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Walkable communities of Salinas, California

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Senior Capstone/ Field Seminar

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Senior Capstone Project
Walkable Communities
Of
Salinas, California

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Abstract: Obesity has become an increasing problem for the past twenty years. Currently we are seeing the negative health and financial effects that obesity has on the United States. One method of reducing obesity is physical exercise, for example walking. A survey was done in Salinas, California in October/November 2003 to ask if people are walking and/or why they are not walking. If people are not walking, is there something that can be done to make Salinas a more walkable community.

Executive Summary

In the Monterey County Health Department, Project LEAN and the Nutrition Network work towards preventing obesity in the communities of South Monterey County. Project LEAN/Nutrition Network is a member of the Nutrition and Fitness Collaborative of the Central Coast. The Collaborative has chosen as its goals, to: reduce obesity, especially among children, increase physical activity levels, increase access to affordable, nutritious food.

Obesity has become one of the largest problems in American today. Over the past twenty years, the percentage of people who are overweight and obese has risen dramatically. That percentage does not show any sign of going down, while more convenient technology and fast, high calorie foods become more available. In order to stop this epidemic, a dramatic change is needed to reverse the amount of calories consumed and expanded. Walking is the number one form of physical activity that can be done anytime and anywhere, as well as being most likely to be continued throughout a lifespan.

Walkable Communities of Salinas, California, is a survey taken of 380 community members that asks if they walk, what things impact their walk, and if they do not walk, why not? This original survey of Salinas, provided information about specific zip codes that are in need of action due to the number of problems. The information from the surveys will be used as recommendations towards building more walkable communities in Salinas, California, through via Salinas' 2004 Pedestrian Plan.

“Walkability is the cornerstone and key to an urban area’s efficient ground transportation. Every trip begins and ends with walking. Walking remains the cheapest form of transport for all people, and the construction of a walkable community provides the most affordable transportation system any community can plan, design, construct and maintain. Walkable communities put urban environments back on a scale for sustainability of resources (both natural and economic) and lead to more social interaction, physical fitness and diminished crime and other social problems. Walkable communities are more liveable communities and lead to whole, happy, healthy lives for the people who live in them.”(Burden, 2004)

Project Lean / Nutrition Network

Project LEAN and the Nutrition Network are a part of the Monterey County Health Department. Within that, they are a part of the Community Health Division. Under this division are the Health Promotion and Chronic Disease Prevention Programs, which is where Project LEAN and Nutrition Network are housed. See Attachment A for the Monterey County Health Department's Organizational Chart. Project LEAN's goals are to: *create healthier communities through policy/environmental changes that support healthy eating and physical activity, educate Californians to choose healthier foods and be more physically active, conduct research based, consumer-driven nutrition and physical activity campaigns, serve as leaders coordinating state and local efforts promoting nutrition and physical activity.* Project LEAN educates low income, Hispanic mothers in the southern, rural areas of Monterey County, Hollister in San Benito County, and the Beach Flats area of Santa Cruz. Nutrition classes are provided by Project Lean at agencies in the communities where the women live, and the information is translated into their spoken languages. In the nutrition classes, information about healthier lifestyles is presented. The curriculum includes eating healthy foods low in fat, exercising, and stress management. This program came about when the rate of obesity people began to rise. Project Lean offers healthy alternatives to old unhealthy lifestyles

Introduction

Obesity has become one of the largest problems in American today. Over the past twenty years, the percentages of people who are overweight and obese have risen. That percentage does not show any sign of going down, while more convenient technology and fast, high calorie foods become more available. In order to stop this epidemic, a dramatic change is needed to reverse the amount of calories consumed and increase calories expended. In Salinas, CA, the Nutrition and Fitness Collaborative of the Central Coast has conducted a survey to understand why people are less active in the community, starting with walking, one of the easiest forms of exercise. With the results of this study, recommendations have been made in order to create a more walkable community, and thus, lower the rate of obesity.

