

COMMUNITY REPORT

Walkability & Pedestrian Safety • 2020-2021

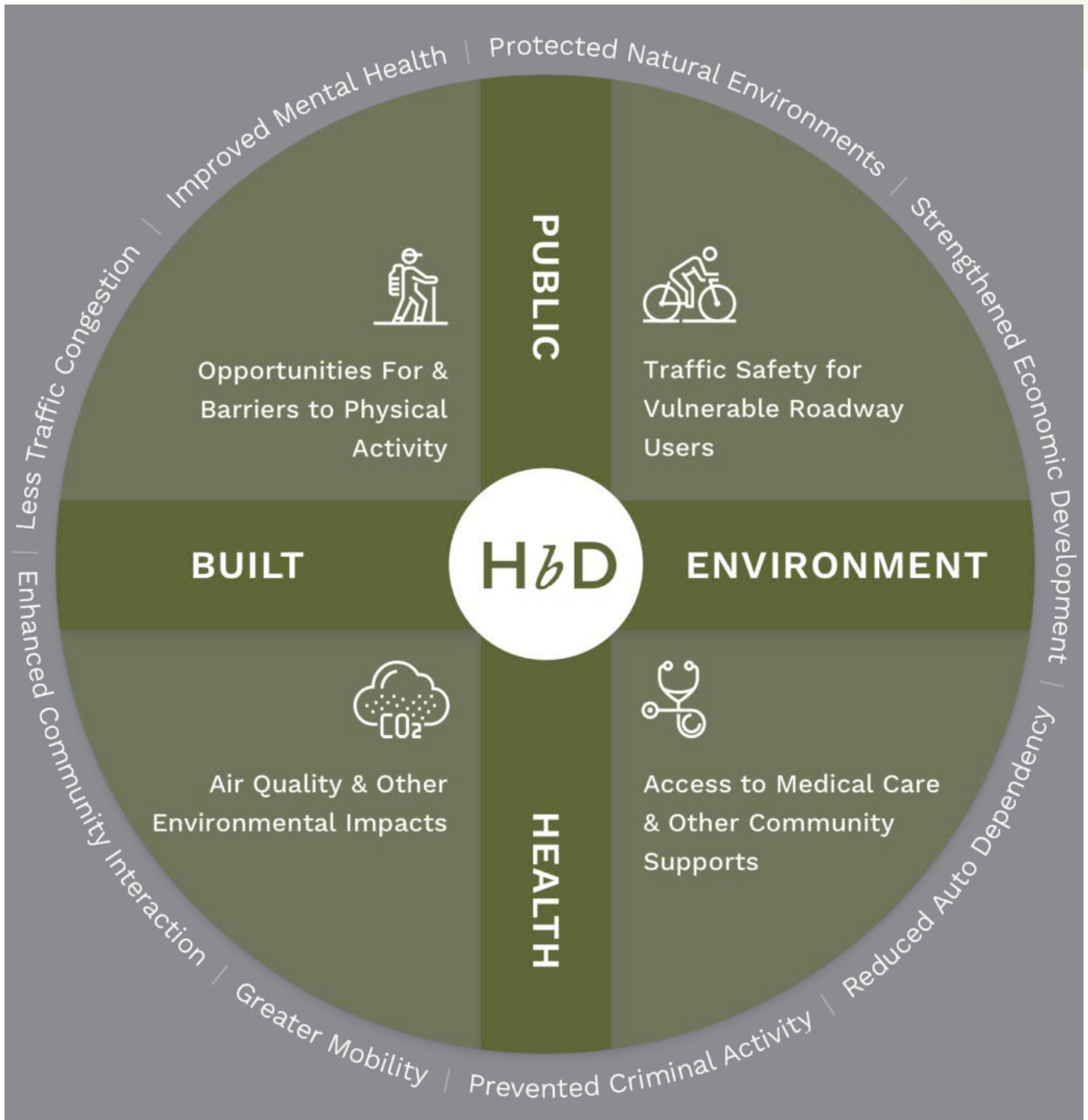


ABOUT HEALTH BY DESIGN

Health by Design collaborates across sectors and disciplines to ensure communities in Indiana and beyond have neighborhoods, public spaces, and infrastructure that promote healthy, active living. Health by Design helps create healthy, vibrant, thriving communities by advocating for policy change, building community capacity, convening diverse partners, educating on best-practices, facilitating dialogue, promoting smart design, and providing technical assistance.

Formed in 2006, the Health by Design coalition has a

long-standing partnership with the City of Indianapolis and Marion County Public Health Department (MCPHD). Together, they have achieved countless planning, policy, and project successes to help ensure safe, accessible, and connected transportation networks for Marion County residents, regardless of age, ability, or income. Some examples of these initiatives include development of the Indianapolis Sidewalk Ordinance (2008), the Complete Streets Ordinance (2012), the Pedestrian Plan (2016), the Complete Streets Ordinance Update (2022), and the Pedestrian Safety Zones Project (ongoing).



INTRODUCTION

WalkWays, an initiative to make Indianapolis more walkable and to get more people walking, was developed through a partnership between Health by Design, the City of Indianapolis, and the Marion County Public Health Department. A combination of funding sources, secured by Health by Design, has been used in the effort, including a Plan4Health grant from the American Planning Association (APA), traffic safety funding through the Indiana Criminal Justice Institute (ICJI), and local funds. Safety, health, and equity principles serve as the foundation for WalkWays, and clear, data-driven methods have been used to identify and prioritize investments for both infrastructure and non-infrastructure interventions. The ongoing initiative includes three primary activities: planning, research, and community outreach and engagement.

Planning

The WalkWays initiative included the creation and adoption of the first pedestrian plan for Indianapolis/Marion County. The process was led by the staff of Health by Design with the assistance of consultants and a project management team of diverse partners and organizations. It included overlaying data representing health, equity factors, pedestrian safety, walking comfort, trip generators and targeted city investment areas to create geographic prioritization tiers. Project types were then established and scored using a more qualitative screening process. The Indianapolis/Marion County Pedestrian Plan was adopted in May of 2016; Health by Design continues to lead plan implementation.

Research

Detailed analysis of pedestrian crashes and the recommendation and implementation of countermeasures is another key aspect of WalkWays. Crashes between automobiles and people walking have been reviewed, mapped, and assessed to better understand the underlying issues and to develop interventions that will prevent future injury and death. Safety audits of high-crash areas have been conducted to better understand existing infrastructure conditions and needed improvements. As part of this project, safety education campaigns from other communities were reviewed and considered for use in Indianapolis. A Pedestrian Safety Action Plan has been developed as part of these efforts.

Community Outreach + Engagement

Since 2016, Health by Design has worked with ten Community Hub and Walkability Champion Teams, conducting community planning, outreach, and engagement that support improved walkability and pedestrian safety in targeted geographic areas of Indianapolis. This aspect of the initiative is intended to better understand the interests and needs of people who walk in each focus area, identify related barriers and concerns, share relevant resources, and begin identifying and implementing strategies that will improve walkability and pedestrian safety in Indianapolis neighborhoods. These efforts are intended to better connect people and places, build and strengthen community bonds, and lead to the creation of community-owned walkability action plans.



The Striding Toward Healthy Communities Conference in 2012 encouraged policies like the Complete Streets Ordinance that was finalized that year.



The 2016 Indiana Bike & Walk Summit encouraged attendees to create a vision for safer and more accessible walking and biking in Indiana.

WALKABILITY WORKSHOPS

Attention Midtown Indy Neighbors!

You're invited to help make Indianapolis safer, more accessible, and inviting for walking.

SIGN-UP BELOW

WHO: Interested and concerned residents in your community — and YOU!

WHY: We need your input to improve safety, access, and connections for everyone in Indy who walks and rolls! Join your neighbors to learn more, provide feedback, and shape community change.

WHAT: Workshops will cover walking-related information and resources, allow us to hear from YOU about needed improvements, and lead to action plans for improving walkability.

WHEN:
General Community Workshop
Tuesday, February 23 (6-8 p.m.)
Midtown Neighborhoods Workshop
Monday, March 8 (6-8 p.m.)

WHERE: Workshops will be held on Zoom.
Sign-up for General Community Workshop: <https://bit.ly/3aE1Iuq>
Sign-up for Midtown Neighborhoods Workshop: <https://bit.ly/3oRFYRI>

MIDTOWN INDY

HEALTH by DESIGN

INDIANAPOLIS PUBLIC HEALTH DEPARTMENT

Interested? Learn more at www.indywalkways.org

HEALTH by DESIGN

This flyer—and iterations compatible with various social media channels—was distributed throughout Midtown Indy, inviting area residents to attend two Health by Design-led workshops. Participants of the workshops learned about Health by Design's data analysis and the impact grassroots planning can have on addressing walkability and pedestrian safety concerns systematically.

PEDESTRIAN SAFETY ZONES PROJECT OVERVIEW

In 2020, Health by Design partnered with five Community Hub and Walkability Champion teams representing four targeted geographic areas of Indianapolis—referred to as Focus Areas—in continuation of the WalkWays Initiative. This report summarizes a three-phased approach: 1.) Data analysis and asset mapping; 2.) Community outreach, engagement, and workshop proceedings; and 3.) Recommendations for priority projects, policies, and programs to improve walkability and pedestrian safety.

