and Benefit Manager |
| Councilmember Joe McDermott | King County Council |
| Mandana Ashti * | King County Department of Transportation, Engineer |
| Keith Brown * | King County Department of Transportation, Engineer |
| John Vander Sluis * | King County Department of Transportation, Senior Planner |
| David Daw * | King County Housing Authority, Senior Resident Services Manager |
| Jean White * | King County Parks and Recreation, Regional Trails Program Manager |
| Seth Schromen-Wawrin * | Public Health Seattle and King County, Food Access Program Manager |
| Councilmember Lorena González | Seattle City Council, Position 9 (Chair of Gender Equity, Safe Communities, New Americans and Education) |
| Councilmember Lisa Herbold | Seattle City Council, District 1 |
| Councilmember Teresa Mosqueda | Seattle City Council, Position 8 (Chair of Housing, Health, Energy and Workers' Rights) |
| Jim Curtin | Seattle Department of Transportation, Traffic Safety Coordinator |
| Mitchell Lloyd * | Seattle Department of Transportation, Senior Transportation Planner |
| Diane Evans * | Tacoma-Pierce County Health Department, Health Promotion Coordinator |
| Marge Tully * | Tacoma-Pierce County Health Department, Health Promotion Coordinator |

| | |
|---|---|
| Kelsey Mesher * | Transportation Choices Coalition, Advocacy Director |
| Representative Eileen Cody | WA State House of Representatives, 34th District |
| Representative Joe Fitzgibbon | WA State House of Representatives, 34th District |
| Barb Chamberlain | Washington State Department of Transportation, Active Transportation Division Director |
| Charlotte Claybrooke | Washington State Department of Transportation, Active Transportation Program Manager |
| Justin Nawrocki | Washington State Department of Transportation, Bike/Pedestrian/Transit Coordinator |
| Thomas Noyes | Washington State Department of Transportation, Bike/Pedestrian/Transit Coordinator |
| Elaine Albertson | White Center Community Development Association, Data and Evaluation Manager |
| Sili Savusa | White Center Community Development Association, Executive Director |
| James Sok * | White Center Community Development Association, Neighborhood Revitalization Coordinator |
| Pat Thompson | YES! Foundation, Executive Director |

* *attended*