Population

Salinas currently has a population of one hundred fifty thousand residents and is characterized by an international agribusiness industry, manufacturing facilities, retail, and wholesale trade, and blue collar and farm workers. In Salinas, 64% of the population is Latino, among which 75% are of Mexican descent and 45% are agricultural workers. The other primary ethnic group in Salinas is white, non-Hispanic (24%), within which a large number are poor and

also at high risk for chronic disease. The health profiles of Latinos are similar to health profiles of many other medically underserved populations in the United States. (Salud/Steps Proposal) Problem

Obesity is defined as having an excessively high amount of body fat in relation to lean body mass, commonly calculated through the BMI chart. Body Mass Index is a relationship between weight and height that is associated with body fat and health risk. According to the BMI (Body Mass Index) chart, a score over 30 is considered obese. A score of 25 to 30 is considered overweight. The BMI chart is the most commonly used instrument to measure the level of overweight and obesity. The following formula is commonly used in order to calculate BMI. (<http://www.cdc.gov/nccdphp/dnpa/obesity/bmi.htm>)

Figure 1

$$\text{BMI} = \left(\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

(<http://www.cdc.gov/nccdphp/dnpa/obesity/bmi.htm>) (www.niddk.nih.gov)

Obesity is a problem that affects one in five Americans. According to the chart below, obesity does not discriminate against anyone. Even though there is some difference in percentages between races, ages, and education, the percentage of obesity is increasing in every group. This information is from the Center for Disease Control, which is a nationwide agency. The CDC website is recognized as the lead federal agency for protecting the health and safety of people, while providing credible information to enhance health decisions and promote health. (http://www.cdc.gov/nccdphp/dnpa/obesity/trend/prev_char.htm)

Obesity in America, CDC

Characteristics	Percent Obese data by year:					
	1991	1995	1998	1999	2000	2001
Total	12.0	15.3	17.9	18.9	19.8	20.9
Gender						
Men	11.7	15.6	17.7	19.1	20.2	21.0
Women	12.2	15.0	18.1	18.6	19.4	20.8
Age groups						
18–29	7.1	10.1	12.1	12.1	13.5	14.0
30–39	11.3	14.4	16.9	18.6	20.2	20.5
40–49	15.8	17.9	21.2	22.4	22.9	24.7
50–59	16.1	21.6	23.8	24.2	25.6	26.1
60–69	14.7	19.4	21.3	22.3	22.9	25.3
>70	11.4	12.1	14.6	16.1	15.5	17.1
Race, ethnicity						
White, non Hispanic	11.3	14.5	16.6	17.7	18.5	19.6
Black, non Hispanic	19.3	22.6	26.9	27.3	29.3	31.1
Hispanic	11.6	16.8	20.8	21.5	23.4	23.7
Other	7.3	9.6	11.9	12.4	12.0	15.7
Educational Level						
Less than High School	16.5	20.1	24.1	25.3	26.1	27.4
High school degree	13.3	16.7	19.4	20.6	21.7	23.2
Some college	10.7	15.1	17.8	18.1	19.5	21.0
College or above	8.0	11.0	13.1	14.3	15.2	15.7
Smoking status						
Never smoked	12.0	15.2	17.9	19.0	19.9	20.9
Ex-smoker	14.0	17.9	20.9	21.5	22.7	23.9
Current smoker	9.9	12.3	14.8	15.7	16.3	17.8

(http://www.cdc.gov/nccdphp/dnpa/obesity/trend/prev_char.htm)

There are several factors that contribute to becoming obese and overweight. The three main contributing factors are energy balance, genes, and environment. These factors can explain how and why large populations of overweight and obese people are in this medical category. The energy balance refers to the number of calories taken in and burned off. The genetic

composition of some people may be a reason they store more calories. People that live in an environment that is not attractive or pleasant are more likely to stay home, using more technology, and burning fewer calories. Any of these reasons may lead to further unhealthy conditions.