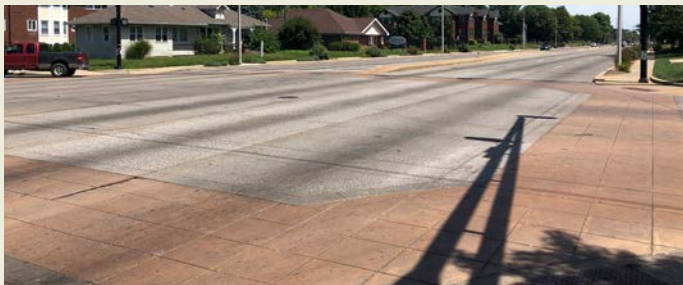
Phase I

Kickoff of Phase I began by orienting Walkability Champion and Community Hub teams to the project goals, initial community outreach and engagement, information sharing on crash data, and asset mapping. Health by Design staff helped lead Walkability Champion and Community Hub cohort meetings, allowing teams the opportunity to check-in and learn from one another throughout the duration of the project. Teams were provided a number of deliverables to set a foundation centered on a clear message for initial public outreach and a baseline understanding of the physical and social assets in each Focus Area. Deliverables include:

- Development of an elevator pitch to help teams explain the project and its relevance to the area
- Development of a list of 20 community assets (including physical and social) in their Focus Area
- List of eight positive and/or negative issues that impact walkability in their Focus Area
- Identification of five goals the community hopes to achieve through this project

Phase II

In Phase II, Walkability Champions and Community Hubs moved to begin incorporating Phase I research and findings into a variety of public engagement activities. Perfecting their elevator pitch and referring to their list of community assets, the teams were tasked with selecting three to five specific activities that they could lead to gather relevant input from stakeholders, further the dialogue around pedestrian safety, and promote future workshops (later in Phase II). At this point, the teams were required to meet with as many residents and community stakeholders as possible to share information on this effort and build excitement in participating in the process.



Walkability Champions and Community Hubs participated in Walk Audits around their neighborhood. Challenges like crosswalks, (like these along the 38th St. corridor), were noted by residents as difficult to delineate from regular pavement. The intersection is also intimidating for pedestrians to cross north and south, with seven lanes serving often speeding motorists. Intersection of E. 38th St. and N. Pennsylvania St. (Crash Zone 4).

A strong emphasis was made to intentionally seek opportunities to engage with residents who represent the diversity of the area but perhaps are part of population that has been traditionally excluded from community planning. Health by Design staff supported the teams by providing presentation templates, introducing the teams with city personnel or partner organizations for information sharing purposes, or providing resources and content that advanced the discussion (e.g., flyers for distribution, social media graphics, videos, etc.).

Moving to the second half of Phase II, Health by Design staff, in partnership with the Walkability Champions, hosted two pedestrian safety workshops—one community-wide workshop and one for each specific Focus Area—inviting residents the opportunity to learn best practices for infrastructure and advocacy, ask questions on pedestrian safety, and network with their neighbors. Content for these pedestrian safety workshops was developed by Health by Design staff and included findings from crash zone walk audits, an overview of multidisciplinary approaches to improve pedestrian safety using the intersectional 6 E's framework, a "DPW 101" to teach residents how to familiarize themselves with local government processes and advocacy and focus group discussions to better understand the interests and needs of people who walk in each Focus Area. The information received from these workshops was used to identify related barriers and begin the development of a community-owned walkability action plan. By the end of the workshop process, each Focus Area would have drafted a robust action plan, prioritizing interventions, programs, or other means to achieve the goals set by the community to improve pedestrian safety.

Phase III

Phase III encompassed project implementation and evaluation. With the action plan developed, the Walkability Champion and Community Hub teams—with the support of area residents—aligned the resources necessary to begin tackling projects prioritized through the action plan. This included identifying resident champions to manage a particular project's implementation, introducing residents to change-makers, or submitting grants to help fund quick-win, tactical urbanism projects. Unlike the previous phases, Phase III has no set end-date, allowing teams to produce projects at their own pace and evaluate findings. Health by Design staff assisted where necessary by offering resources to expedite project implementation and evaluation.



During Walk Audits, participants make note of potential challenges for pedestrians. Though up to design and safety standards, many curb ramps in this area of Indianapolis suffer from neglect, collecting gravel, dirt, and debris that can make it difficult for pedestrians with mobility and vision challenges.

Sixteen zones account for 45% of overall pedestrian crashes but represent only 6% of the land area in Marion County.

2020 PLANNING PROCESS

Focus Area Selection

Crash zones were identified using the National Highway Traffic Safety Administration (NHTSA) Zone Guide for Pedestrian Safety. All Marion County pedestrian crashes were first mapped and then an area (not necessarily linear) was selected based upon clustering of pedestrian crashes. Once the land area was selected, a zone efficiency measure was calculated. Zone efficiency was defined as % of pedestrian crashes / % of land area in Marion County. If a zone efficiency is 3 or higher, then countermeasures are recommended to alleviate the pedestrian crash problem. As of 2020, there were 16 zones that had a zone efficiency above 3. Those 16 zones accounted for 45% of overall pedestrian crashes but represent only 6% of the land area in Marion County.

Pedestrian crash data is derived from the Automated Reporting Information Exchange System (ARIES), which maintains a database of police reports for the State of Indiana. Data collected from ARIES is reviewed for accuracy and mapped using the coordinates identified in the police report. This analysis allows Health by Design to determine where there are patterns of pedestrian crashes occurring in Marion County.

As part of the ongoing Pedestrian Safety Zones Project, four targeted geographic areas were selected for further attention

in 2020. Reasons for selection included pending or proposed multimodal transportation investments in coming years (e.g. B&O Trail extension in Area B, IndyGo Blue Line in Area C, or IndyGo Purple Line in Area D) or areas of opportunity to coordinate with partners on concurrent health equity programs (e.g. Centers for Disease Control Racial and Ethnic Approaches to Community Health (REACH) in Area D or the Indianapolis Diabetes Impact Project (DIP-IN) in Area A).

Focus Areas

MLK and Near North – Area A

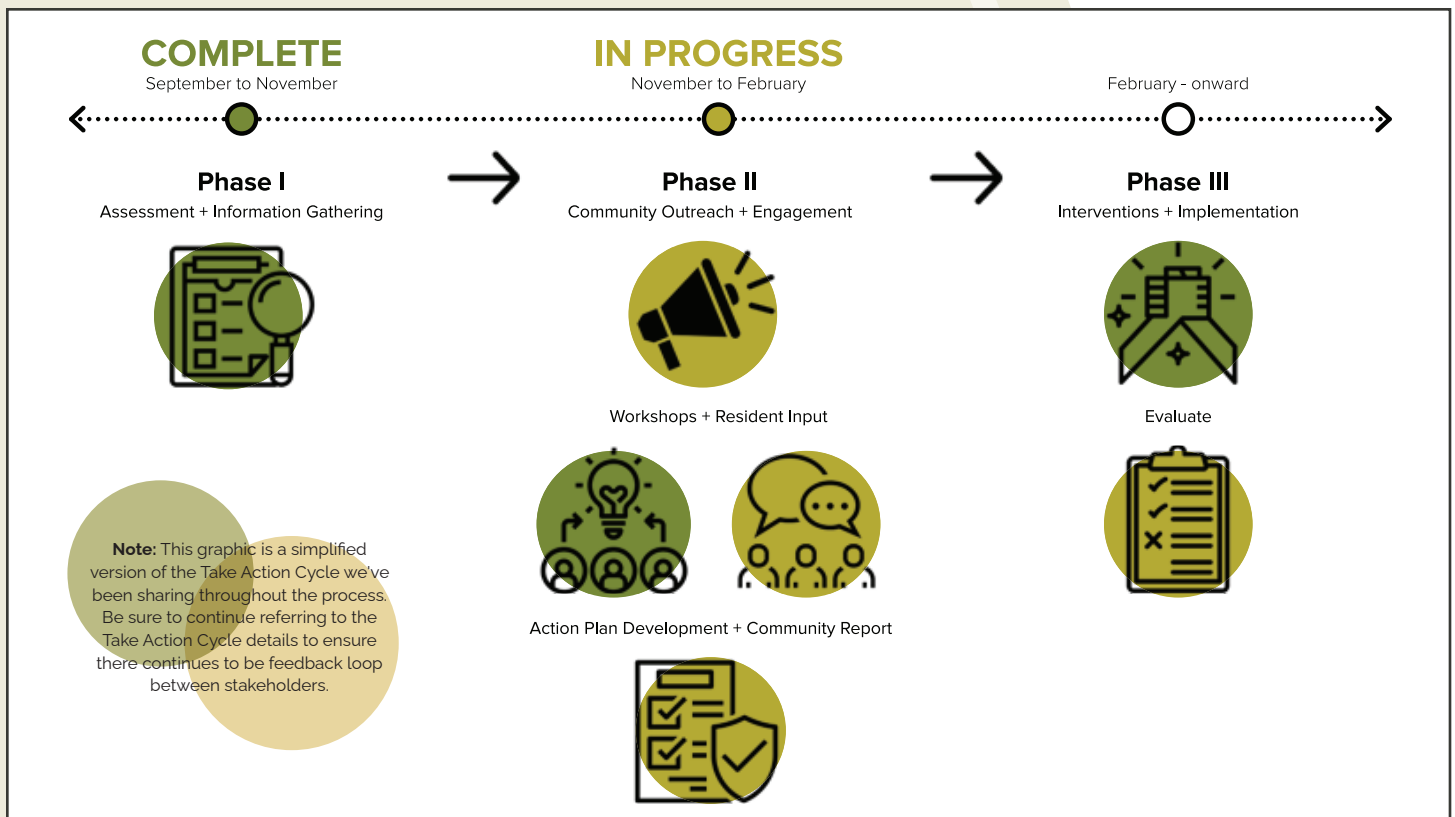
Focus Area A consists of two connected, yet somewhat distinct sections. Section one is centered on the Dr. Martin Luther King Jr. St. corridor, from W. 24th St. (south) to W. 30th St. (north) and I-65 (east) to Radar St. (west). Section two is located from N. New Jersey St. (east) to N. Capitol Ave. (west) and 14th St. (south) to 42nd St. (north).

