Project Proposal

Elizabeth Owen (Individual Project)

Research Question

How have LA slow-street ordinances increased access to outdoor space?

Background

As a planner, I feel that we spend a lot of time thinking about the built environment, yet not enough time is devoted to studying the user. There is no justification for designing cities that will not promote the health and wellness of residents. My interests in housing/community development and transportation have coincided with my interests in public health while at UCLA. I am particularly interested in evaluating how public health intersects with the physical makeup of cities, and I wanted to pursue a research project that allows for me to question whether planning decision making is truly benefiting the health of the public.

Project Scope

This project undertakes several data explorations, each with their own research question.

First, what does the health of LA residents look like? I will be answering this question by using City of Los Angeles GeoHub datasets that are made from the California Health Interview Survey, Neighborhood Edition. Datasets are from the 2013-2014 survey results; there are not any recent datasets available at a scale smaller than citywide. Datasets used will focus primarily on adult obesity prevalence in City of LA zip codes. Adult obesity is used as one of the benchmarks for establishing health vulnerability because obesity can increase risks of other comorbidities. Other data layers map the prevalence of heart disease and asthma. Finally, I also have a dataset measuring the percent of respondents who walk at least 150 minutes per week.

The second component of this project is to analyze access to recreation and exercise space, both pre-COVID and during COVID. Public LA County shapefile data plotting where recreation/open space exists in LA County will be used to evaluate pre-COVID access.

The third and final component of this project is to see how access to parks and recreation space has increased during COVID due to the implementation of slow street ordinances. Access to recreation space during COVID will rely on LA County Slow Streets data which has been made publicly available on both Google Maps and streetsforall.org.

Research questions can be summarized as:

*How have LA slow-street ordinances increased access to outdoor space?

1. What did access to open-space look like before COVID?
2. Have slow-streets increased access?

**Are neighborhoods with existing health vulnerability getting equitable access?

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Existing Data Collected:

Data Type	Source
Health Morbidities among Respondents, Zip-Code (2013-2014) 1. Obesity 2. Heart Disease 3. Asthma	California Health Interview Survey Neighborhood Edition, Geohub.LACity
Weekly Exercise, Zip-Code (2013-2014)	California Health Interview Survey Neighborhood Edition, Geohub.LACity
Rec & Parks, Polygons (2020)	City of LA Parks & Rec, Geohub.LACity
Implemented Slow Streets (2021)	Slow Streets - Streets for All Google Map

Spatial Scope

The spatial scope of this project is City of Los Angeles zip code data. I also include city-wide polygons containing parks/recreational space as well as slow streets.

Intended Outcomes

- Map of city-level (zip-code) obesity prevalence and public health morbidities.
- Map of citywide parks and recreation spaces for City of Los Angeles
- Map of currently implement slow/closed street ordinances
- Analysis containing buffers/geographic analysis on proximity to recreation space
    - Pre COVID: resident within ¼ mile, ½ mile, 1 mile of space
    - During COVID (include slow/closed street space): within ¼ mile, ½ mile, 1 mile of space

Conclusion

I intend for this project to inform planning decision makers on which communities are in greatest need for recreation space. The COVID-19 pandemic has greatly limited mobility and access to recreation, particularly to those without a car and who no longer are going to school daily. It

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would be impactful to evaluate the geographic prevalence of slow/closed street ordinances because analysis can provide insight as to whether their implementation was made with the intent to promote health for truly vulnerable communities or not. Communities who have the greatest health morbidities should ideally have the greatest priority for receiving city services instead of resources only going to neighborhoods who have the time and money to request them.