(http://www.cdc.gov/nccdphp/dnpa/obesity/contributing_factors.htm)

Being obese may not often be a direct cause of death, but studies have shown that it can be a serious risk factor for health conditions that may eventually end in death. The following is a list of serious health conditions related to obesity.

- Diabetes (type 2)
- High blood pressure, hypertension
- High blood cholesterol
- Coronary heart disease
- Psychological disorders (such as depression, eating disorders, low self esteem, distorted body image)
- Strokes
- Gallstones
- Cognitive heart failure
- Poor female reproductive health (such as infertility, irregular ovulation)
- Some types of cancer (such as breast, colon, prostate, and endometrial)
- Complications during pregnancy

(<http://www.cdc.gov/nccdphp/dnpa/obesity/consequences.htm>)

Because of the many complications and related health conditions, the price of being overweight and obese has a huge impact on the United States' medical expenditures. There are both indirect and direct costs of being obese. The indirect costs are related to lost wages of people who are obese, disability, as well as future earning for the premature death of an obese and overweight person. The direct costs are related to preventative, diagnostic, and treatment services, such as doctor visits, medications, and hospitals. As of 2002, the total expenditure for obesity related medical costs in the United States reached \$78.5 billion.

(http://www.cdc.gov/nccdphp/dnpa/obesity/economic_consequences.htm)

In late 2003, a telephone survey was done on California adults to solicit their views concerning children and obesity. The survey was called *A Survey of Californians about the Problem of Childhood Obesity*, conducted for The California Endowment. This study surveyed over one thousand adults over the phone and interviewed each person to find out their concerns and recommendations regarding childhood obesity. (Field Research Cooperation, 2003) The study found that compared with other problems, like smoking, alcohol abuse, and unsafe sexual behaviors, they considered obesity a top health risk for children today. The surveyors also found that people believe that poor eating habits are a bigger problem than lack of physical exercise.

Overall, a majority of Californians surveyed believe that childhood obesity is a large problem that needs attention. They believe that both poor nutrition and lack of physical exercise causes childhood obesity. (Field Research Cooperation, 2003)

Another study was done in California in 2001 to better understand the problem of obesity in children. *An Epidemic: Overweight and Unfit Children in California Assembly Districts* was conducted by the California Center for Public Health Advocacy. The focus of this study was on children, due to the fact that children are now being diagnosed with medical condition, like diabetes type 2, which ten years ago was mainly found in adults. Because of a law passed in 1995, a mandate was put on schools to use the assessment tool called the FITNESSGRAM on all fifth, seventh, and ninth graders every two years, and to submit findings to the Governor and Legislature. This tool provided State-wide data to track the health of Californian children. (CCPHA, 2002) The study found that in 45 of the 80 Assembly Districts, at least one quarter of all children were overweight. In almost 98% of the Assembly Districts, at least one quarter of the children were unfit. Locally, in Monterey and San Benito Counties, 35% of all children tested were overweight and unfit. The local Latino population had the highest percentage of overweight, at 40.6%. Statewide, Latinos are the highest with 33.7% found to be overweight. The Asian American population has the lowest rate of obesity at 20.1%. One of the recommendations made was to enforce the state mandate of two hundred to four hundred minutes of physical activities every 10 days, though many school districts lack compliance with even these minimum standards. Increased physical activity and higher nutritional standards in schools are important to lower the number of children affected by obesity. (CCPHA, 2002)

One of the easiest forms of physical exercise is walking. Communities across America are currently creating walking groups and using competition to enhance their activities. Pedometers, a device which counts the numbers of steps one takes, are being used to compare walking distances, and encourage that activity. Walking burns calories and is gentle enough on the body that nearly all healthy people are able to do it on a regular basis. In such walking groups, they found 85% of the participants raised their activity level over 16 weeks. Below is a chart that shows the amount of calories that can be burned in short amounts of time walking. (Verrengia, 2003, pg.1)

Number of Calories a 150 pound person burns walking at a brisk pace (4 mph)