Far Westside – Area B

Focus Area B is centered on the W. Washington St. corridor, between I-465 (west); S. Tibbs Ave. (east); and the CSX railroad tracks (north and south).

Near Westside – Area C

Focus Area C is centered on the Near Westside neighborhoods, between Hold Rd. (west); the White River (east); W. 16th St. (north); and CSX railroad tracks (south).



Near Northeast REACH – Area D

Focus Area D is centered on George Washington Park, between E. 38th St. (north); Fall Creek and Ralston Ave. (west); E. 25th St., E. 30th St., and E. 32nd St. (south); and N. Dearborn St., Forest Manor Ave., and N. Bancroft St. (east). Focus Area D is also a defined Racial and Ethnic Approaches to Community Health (REACH) zone, as designated by the Marion County Public Health Department (MCPHD).

Asset Mapping + Site Visits

Asset mapping helps identify community stakeholders in each Focus Area, both physical and social. Social assets might include individuals or organizations with institutional or historic knowledge of the area and are trusted by local residents; whereas physical assets might include businesses, non-profit organizations, or other physical locations that provide service to the area. An example of a social asset includes residents with a longstanding relationship to the area. Examples of physical assets are schools, community centers, business owners, churches, and nonprofits. At the time of this report, Health by Design staff have talked with an estimated eighty persons/organizations across the four Focus Areas; however, this is an ongoing process as conversations continue and relationships are fostered.

After selection of Focus Areas, Health by Design staff conducted a desk scan. During a desk scan, a review of previous or current community plans and projects is undertaken prior to engaging with residents. The scan considers current, past, or proposed projects that may impact pedestrian safety or improving infrastructure within the Focus Area, while acknowledging related work that has already been identified or completed. Health by Design staff were able to locate and review dozens of plans across the four Focus Areas. A comprehensive list of plans that were reviewed can be found in Appendix A of this report.

To better understand the existing physical conditions for pedestrians in the Focus Areas, Health by Design staff conducted initial site visits to each. During site visits, Health by Design staff observed the movements of pedestrians, noted potential points of conflict between pedestrians and motor vehicles, and inferred high-traffic destinations for walking, such as schools, convenience stores, libraries, bus stops, and the existence of cow paths, or dirt trails along roadways from heavy foot traffic. Particular attention was given to the condition of high-traffic intersections in the Focus Area where motorist behavior and traffic patterns were observed.

Walkability Champion + Community Hub Selection

Following Focus Area selection and completion of initial background research, the Health by Design team mobilized to contact community stakeholders in each Focus Area. Over the summer of 2020, Health by Design reached out to

residents and partner organizations to introduce the project scope and goals. A Request for Qualifications was developed and released in August 2020 to solicit community stakeholder interested in applying for the Community Hub and Walkability Champion roles. A copy of the RFQ can be found in Appendix B of this report. The RFQ outlined team roles and responsibilities, project timeline and expectations, and budget. RFQs were submitted and Walkability Champion and Community Hub teams were selected in September 2020.

EXISTING CONDITIONS

Indianapolis-Marion County

Between 2010-2019, more than 2,600 pedestrian crashes occurred in Marion County. The 16 identified crash zones accounted for 45% of the pedestrian crashes even though the crash zones themselves only comprised 6% of the total land area of the county. Of the thousands of vehicle collisions that occur each year in Indianapolis, less than 1% involve pedestrians. Still, enough of those incidents involve people walking that, between 2010 and 2019, there was an average of 263 pedestrian crashes each year (ARIES only). Pedestrians also accounted for an average of 19% of collision fatalities each year, even though walking and transit trips accounted for only 1.8% of Indianapolis' mode share.

Equity implications

Areas with higher concentrations of people with a disability, young people, older adults, households without vehicles, ethnic and racial minorities, people with limited English proficiency, and people living in poverty are often dependent on transit for the majority of their trips. As a result, they are more likely to walk than other groups and are at greater risk of being a victim of traffic violence due to poor walking conditions. Unfortunately, the data acknowledges this reality.

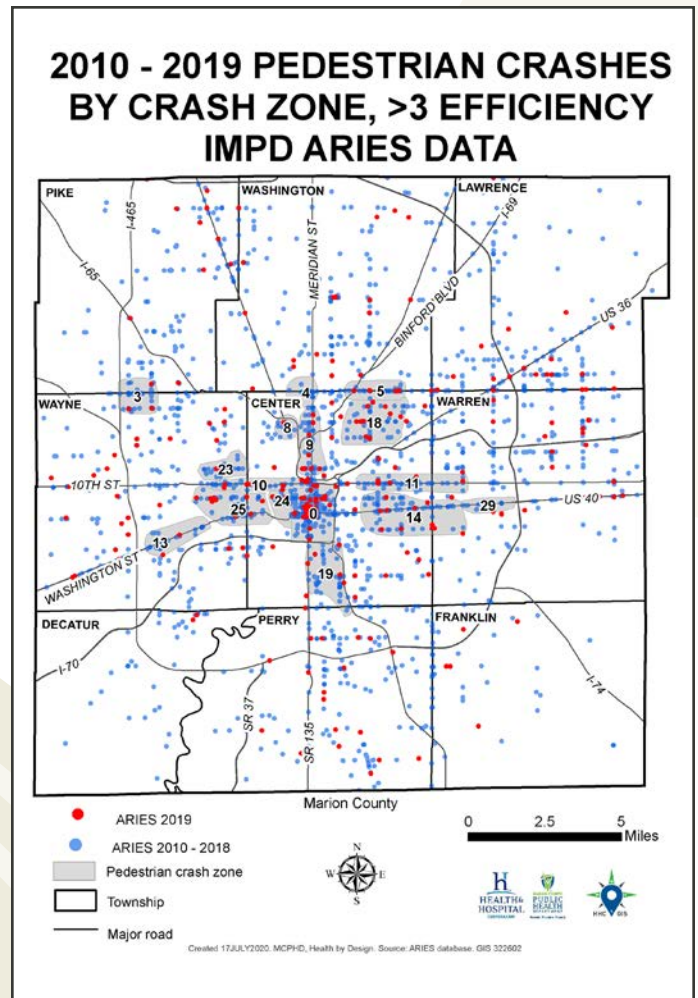
Designated crash zones tend to be along high-speed, commercial arterials, with poor pedestrian infrastructure and long distances between marked crossings. They are often disinvested, underserved areas, with high numbers of racial and ethnic minorities, concentrations of people living in poverty and more people with disabilities. Although uniform data on racial or socioeconomic status of crash victims is limited, there is a clear connection which underscores the urgency for necessary action.

The cost of any human life lost or injured is profound on the social fabric of a community, regardless. However, this cost is especially pronounced in Indianapolis neighborhoods with chronic pedestrian safety problems. As previously mentioned, areas typically located within crash zones are already overburdened by the effects of institutional racism—lack of quality job opportunities, safe and affordable housing, and safe and

Due to the COVID-19 pandemic in 2020, Health by Design staff hosted all meetings and correspondence virtually to limit in-person interactions.

