

Group Assignment #1: Project Proposal

Elizabeth Owen (Individual Project)

Research Question

How has access to recreation and exercise space for vulnerable communities changed before and during the COVID-19 pandemic in LA County?

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 County residents look like? I will be answering this question by using LA County Public Health Department survey data that looks at the [health of residents](#). Datasets used will likely focus on adult and childhood obesity prevalence in LA County jurisdictions. There is also free data available through SimplyAnalytics' SimmonsLOCAL datasets that evaluates attitudes on health (how often one exercises, healthy eating, etc.) available at the census tract that I may use.

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. Access to recreation space during COVID will rely on LA County Slow/Closed Streets data which has been made publicly available on both Google Maps and [streetsforall.org](#).

Spatial Scope

The spatial scope of this project is contingent on my finding recent City of LA obesity and health data at the census tract/more granular level. As of right now, the only data I have been able to find for the City of LA on obesity is 2012-2015, and I would prefer to have more recent data.

If City of LA data is not available, the project will focus on LA County or may change to a different major city within the United States. The intended outcome of this project is to evaluate if COVID-19 slow/closed street ordinances have promoted healthier opportunities for vulnerable communities. Therefore, a city/county with little COVID implementation would not suit this project. The [San Francisco Bay Area](#) or [New York City](#) may be a more impactful study on pandemic street closures since they have more readily available street data.

Intended Outcomes

- Map of city-level (census tract, zip-code) obesity prevalence and public health morbidities.
- Map of citywide recreation and open spaces for intended geographic area.
- Map of currently implement slow/closed street ordinances
- Analysis containing buffers/geographic analysis on proximity to recreation space
 - o Pre COVID: resident within ¼ mile, ½ mile, 1 mile of space
 - o 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 decisionmakers on which communities are in greatest need to 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 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.