Time	Distance	Calories Burned
10 minutes	.67 miles	61
20 minutes	1.33 miles	122
30 minutes	2 miles	183
40 minutes	2.67 miles	244
50 minutes	3.33 miles	305
60 minutes	4 miles	366

(City Council, 2004, pg.8)

Unfortunately, while walking is encouraged, pedestrians have many obstacles that they face when walking on the streets. The more obstacles that one will face, the less amount of time one will spend in that environment. There are several reasons why pedestrians spend less time out in the community using walking as a form of commuting from place to place. High traffic, violence, and unattractive views are just a few reasons that discourage physical activities. Traffic conditions are a major factor discouraging walkers. See below for the local Salinas Streets and how many accidents have occurred at the intersection over a one-year period.

(www.mostlivable.org)

Dangerous Intersections in Salinas, CA for 2001-02

Streets	# Pedestrian Injuries
Garner/Sanborn	10
Sanborn/Acosta Plaza	9
Sanborn/Williams Road	10
Towt/ E. Lural	12
Del Monte Ave./ Williams Road	8
N. Madeira/ Market	9
Natividad/ Sorrentini	6
Bernal Dr./N. Main Street	6

(SAFE KIDS, 2002)

“Certain things need to be done to build the environment to create a norm in our society that embraces physical activity, as opposed to accepting a lifestyle that is largely built upon sedentary living,” said Richard Killingsworth, director of Active Living By Design.

(Srikameswaran, 2003, pg.1) “Researcher found that older women who thought of their neighborhoods as safe and “walkable” were twice as active as their peers who didn’t walk, suggesting that the creation of such environments would be a step in a healthier direction.”

(Srikameswaran, 2003, pg.1)

It has been shown that walkable communities are more likely to incorporate physical activity into the community. Walkable communities are designs that include walking accessible housing areas, local businesses, shopping centers, schools, and easy access to mass transit

systems. All of this would be together, mixing a variety of businesses, homes and schools in a walking-accessible area. When this design is used, more walking in the community results. People do not need to drive across town to go to work and buy groceries or drop their children off at school. Instead, parents can walk their children to school, walk to public transit, and walk to the store on the way home. (<http://www.smartgrowthamerica.org/>) (Macaluso, 2003, pg.1) (Moore, 2003, pg.1)

In order to understand why community members of Salinas are not walking, a survey was administered throughout the Salinas area. The name of the survey is called the Walkable Communities Survey. This survey was administered in both English and Spanish depending on the preference of the participant. Adjustments were made to the original survey from the www.walkinginfo.org and revised survey from the Community Traffic Safety Coalition of Santa Cruz County.

Because this project is a research project, a hypothesis was needed. Because we are trying to focus on why people are not walking, rather than who is not walking, we asked this question:

Hypothesis: Community design prevents people from incorporating walking and other physical exercise into their routine, contributing to obesity and related diseases. If the reasons for not walking are surveyed, analyzed, and presented to city planners and policy makers, will walkable communities result?

Six Registered Nurses from CSU Dominguez Hills administered and collected the surveys from outside businesses, at senior centers, at one high school, and any other agency that had community members at easy access. In order to reduce bias, orientation meetings were held to give the surveyors a similar approach and method to how they approached, described and helped the community participants.

Due to time and financial resources, this survey is a sample of convenience. A sample of convenience is a survey that is not an exact replica of the population that is being surveyed. Although we did attempt to reach people in every zip code and of all ages, we were not able to get surveys back from these categories that exactly represent the Salinas population. We also did not ask for ethnicity in the survey about who is not walking. The questions we are asking is why people are not walking, rather than who is not walking.

The survey asks the participant to identify themselves as either a walker or a non-walker. Walkers were asked to rate and describe the area that they usually walked. They were also asked about how often they walked, and when and how far they walked. Non-walkers were asked

their reasons for not walking. Both groups were asked to provide areas of walking, zip code, and age.