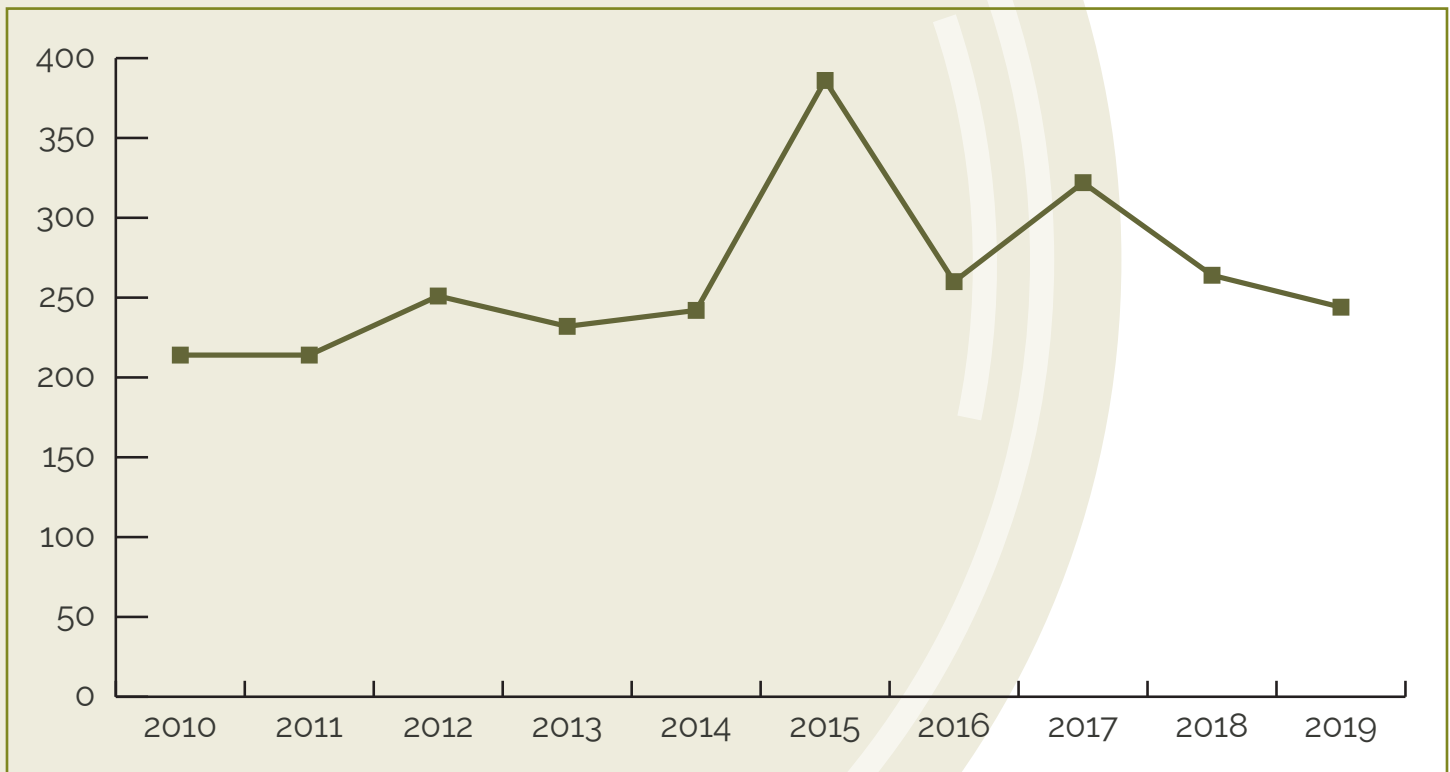
convenient access to education, parks, and healthy foods, to name a few. These compounding issues, in the absence of safe and convenient pedestrian infrastructure, create a built environment that is not only hostile but deadly to all vulnerable road users.

The burden is too great for residents to shoulder alone. That is why Health by Design and its partners are committed to developing an actionable plan, born from intentional resident engagement, to improve pedestrian safety and community walkability around the principle of equity. Without an equitable approach, any necessary actions to address pedestrian safety risk superficiality by ignoring the true needs of the residents who live, work, or worship in the neighborhood. Equity allows everyone involved to acknowledge the power structures involved in decision-making and allow solutions to be cultivated from the ground up.



This map indicates the number of pedestrian crashes recorded by law enforcement in relation to crash zones throughout Marion County from 2010 to 2019.

Marion County Pedestrian Crashes





Focus Area A

FOCUS AREA A

Definition of focus area

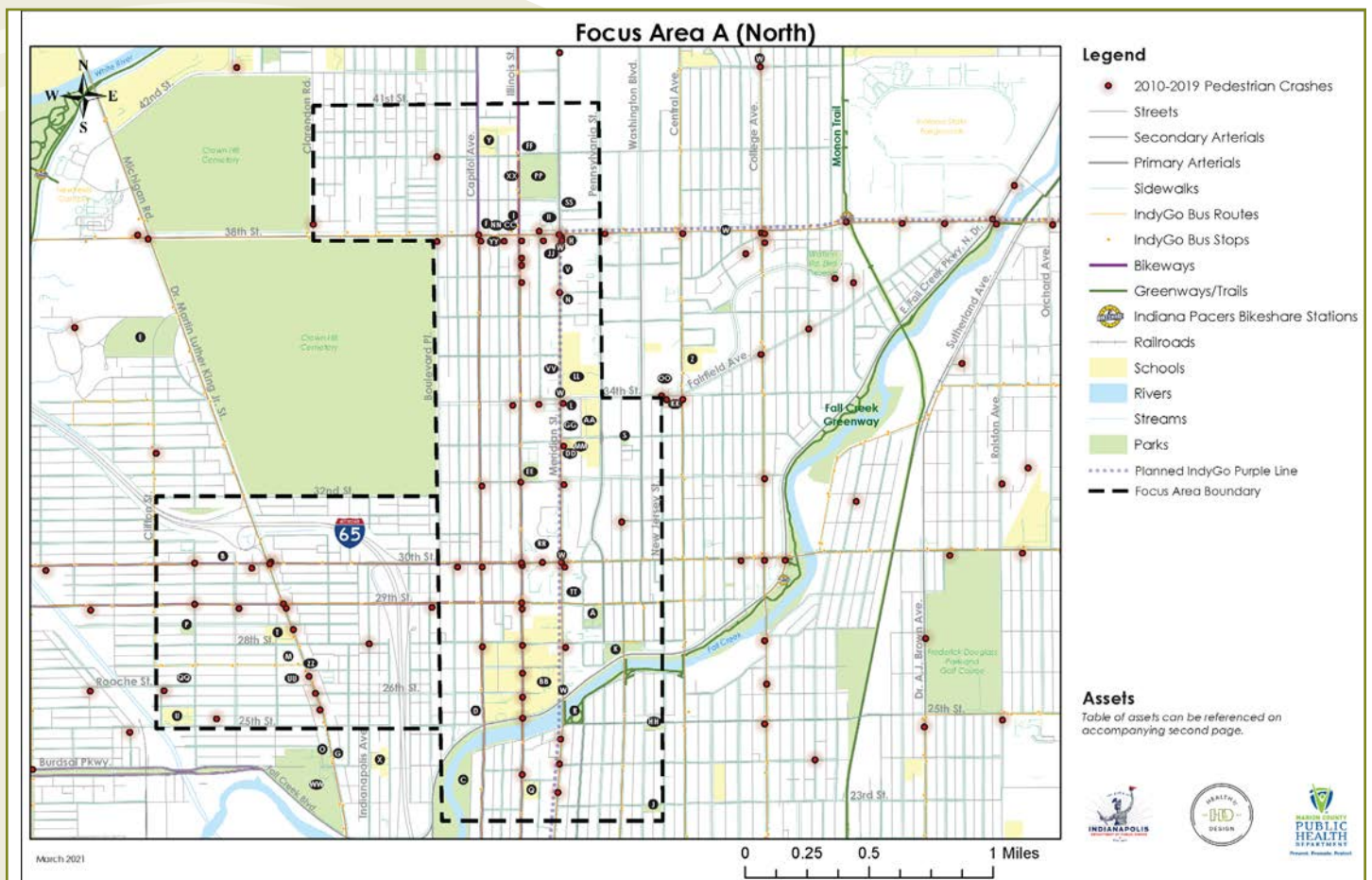
Focus Area A consists of two connected, yet somewhat distinct sections. Section one is centered on the Dr. Martin Luther King Jr. St. corridor, from W. 24th St. (south) to W. 30th St. (north) and I-65 (east) to Rader St. (west). Section two is located from N. New Jersey St. (east) to N. Capitol Ave. (west) and 14th St. (south) to 42nd St. (north).

Built environment overview

Both sections of Focus Area A include neighborhoods that were built around the turn of the 20th century, lending to a

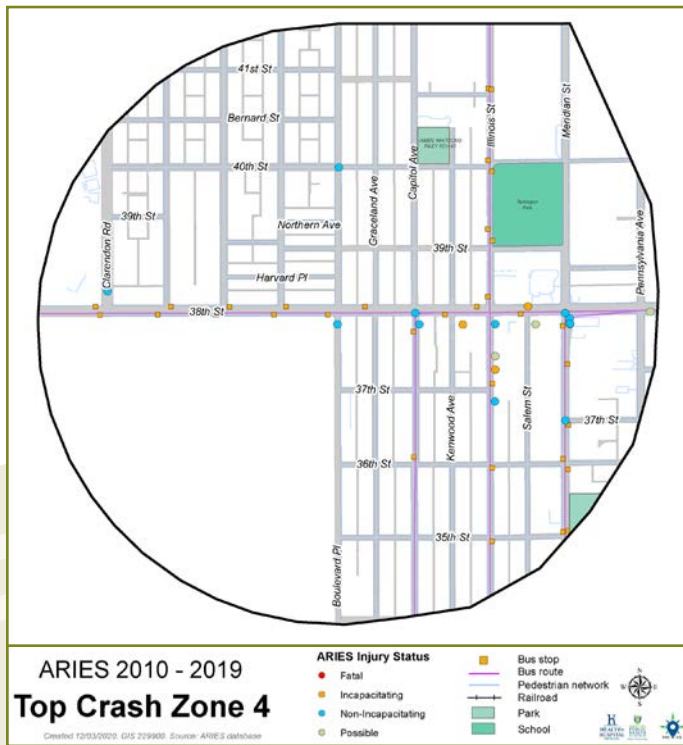
walkable built environment. For example, 150-100 years ago, it was typical for neighborhoods to be built on rectilinear street grids, allowing people to walk to the corner grocery store or school with relative ease. Section two also includes a portion of the Red Line, IndyGo's first bus rapid transit route, whose construction included a number of pedestrian improvements (e.g. new sidewalks, crosswalks, safety railings, and ADA-compliant curb ramps), built in 2018 and 2019, specifically on the Meridian Street corridor and portions of 18th St. and Capitol Avenue in the focus area. Residential side streets, though wide, are generally made comfortable by including street parking, tree lawns, and mature street trees where possible.

Asset Map



The Focus Area A Asset Map indicates assets identified by members of the community in relation to pedestrian crashes and mobility infrastructure. A larger-scale asset map and accompanying table of assets can be found in Appendix C.

CRASH ZONE 4



This map indicates the number of non-incapacitating, incapacitating, and fatal pedestrian crashes in Crash Zone 4 from 2010 to 2019.

Crash data overview

In 2018, Crash Zone 4 was home to about 7,900 residents in 2,600 households. This zone includes a lower percentage of children than the Marion County average, but a slightly higher percentage of persons over the age of 65. The zone is home to a high population of persons identifying as Black, about 35% higher than the Marion County average. The zone is home to a greater percentage of households in poverty as compared to the Marion County average. The rate of zero-car households is double that of the Marion County average, meaning walking, transit, and bicycling are essential for many residents to move around. The zone is also home to a higher percentage of persons with a disability and households with limited English proficiency.

Walk audit findings

A walk audit was conducted in Crash Zone 4 on the afternoon of August 21, 2020 under sunny conditions.

General takeaways: Though most sidewalks are in good condition, they often abut the roadway, leading to an uncomfortable pedestrian experience due to the high speed of vehicular traffic. The 38th Street corridor is a prime example of this. Some driver behavior observed was dangerous, including excessive speeding, not respecting crosswalks or stop bars at intersections, and erratic lane changes. Besides the new Red Line stations, bus stops on local routes generally lack adequate accommodations, including seating or shade. Curb ramps are mostly ADA-compliant, but some have collected dirt and gravel over time. Most crosswalks were freshly painted due to Red Line implementation.

Demographics

Age	Marion County	Zone 4
% of population < 18 years (2018)	29%	21%
% of population ≥ 65 years (2018)	12%	13%
Race		
Black (2018)	27%	63%
White (2018)	56%	30%
Asian (2018)	3%	0%
Ethnicity		
Hispanic or Latino (2018)	10%	5%
Income		
% of individuals with income below 185% FPL (2018)	38%	53%
% of children under 18 living in poverty (2018)	75%	67%
Disability		
% of population with a disability (2018)	14%	18%
Transportation		
% of occupied housing units with no vehicle available (2018)	9%	18%
Limited English		
% of households not proficient in English (2018)	6%	14%
Total population (2018)	944,523	7,871
Total households (2018)	369,033	3,604

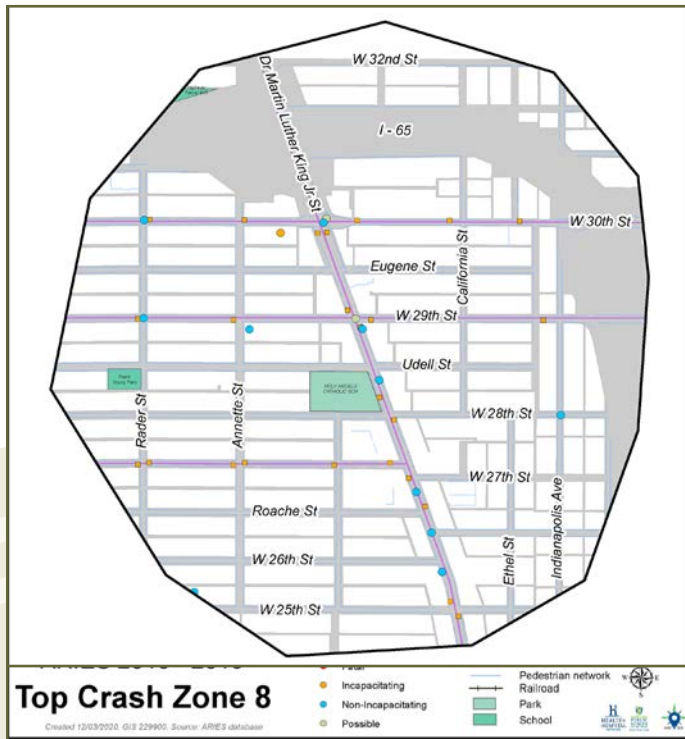


A temporary chain link fence creates a potential barrier for people with disabilities or persons who are blind or low vision. Intersection of Boulevard Pl. and W. 40th St. (Crash Zone 4).



Freshly painted crosswalks and ADA-compliant curb ramps were observed along the Meridian St. corridor as part of the Red Line bus rapid transit infrastructure enhancements. Intersection of N. Meridian St. and E. 37th St. (Crash Zone 4).

CRASH ZONE 8



This map indicates the number of non-incapacitating, incapacitating, and fatal pedestrian crashes in Crash Zone 8 from 2010 to 2019.

Crash data overview

In 2018, Crash Zone 8 was home to about 4,600 residents in 1,800 households. This zone includes a slightly higher percentage of children and persons over the age of 65 than the Marion County average. The zone is home to a very high population of persons identifying as Black, about 54% higher than the Marion County average. The zone is home to a greater percentage of households in poverty as compared to the Marion County average. The rate of zero-car households is more than double that of the Marion County average, meaning walking, transit, and bicycling are essential for many residents to move around. The zone is also home to a higher percentage of persons with a disability but a lower percentage of households with limited English proficiency than the Marion County average.

Demographics

Age	Marion County	Zone 8
% of population < 18 years (2018)	29%	31%
% of population ≥ 65 years (2018)	12%	13%
Race		
Black (2018)	27%	81%
White (2018)	56%	9%
Asian (2018)	3.00%	0%
Ethnicity		
Hispanic or Latino (2018)	10%	6%
Income		
% of individuals with income below 185% FPL (2018)	38%	67%
% of children under 18 living in poverty (2018)	75%	85%
Disability		
% of population with a disability (2018)	14%	22%
Transportation		
% of occupied housing units with no vehicle available (2018)	9%	22%
Limited English		
% of households not proficient in English (2018)	6%	2%
Total population (2018)	944,523	4,621
Total households (2018)	369,033	1,759

Walk Audit findings

A walk audit was conducted in Crash Zone 8 on the afternoon of August 24, 2020 under sunny conditions.

General takeaways: Though most sidewalks are in good condition and not blocked by obstructions, they often abut the roadway, leading to an uncomfortable pedestrian experience due to the high speed of vehicular traffic. The Dr. Martin Luther King Jr. Street corridor is a prime example of this. Some driver behavior observed was dangerous, including excessive speeding, not respecting crosswalks or stop bars at intersections, and erratic lane changes. Some bus stops on IndyGo's local routes included shelters and trash receptacles. Curb ramps are mostly ADA-compliant, but some have collected dirt and gravel over time. High amount of litter was observed, especially along the MLK corridor. Decorative features include wayfinding signage and thermal plastic crosswalks, though the latter are faded.



Community assets, like this Family Dollar on the east side of the intersection of Dr. Martin Luther King Jr. St. and W. 26th St., need to be safe and accessible for people walking from the west side of the street. The closest crosswalks are about 350' to the northwest and 600' to the southeast (Crash Zone 8).



In the foreground, an IndyGo bus stop bench with no protection from harsh sun or precipitation. In the background, overgrowth on vacant property and a weathered duratherm crosswalk signal that the area is hostile to anyone not driving through. Intersection of W. 29th St. and Dr. Martin Luther King Jr. St. (Crash Zone 8).



Gravel, dirt, debris, weeds, and weathered crosswalks create an unsafe walking environment, especially for those with no or low vision. Intersection of W. 29th St. and Dr. Martin Luther King Jr. St. (Crash Zone 8).



Pedestrians crossing at the intersection of Dr. Martin Luther King Jr. St. and W. 26th St. There are minimal opportunities for pedestrians to safely cross the busy street (Crash Zone 8).