Overall Results

The survey was able to reach all age groups. Ages 6-12 represented 3%, ages 13-17 represented 19%, ages 18-25 represented 11%, ages 26-45 represented 28%, ages 46-64 represented 12%, and ages 65 and up made up 17% of the survey. Twelve percent of these surveyed reported having some sort of disability or walking challenges. The disabilities included use of stroller, wheelchair, and other physical disability.

Walker Results

- 40% walk Monday through Thursday
- 44% prefer to walk in the morning
- 75% walk during day light hours
- 41% of the walkers walk 1-4 day a week
- 43% walk more then two miles a week
- 46% walk for recreational and exercise purposes

Non-Walker Results

In order to break down the percentages for non-walkers, they were grouped into their zip codes to get a better snap shot of the areas that they live in and why they do not walk.

Zip Code Results

93901 (South Salinas)

Within the zip code of 93901, non-walkers made up 22% of the total population of the total survey. One quarter of the population surveyed in this area identified themselves as non-walkers. In this area there were fewer reported problems than are facing 93905. High traffic had the largest percentage at six percent.

93905 (East Salinas)

Within the zip code of 93905, non-walkers made up 13% of the total population of those surveyed. One third of those surveyed from 93905 identified themselves as non-walkers. Due to issues like scary people, high traffic, and trashy areas, 93905 have the second highest percentages for reported walking-related problems.

93906 (North Salinas)

Within the zip code of 93906, non-walkers made up 45% of the total population of the total survey. One third of the population surveyed identified themselves as non-walkers. This area seemed not to have many problems other than high traffic, according to seven percent.

93907 (new areas of Salinas/Prunedale)

Within the zip code of 93907, 6% represented the survey. Only fourteen percent of the 6% identified themselves as non-walkers. This area had the highest percentage of overall problems due to needing better scenery, too many scary people and dogs, and poorly lit areas.

93908 (Las Palmas, Spreckels, Corral de Tierra, San Benancio)

Nine percent of the total surveyed, lived near or in the areas of 93908. Twenty percent of the population surveyed in 93908 considered themselves non-walkers. Overall, area of 93908 had the least amount of problems reported. There are still issues concerning high traffic and poor lighting.

Quotes from the survey

When asked “*What are the reasons for not walking*”

Responses were: No partner, too much violence on my side of town, I don’t need to, I drive, I play video games, I am lazy, crime, teenagers enjoy scaring me, insults, gangs, no shopping cart access for homeless

When asked” *Why do you walk?*’

Responses were: dog, fun, exercise, stress relief

When asked “*where do you walk?*”

Response: parking lot at work

When asked “*Was it easy to cross streets?*”

Responses: cars don’t stop, honk at pedestrians, and ignore stop signs, no wheel chair access

These quotes from the surveys are important because these are not questions that were asked on the survey. The fill-in information is important to better understanding some of the problems that are affecting community members while they try to walk in their neighborhood. Although some of these views may be isolated cases, it is not fair to anyone that one feels they are unable to leave their home and risk attack, whether physically or emotionally.

The result of Walkable Communities Survey will be a policy brief that will describe the outcomes of all three counties (Monterey, San Benito, and Santa Cruz). This policy brief will be distributed to many key people, agencies, and community groups that will influence others in the community. Each recommendation will be made according to the outcomes of the surveys for each county. Because the counties chose different times to distribute and analyze the survey information, the policy brief will not be completed until mid-summer. Variances in times were made due to each county’s availability to dedicate time and resources to the survey process.

Below are the recommendations and target groups for the Salinas Walkable Communities Survey.

Due to the results of the Walkable Communities Survey, there are many issues that should be addressed in the community of Salinas. Because there are so many agencies, community groups, individuals, and committees that are associated with troublesome issues in the community, the following recommendations are suggested to several entities for action.