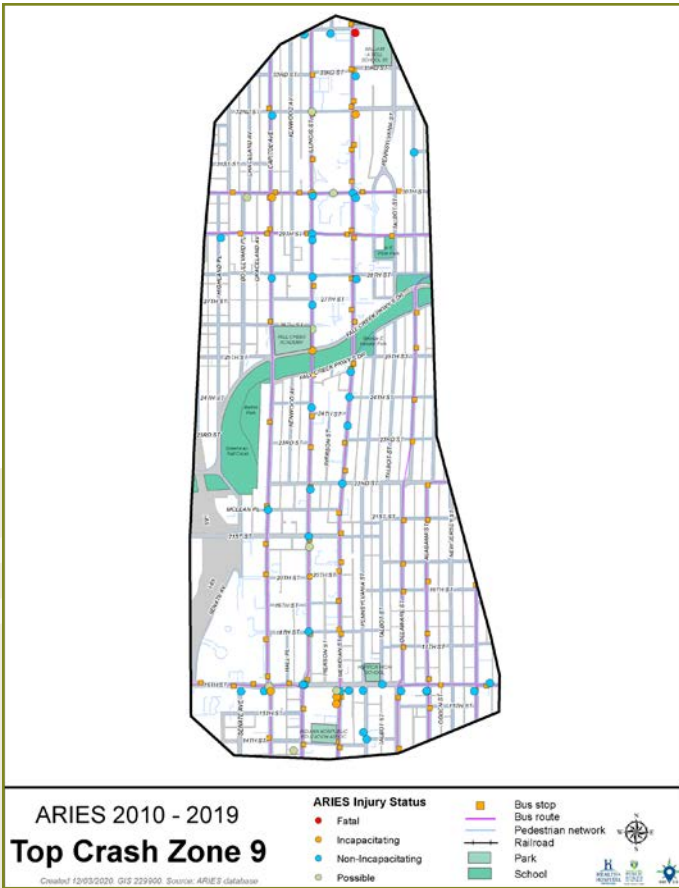


With proper maintenance, duratherm crosswalks, like this one on Dr. Martin Luther King Jr. St., can add to a neighborhood's unique character. Unfortunately, this duratherm crosswalk has weathered and isn't visible to motorists (Crash Zone 8).



Litter that accumulates in storm drains, like this one in Crash Zone 8, can cause flooding of both the roadway and nearby crosswalks. Keeping storm drains clear also ensures our waterways are clean and healthy.

CRASH ZONE 9



This map indicates the number of non-incapacitating, incapacitating, and fatal pedestrian crashes in Crash Zone 9 from 2010 to 2019.

Crash data overview

In 2018, Crash Zone 9 was home to about 12,000 residents in 5,700 households. This zone includes lower percentages of children and persons over the age of 65 than the Marion County average. The zone is home to a roughly equal percentage of persons identifying as Black and white (44% to 46%, respectively). The zone is home to a slightly greater percentage of households in poverty as compared to the Marion County average. The rate of zero-car households is double that of the Marion County average, meaning walking, transit, and bicycling are essential for many residents to move around. The zone is home to a slightly lower percentage of persons with a disability and a significantly lower percentage of households with limited English proficiency than the Marion County average.

Demographics

Age	Marion County	Zone 9
% of population < 18 years (2018)	29%	15%
% of population ≥ 65 years (2018)	12%	9%
Race		
Black (2018)	27%	44%
White (2018)	56%	46%
Asian (2018)	3%	1%
Ethnicity		
Hispanic or Latino (2018)	10%	4%
Income		
% of individuals with income below 185% FPL (2018)	38%	44%
% of children under 18 living in poverty (2018)	75%	73%
Disability		
% of population with a disability (2018)	14%	13%
Transportation		
% of occupied housing units with no vehicle available (2018)	9%	18%
Limited English		
% of households not proficient in English (2018)	6%	1%
Total population (2018)	944,523	12,017
Total households (2018)	369,033	5,668

Walk Audit findings

A walk audit was conducted in Crash Zone 9 on the afternoon of August 21, 2020 under sunny conditions.

General takeaways: Though most sidewalks are in good condition, they often abut the roadway, leading to an uncomfortable pedestrian experience due to the high speed of vehicular traffic. The Meridian, Illinois, Fall Creek Pkwy, N. Dr., and 16th street corridors are prime examples. One-way arterials (e.g. Illinois, Capitol, Delaware, Pennsylvania, 30th, and 29th streets) also present a barrier to pedestrians. Residential side streets are very comfortable, with mature street trees, tree lawns between the street and sidewalk, and slow vehicular traffic. However, some driver behavior observed on the primary arterials was dangerous, including excessive speeding, not respecting crosswalks or stop bars at intersections, and erratic lane changes. Besides the new Red Line stations, bus stops on local routes generally lack adequate accommodations, including seating or shade. Curb ramps are mostly ADA-compliant, but some have collected dirt and gravel over time. Crosswalks along the Red Line route were freshly painted due to Red Line implementation, but many others observed along the Illinois and 16th St. corridors were faded.



Freshly painted bike lanes and crosswalks as part of the Red Line bus rapid transit infrastructure enhancements. Intersection of W. 18th St. and N. Illinois St. (Crash Zone 9).



Pedestrian signage, flashing beacons, and a weathered crosswalk warn motorists to yield to pedestrians on the Ivy Tech Community College campus. Drivers were observed largely ignoring the signage. Three lanes of one-way vehicular traffic give motorists the impression that they have priority to move quickly and efficiently. Intersection of N. Illinois St. and W. 26th St. (Crash Zone 9).



Another weathered duratherm crosswalk outside the Children's Museum of Indianapolis. Intersection of N. Illinois St. and W. 30th St. (Crash Zone 9).



In the foreground, weeds and grass begin to cause an impediment to this section of sidewalk on the south side of W. 34th St. In the background, pre-ADA curb cuts for motor vehicles do not accommodate pedestrians in wheelchairs or other mobility devices. Intersection of N. Illinois St. and W. 34th St. (Crash Zone 9).



Pedestrian-scaled railings offer protection for pedestrians from stumbling into three lanes of one-way traffic along the north side of W. 30th St. outside the Children's Museum of Indianapolis. The railings were installed as part of the Red Line bus rapid transit infrastructure enhancements. Located east of intersection with N. Illinois St. (Crash Zone 9).



Overgrowth and debris observed at the intersection of W. 29th St. and N. Illinois St. This sidewalk can be challenging and dangerous for pedestrians with no or low vision and persons using wheelchairs or mobility devices due to the placement of utility poles (Crash Zone 9).

FOCUS AREA A ACTION PLAN

Overall Goal

This action plan is the culmination of several months of intentional community engagement, grassroots organizing, and enthusiasm by the residents of Focus Area A. Four priority projects help inform the overall goals set by the community. Of utmost importance is the rallying cry, "120 is enough!" -- a reference to the number of pedestrian crashes that have occurred in the Focus Area from 2010 to 2019. "One-twenty is enough!" summarizes the tone, feelings, and experiences of area residents in deciding how they wanted this action plan to be implemented in the months and years to come.

These projects were selected by the community as a starting point to begin negotiating with decisionmakers on needed pedestrian safety and walkability improvements and coalesce support in implementing projects that helped bring the community closer together. Self-determination and persistence to learn how to navigate complex systems and advocate for the needs of the community were the guiding goals of this action plan.

Priority 1: Crosswalks for Life Pilot Project

Overview

Crosswalks for Life is a project conceived by community members to address the lack of painted crosswalks in their neighborhoods, especially at critical intersections of high conflict between pedestrians and motorists. Residents are seeking to enhance visibility of pedestrians for motorists at select intersections. This project would be a partnership piloted with the support of the Crown Hill Neighborhood Association (CHNA), City of Indianapolis Department of Public Works (Indy DPW), and the MLK Community Center. Crosswalks for Life will employ teens from the neighborhood as part of the MLK Community Center's Teen Summer Work program to paint continental-style crosswalks to Indy DPW specifications. CHNA will take responsibility for maintenance. This project will be measured in hopes of scaling similar initiatives in other Indianapolis neighborhoods. This project has been identified as a short-term priority.

Action Steps

Crosswalks for Life was conceived early in Phase II of this program and was met with enthusiastic support from residents. In February 2021, Health by Design staff presented the idea to Indy DPW to consider logistics, standards, potential funding, etc. DPW staff agreed to support the project as a pilot. Indy DPW plans to enter a Memorandum of Understanding (MOU) with the MLK Community Center dictating terms, responsibilities, and design specifications. Indy DPW will supply roadway-grade paint and reflective glass beads for implementation.

Beginning in March 2021, Health by Design and Indy DPW staff assisted the CHNA and neighborhood institution, MLK Community Center, in applying for the AARP Community

Challenge Grant, which was submitted April 15, 2021. The application request totaled \$13,955, based on budget estimates provided by the MLK Community Center and Indy DPW staff. In July 2021, the funding from AARP was awarded to the project to support the Crosswalks for Life Pilot Project. CHNA contacted representatives from adjacent neighborhoods in the Midtown area to solicit interest in participating. Historic Meridian Park and Mapleton-Fall Creek supplied intersections to be included in the project.