- ✓ We support the Salinas Police Department to continue and enforce their fight towards making areas, like making East Salinas, safe to walk in and free from scary, intimidating, and gang-related individuals.
- ✓ We support the Salinas Animal Control Division to be able to continue to control loose and scary dogs as well as other stray animals that may prohibit walkers in the community.
- ✓ We support the Park and Recreation Centers to provide more activities in the community and reach more people to be more active.
- ✓ We support the local schools for mandating physical education for at least two hundred to four hundred minutes for every ten days of school and encourage compliance by those not currently meeting this mandate. We also support making the local schools available for after school use by community members to act as a safe physical environment. This environment can be used by people of any age.
- ✓ We support City Planning and Zoning Groups in the building of new areas that are walkable in Salinas.
- ✓ We support the Pedestrian Safety Plan Committee in their recommendations to build the more walkable communities.
- ✓ We support policy makers, for example city council member and elected representatives, in their decisions to create new policies concerning increasing physical activities in the community.
- ✓ We support the Traffic Safety Commission to create plans to build safer streets. This would include bike lanes, stop signs and signal lights, and designated areas for pedestrians to cross.
- ✓ We support Monterey County Divisions to rebuild broken sidewalks and remove excessive shrubbery which block walkways in Salinas.
- ✓ We support local groups in creating a more physically active community.

CHHS MLO'S

There are several Major Learning Outcomes that will be addressed during this project: Personal and Professional Communication, Information Management, Research Methods, Collaboration, and Knowledge of Health and Human Services.

While working on this capstone project, I worked on my Collaboration skills. I was able to become an active member within a collaborative of agencies and organizations from three counties. I was able to see how the cooperation between three counties can make more of a difference in the community than each agency working alone. During the project we were able to share resources, expertise, and responsibilities over the whole process of survey collection, data entry and data analysis. Without the participation of several agency and members, this project would not have been as productive.

In order to better understand the problem and what other communities are doing about the problems of obesity and walkable communities, I did extensive research about the issue making me more informed about the MLO, Research Methods. I was able to obtain health and human services information from government agencies and learned how the problem of obesity is affecting America as well as locally in Salinas. Through the survey, I was able to find more information about an area that has little other current information. Then I was able to take information from the surveys and provide feedback for individuals, other agencies, and community groups on how to incorporate more physical activity into their daily lives.

I was able to use Information Management during the data analysis process. I began by using the computer program SPSS to input data. I then was able to use both Microsoft Work and Excel to create charts and graphs illustrating the outcomes of the survey. I then used Microsoft Power Point to present my information during the Capstone Festival.

Personal and Professional Communication played a large role in the Walkable Communities Survey Project. Not only was I able to take information that I gained and present it, written and orally, during the festival, I was able to observe a working collaborative communicating. I observed several different communication styles that

sometimes did not work well together. I also learned to focus on the problem, obesity and walkability in Salinas, rather than individuals that may be experiencing obesity.

During this project, I was able to work on Knowledge of Health and Human Services. I worked on a literature review and did extensive research on the health issue of obesity. I was also able to learn the roles and responsibilities of the Monterey County Health Department as well as their role in the Collaborative's work towards preventing obesity. Through research, I was able to see what other agencies nationwide have done to prevent obesity and create more walkable communities.

California State University, Monterey Bay's Vision Statement states that the educational programs that the University provides will enable the student to integrate work, learning, service and reflection. Walkable Communities Capstone Project will assist in offering services to the communities of Monterey, San Benito, and Santa Cruz. This capstone project will also help officials who are in need of this information for further research or policy changes to have recent data concerning the public's views on the community's ability to walk. A reflection will be done, in the form of a policy brief, in order to look at the findings and get to know the status of walking in local communities.

During the 2004 Capstone Festival, I will present the information researched about obesity and walkable communities as well as the findings of the survey during data analysis. The format that will be used in order to present the information will be in Power Point. The PowerPoint will contain graphs, charts, and information about the findings of the survey.

My work with the Walkable Communities Survey in Salinas, California will benefit the Nutrition and Fitness Collaborative of the Central Coast and their work with walkable communities. Because of the data entry and analysis I did, further helped the collaborative move forward towards creating a community that supports physical activity and nutrition. The information that was generated from the data analysis will be used for the future plans of the building of new Salinas's communities. The *Salinas Pedestrian Plan 2004*, will be using this information to make more walkable communities in Salinas. This information is also the first of its kind. All the information that was

given through the survey is new information that will help other entities to know more about this population.