Priority 1: Crosswalks for Life Pilot Project

6 Es: **Engagement** | Equity | Engineering | Encouragement | **Education** | Evaluation

Recommended Action step	Description	Duration
1A	Maintain open and regular communication with Indy DPW, notably Bicycle and Pedestrian Coordinator, Jamey McPherson (jamey.mcpherson@indy.gov).	Ongoing
1B	Purchase supplies from Indy DPW, namely roadway-grade paint (approx. 221 gallons), reflective glass beads (approx. 31 50-lb. bags), and continental-style crosswalk stencil(s).	1 month
1C	MLK Community Center should share schedule for anticipated crosswalk installations by intersection with Indy DPW to allow Operations personnel to monitor and provide demonstration for teens.	2 months
1D	MLK Community Center kicks-off eight-week Teen Summer Work Program on June 7th, planned to end July 29th.	3 months
1E	Draft a plan for continued maintenance and/or expansion to other local intersections in the future.	2 months
1F	Crown Hill Neighborhood Association planning to host National Night Out event celebrating crosswalk installations and recognizing effort.	2 months
1G	Upon completion of crosswalks, monitor and evaluate effectiveness.	1 month

1H	Draft an end-of-year report summarizing the project's impact. This could include number of hours worked by teens, number of crosswalks installed, total investment (grant and in-kind donations), number of community volunteers engaged, etc. This will help Indy DPW scale similar projects in the future for other Indianapolis neighborhoods and provide metrics that can be used to bolster future grant applications.	2 months
1I	Publicize pilot project results and impact with residents, elected officials, business owners, media, etc. to continue building a groundswell of community support for future projects.	Ongoing
Potential leads: Crown Hill Neighborhood Association and MLK Community Center		
Key supporting partners: AARP Indiana, City of Indianapolis Department of Business and Neighborhood Services (BNS), Department of Public Works (Indy DPW), City-County Councilors, Indianapolis Metropolitan Police Department (IMPD), Mayor's Neighborhood Advocate (MNA), Mapleton-Fall Creek Neighborhood Association and Development Corporation, Near North Development Corporation, Watson Park Neighborhood Association, Historic Meridian Park, Highland Vicinity, Health by Design, Big Car Collaborative, Freewheelin' Community Bikes, Midtown Indy, Inc.		

Potential Funding Sources

- AARP Community Challenge Grant (deadline: April 15, 2021) – applied (see Appendix E)
- In-kind donations/support from community institutions

Priority 2: Infrastructure Assessment

Overview

A wholesale assessment and documentation of existing baseline conditions for all sidewalks and alleys in the Crown Hill Neighborhood will be undertaken to compile a list of deficient infrastructure. This assessment will build on walk audits completed by Health by Design staff and partners in the summer of 2020. The infrastructure assessment will include developing metrics to help rank priorities and will be shared with the City-County Councilor, Indy DPW, MNA, and other essential parties. This project has been identified as both a short- and mid-term priority, with anticipated long-term implications.

Action Steps

Priority 2: Infrastructure Assessment

6 Es: **Engagement** | Equity | **Engineering** | Encouragement | Education | Evaluation

Recommended Action step	Description	Duration
2A	Present priority to Crown Hill Neighborhood Association and gauge interest for volunteer participation. Notify MNA and City-County Councilor to invite them to attend. Health by Design to send 2020 Walk Audit findings from select intersections. Staff can also answer logistical questions to assist with organizing.	1 month
2B	Develop checklist of necessary materials and responsibilities (e.g., who will photograph? Who will take written notes? How should the work be divided—by block? Street? Etc.)	1-2 months
2C	Propose and schedule dates for assessments to take place.	1-2 months
2D	Draft preliminary report of findings and organize documentation.	1-2 months
2E	Present report to City-County Councilor(s), DPW, MNA, etc. for review and consideration. Urge residents to contact their decisionmakers in support. Keep in mind that City budget adoption occurs in October—the earlier findings can be presented to decisionmakers, the likelier they are to be considered as part of budgeting.	1 month
2F	Continue dialogue between elected officials and community.	Ongoing
Potential leads: Crown Hill Neighborhood Association (CHNA), Midtown Indy, Inc.		
Key supporting partners: City-County Councilor(s), Mayor's Neighborhood Advocate (MNA), Department of Public Works (Indy DPW), Health by Design, adjacent neighborhood organizations and/or institutions (sourcing volunteers)		

Note: This process will need to be repeated over time, especially as priorities are budgeted and addressed—be patient but persistent! Keep diligent notes during this first run, apply lessons learned, and tweak your priorities year-to-year.

Potential Funding Sources

Initially, this priority would rely on volunteers. However, Indianapolis Neighborhood Infrastructure Partnership (INIP) matching funds may be used to address a specific priority infrastructure issue identified through this assessment. INIP submissions are typically accepted annually in the fourth quarter, October-December.

Resources/Case Studies

- Meridian-Kessler Neighborhood Association Infrastructure Needs Report for 2021 Budget (see Appendix F)
- SEND/The Valley Street Assessment (see Appendix G)

Priority 3: Reanimating Friends of 38th Street

Overview

The Friends of 38th Street Group is currently an informal interest group of neighborhood residents, property owners, businesses, and other community leaders with a focus on revitalizing the 38th Street corridor, roughly from the Indiana State Fairgrounds (east) to the Newfields campus (west). One of the group's central roles has been to build community support for traffic calming and enhancing the built environment along this high-speed motor vehicle corridor. This priority aims to formalize the coalition structure, honing messaging, setting regular meetings, and begin making progress on a shortlist of neighborhood requests outlined in detail below. This project has been identified as both a short- and mid-term priority, with anticipated long-term implications.

Action Steps

Priority 3: Reanimating Friends of 38th Street

6 Es: **Engagement** | Equity | Engineering | Encouragement | Education | Evaluation

Recommended Action step	Description	Duration
3A	Midtown Walkability Committee should take the lead to meet with Bill Osterle, Jeremy Stephenson, and/or other advocates involved with Friends of 38th Street to share deliverables completed with Health by Design, including this Community Report and Walkability Action Plan. This meeting can serve as a springboard to regroup and organize around recent community engagement.	1 month

3B	Convene larger group of stakeholders with a vested interest in Friends of 38th Street. Reengage with people previously involved while extending invitations to newcomers, including those involved in Health by Design's Walkability Workshops in February and March 2021.	2-3 months
3C	Reconvene to strategize next steps for the Friends of 38th Street, including formalizing structure, responsibilities, scheduling regular meeting dates and times, honing messaging to promote the group and its goals (e.g., "120 is Enough" signage, social media graphics), etc.	2-3 months
3D	With solid footing, Friends of 38th Street should consider prioritizing specific action items to focus advocacy in the next 1-3 years. A shortlist of issues and concerns collected during the public engagement phase of this action plan have already been identified (not organized in any particular order): <ul style="list-style-type: none"> • Continued negotiations with Indy DPW on studying post-pandemic traffic movements in the corridor, including updated traffic counts. • Continued negotiations with Indy DPW regarding right-turn-on-red (RTOR) restrictions at signalized intersections along this corridor. • Continued negotiations with Indy DPW regarding installation of high-visibility continental-style crosswalks at signalized intersections along the corridor, specifically the decorative crosswalks stamped to resemble pavers. • Continued negotiations with Indy DPW on strategies for "right-sizing" 38th St. to better accommodate pedestrians and bicyclists and slow motor vehicle traffic. • Continued negotiations with IMPD on boosting speed enforcement. 	

3E	The reenergized Friends of 38th Street should continue promoting pedestrian safety/walkability initiatives on the corridor through winter months to keep people plugged-in, engaged, and eager.	3-4 months
3F	Based on shortlist of prioritized items, Friends of 38th Street should be in regular communication with decisionmakers, including IMPD, Indy DPW, and other parties to ensure progress is made. Regular reporting by coalition leadership should also take place, perhaps at neighborhood association meetings for each of the four respective neighborhoods.	Ongoing
3G	Reconvene for year-one check-in and update with coalition members. Metrics should be established to demonstrate progress on group's specific priorities. Revisit strategy and solicit feedback from those involved on areas for improvement.	Ongoing
3H	Revisit priority items selected in the previous year and recalibrate to ensure coalition is responding flexibly to outside needs and concerns. For example, a marked increase in motorist collisions with bicyclists may force group to adjust priorities and push forward in the new year negotiating with Indy DPW on reallocating street space on the corridor for bicyclists.	Ongoing
Potential leads: Midtown Indy, Inc.		
Key supporting partners: City-County Councilor(s), Mayor's Neighborhood Advocate (MNA), Department of Public Works (Indy DPW), 38th St. property owners (especially apartment complex management), adjacent neighborhood organizations and/or institutions (specifically, Butler-Tarkington, Crown Hill, Meridian-Kessler, and Watson Park), Indiana State Fairgrounds, Crown Hill Cemetery, Newfields, IndyGo, Health by Design		

Potential Funding Sources

- Initially, this priority would rely on volunteers. However, as the Friends of 38th Street coalition is formalized and adopts a structure, it has long-term potential to develop into a standalone 501(c) and begin applying for grant dollars to either sustain the organization or partner with the City of Indianapolis and nearby neighborhood associations to fund infrastructure projects.

Resources/Case Studies

- BikePGH (Bike Pittsburgh) published a 27-page Grassroots Advocacy Toolkit guidebook on starting and sustaining a neighborhood-level bicycle and pedestrian committee (free download here).
- America Walks, a national organization that advocates for improving walkability, hosts a web-based library with dozens of case studies illustrating tactics in which Friends of 38th Street can build partnerships, hone advocacy messaging, educate, and more.
- Crowdfunding platforms, like ioby.