Reference

Burden, Dan. (2004) Founder of Walkable Communities, Inc. (Retrieved from www.walkablecommunities.com.)

City Council. (February 11, 2004) *Salinas 2004 Pedestrian Plan Draft 7*. Retrieved from Monterey County Health Department.

California Center for Public Health Advocacy (CCPHA). December 2002). *An epidemic: overweight and unfit children in California Assembly Districts, Legislative District Policy Brief No. 1*. (Retrieved from <http://democrats.assembly.ca.gov/members/a28/>)

Field Research Corporation. (November 2003) *A survey of Californians about the problems of childhood obesity*. California Endowment (Retrieved from www.calendow.org)

Macaluso, Nora. (May 2003) *The Shape we're In: In Between Health and Sprawl Makes 'Smart'.....* KRT News Services. Number 172146. (Retrieved from SIRSResearcher Database).

Moore, Martha. T. (April 22, 2003). *These streets aren't made for walking*. USA Today Number: 170309. (Retrieved from SIRSResearcher Database).

Srikameswaren, Anita. (August 29, 2003) *Studies find walkable communities are healthier*. Pittsburgh Post Gazette. (Retrieve from www.post-gazette.com).

Salud/Steps Grant Proposal. (2003) Retrieved from Monterey County Health Department.

Verrengia, Joseph. (July 13, 2003) *An effort to get America walking seeks to stop obesity in its tracks*. Associated Press. (Retrieved from www.sfgate.com).

¿Qué tan accesible es su comunidad para los peatones?

Llene esta forma cuando usted salga a caminar donde usted vive o trabaja y decida usted .

Si le es posible, lleve a su niño(a) con usted.

CLAVE para clasificar:	1 = terrible	2 = muchos problemas	3 = pocos problemas
	4 = bien	5 = muy bien	6 = excelente
<i>(Use esta clave para escoger la clasificación adecuada de las preguntas 8 al 12)</i>			

Instrucciones:

- Lea la forma antes de que usted salga a caminar.
- Para contestar llene los cuadritos con lápiz o pluma.
- Cuando terminé su caminata, por favor asegúrese de haber contestado todas las preguntas.

- **Camina usted seguido**

- Si** Si respondio si, haga el favor de continuar cotestando la forma.
- NO** Si respondio no , cual es el motivo que no le permite caminar? *(marque todo lo que corresponda)*

- Perros bravos o peligrosos
- Gente peligrosa
- Basura regada y suciedad
- Mucho trafico
- Falta de iluminacion para caminar por la noche
- Le gustaria caminar cerca de areas verdes con arboles y flores
- Su salud dificulta que pueda usted a caminar
- No le gusta caminar
- Usted se ejercita de otra manera
- Algo mas _____

(Despues de contestar esta pregunta favor de entregar la forma.

1. Lugar donde usted camina

a. Nombre de la
o las
calles: _____

b. Ciudad o area
donde usted camina
(marque solo una)

Salinas

2. Día de la semana

- lunes - jueves
- viernes
- sábado
- domingo

3. Hora del día

- por la mañana
- al medio dia
- al aterdecer
- por la noche

4. Iluminación

- luz del día
 obscuro

5. Clima

- Con lluvia
 Sin lluvia

6. ¿Qué tipo de calles camina usted o principalmente?

- residencial (por lo general casas)
 comercial (por lo general negocios)
 rural (pocas casas o negocios)
 otro tipo (por favor describa) _____

7. ¿Tiene suficiente espacio para caminar?

- Sí
 No, porque... *(marque todo lo que corresponda)*
 Las banquetas o veredas no están completas
 Las banquetas necesitan reparación
 Las banquetas están bloqueadas con postes, señales, arbustos, basureros, etc.
 Necesitan banquetas o caminos
 Charcos
 ¿Alguna otra cosa? _____

Como calificaría usted el espacio disponible para caminar: (Vease la CLAVE)

Terrible 1 2 3 4 5 6 excelente

8. ¿Le es fácil cruzar las calles?

- Sí
 No, porque... *(marque todo lo que corresponda)*
 La calle es muy amplia (sin camellones o isla en el centro)
 Los semáforos son lentos y hacen esperar demasiado tiempo
 Los semáforos no dan tiempo de cruzar la calle
 Se necesitan marcar líneas, cruceros o semáforos para poder cruzar la calle
 El lugar seguro (semáforo o señal para cruzar la calle) está demasiado lejos
 No se puede ver el tráfico por los automóviles estacionados
 Los árboles o plantas obstruyen el tráfico de la vista
 Se necesitan rampas para poder caminar, o si hay rampas estas necesitan reparación
 ¿Alguna otra cosa? _____

Como calificaría usted el área para cruzar las calles (Vease la CLAVE)

Terrible 1 2 3 4 5 6 excelente

9. **¿Como se comportan los conductores?**

- Bien**
- Mal, los conductores:***(marque todo que aplique)*
- Salen de las cocheras sin fijarse
 - No dan el paso a las personas para cruzar la calle
 - Dan vuelta cuando las personas cruzan la calle
 - Manejan demasiado rápido
 - Aumentan la velocidad para ganarle al semaforo, o se pasaron el alto
 - ¿Alguna otra cosa? _____

Como calificaria usted a los conductores: (referirse a la CLAVE)

terrible 1 2 3 4 5 6 excelente

10. **¿Como se comportan los ciclistas?**

- Bien**
- Mal los ciclistas...** (marque todo que corresponda)
- No ceden el paso a los peatones que cruzan la calle
 - No ceden el paso a los peatones en las banquetas
 - Pasan muy cerca
 - ¿Alguna otra cosa? _____

Como calificaria usted a los ciclistas: (referirse a la CLAVE)

terrible 1 2 3 4 5 6 excelente

11. **¿Fue agradable su caminata?**

- Sí**
- No, porque...** *(marque todo lo que corresponda)*
- Se necesita más areas verdes con arboles y flores
 - Perros bravos o peligrosos
 - Gente peligrosa
 - Basura regada y suciedad
 - Demasiado tráfico
 - Falta de iluminacion (si camina por la noche)
 - ¿Alguna otra cosa? _____

Como calificaria usted su caminata: (referirse a la CLAVE)

terrible 1 2 3 4 5 6 excelente

12. **Su edad:**

- 6-12 26-45
- 13-17 46-64
- 18-25 65 años más

13. Edades de los niños que le van con usted (*marque todo lo que corresponda*)

- 0-5 años
- 6-12 años
- 13-18 años
- ningunos niños

14. ¿Que tan seguido camina usted?

- 5 a 7 días a la semana
- 1 a 4 días a la semana
- de vez en cuando (menos de una vez por semana)
- raramente o nunca

15. ¿Que tan lejos camina en una semana, típicamente?

- menos de 2 millas
- De 2 a 10 millas
- más de 10 millas

16. ¿Por qué camina usted? (*marque todo lo que corresponda*)

- para ir o regresar de trabajar o la escuela
- para tomar el autobús o viajar con otros (*carpool*)
- para llevar los niños a la escuela
- para mandados o visitas
- por placer o ejercicio
- otra razón: _____

17. ¿Necesita usted acceso especial? (*marque todo lo que corresponda*)

- usa silla de ruedas o patineta eléctrica
- otra incapacidad
- necesita más espacio para una carriola o carrito
- otra razón: _____

Gracias por su ayuda.

Una vez llenada esta forma por favor entreguela lo antes posible al voluntario (a) que se la dio, o dóblela y mándelo por correo antes del 15 de noviembre.

Este estudio fue adaptado con permiso del Walkability Checklist por la Sociedad para un América Accesible al Peatón (Walkable America) (800) 621-7615.

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