Priority 4: 34th Street Redesign

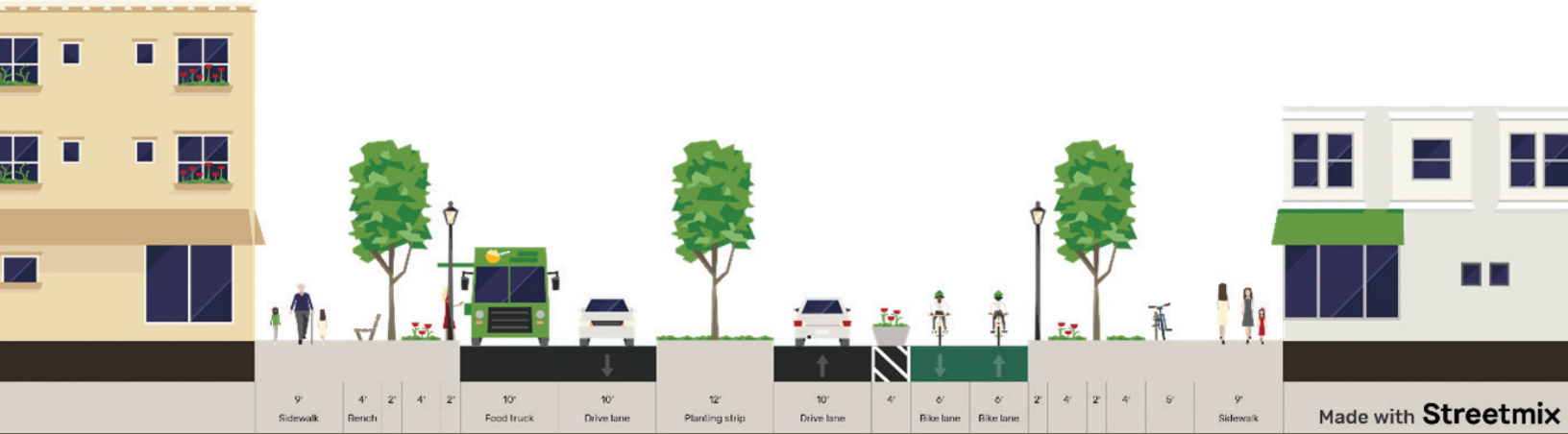
Overview

34th St., specifically between Illinois St. and Boulevard Pl., has the potential to be a multimodal corridor better serving the needs of the surrounding neighborhood. Multimodal is defined as a street that can safely and effectively accommodate a range of transportation modes, including but not limited to bicyclists, pedestrians, scooters, transit, and motor vehicles.

From its early development, the street included a landscaped median, or esplanade, establishing a grand entryway to both the neighborhood and Crown Hill Cemetery. In about 1950, the landscaped median was removed, and the roadway was realigned and expanded to its current configuration—four travel lanes, two parking lanes, and narrow sidewalks. The esplanade also served as right-of-way for a streetcar route.

Currently, the corridor decidedly prioritizes motor vehicle traffic. Anecdotal observations of traffic suggest that the roadway is overbuilt and doesn't justify maintaining the existing lane configuration. In fact, according to 2019 traffic count estimates provided by the Indianapolis Metropolitan Planning Organization (IMPO), the average annual daily traffic (AADT) ranged from 5,260 at 34th Street's intersection with Meridian St. to 3,643 at 34th Street's intersection with Capitol Ave. According to the Federal Highway Administration's (FHWA) Road Diet Traffic Volume Guide, four lane roads with less than 10,000 AADT are ideal candidates for road diets. Luckily, there's great potential and momentum to "right-size" the street to support the needs and wishes of residents. In addition to the roadway, the corridor's public right-of-way was maintained from its realignment in the 1950s. The corridor's total right-of-way width between Boulevard Pl. and Illinois St. is approximately 105'—56' of roadway, approximately 25' of vacant, underutilized space to the north side of 34th St., and 24' of grass buffer and sidewalk to the south.

34th St.



This concept from Streetmix shows what a redesigned 34th St. could look like in the future, with reallocated space for all roadway users.

The route is identified as a high priority Pedal Indy project within the Indy Moves Transportation Integration Plan adopted by the City of Indianapolis in 2018. In this plan, the project is targeted for a protected bike lane from Boulevard Pl. (west) to Millersville Rd. (east). Additionally, the Near North Development Corporation commissioned the 34th St. Redevelopment Plan expanding the scope to focus on enhancements to both the built environment and economic vitality of the corridor in Crown Hill from Boulevard Pl. to Meridian St. This plan identified conceptual streetscape improvements, including new sidewalks and curb ramps, on-street bicycle facilities, bump-outs, crosswalks, streetlights landscaping, and more.

Complete Streets-like redesigns are expensive so it is necessary to communicate this with stakeholders from the beginning by establishing this project as a long-term priority that will take considerable time and money. It is likely that a project of this scope would need to be completed in phases as funds become available. For short-term demonstration projects, Crown Hill Neighborhood Association may want to coordinate with DPW on tactical urbanism projects aimed at slowing vehicle traffic with temporary paint or other objects designed to narrow roadway width. This project has been identified as a long-term priority.

Action Steps

Priority 4: 34th Street Redesign

6 Es: **Engagement** | Equity | **Engineering** | Encouragement | Education | Evaluation

Recommended Action step	Description	Duration
4A	Establish line of communication with Indy DPW and request information on initial research specific to this section of 34th St.	1 month
4B	Draft a consistent project development process with nonnegotiable collaboration milestones involving all partners with a stake in the project.	1-3 months
4C	Develop "Miracle on 34th St." public awareness campaign organized by Crown Hill Neighborhood Association (CHNA) to build resident support.	2-3 months
4D	Initiate discussions with stakeholders, including Ball State, Indy DPW, City-County Councilor(s), and others on planning a neighborhood design charrette focused on a community-driven redesign of 34th St.	6-12 months

4E	Partner with the Ball State University Center for Civic Design to host a neighborhood charrette to engage stakeholders in an intensive design process led by undergraduate and graduate students at the College of Architecture and Planning.	1 month
4F	Based on design charrette results and community support, work with Indy DPW on scoping specific infrastructure concepts for the corridor, calculate an estimated budget, and zero-in on potential funding sources.	3-6 months
4G	Present a final schematic design for a redesigned 34th St. to the public and share estimated budget and timeline contingent on funds.	1 month
4H	Coordinate with Indy DPW and abutting property owners/residents on installing a temporary tactical urbanism or traffic calming project on the corridor to test traffic flow, measure efficacy, and collect baseline data.	3-6 months
4I	Maintain communication with Indy DPW on project development, including future milestones (e.g., project goes to bid date, construction, maintenance of traffic, etc.)	Ongoing
Potential leads: Crown Hill Neighborhood Association (CHNA), Indianapolis Department of Public Works (Indy DPW), Midtown Indy, Inc.		
Key supporting partners: Abutting property owners, residents, and businesses, City-County Councilor(s), CICF Connected Communities, Indianapolis Metropolitan Planning Organization (IMPO), Ball State University College of Architecture and Planning (CAP: Indy Center), Crown Hill Cemetery, Connecta Corporation (3363 Boulevard PL), Health by Design		

in the city's right-of-way that improve the quality of life for Indy residents in and near their neighborhoods or institutions, such as sidewalk and roadway upgrades.

- **Tax Increment Financing (TIF)**
 - TIF districts dedicate a proportion of property taxes within a specific area to service debt based on an investment in that area. This is most useful for projects that anticipate an increase in property taxes in their immediate surroundings. The project area is not currently located in a TIF and would need legislative approval through the City-County Council.
- **Municipal bonds**
 - Municipal bonds are loans against future revenue streams, such as sales, property, or special assessment district taxes. These are useful for long lifespan projects with a broad benefit to Indianapolis. The scope of this project may not warrant the use of municipal bonds.
- **Central Indiana Community Foundation (CICF)**
 - CICF Connected Communities initiative. The project is sited within a designated redevelopment/economic development area.
- **Community Development Block Grant (CDBG)**
 - Administered by the City of Indianapolis Department of Metropolitan Development (DMD) via the U.S. Department of Housing and Urban Development (HUD), eligible projects may include transportation safety projects in low-income census tracts.
- **Federal transportation funds**
 - As a member of the Indianapolis Metropolitan Planning Organization (IMPO), the City of Indianapolis is eligible to apply for federal funding with a local match for specific transportation projects. However, applications are extremely competitive, as Indianapolis is one of 34 units of government eligible in the IMPO's planning area. Proposed projects also must meet stringent criteria and are scored for consideration. The IMPO then recommend projects for funding based on the estimated annual allocation provided by the Indiana Department of Transportation (INDOT). In 2019, the estimated funds available totaled \$56.8 million.
 - Surface Transportation Block Grant (STBG), Highway Safety Improvement Program (HSIP), Congestion Mitigation and Air Quality (CMAQ), and Transportation Alternatives Program (TAP)

Resources/Case Studies

- 34th Street Redevelopment Plan (2019)
- City of Indianapolis Neighborways Program – Near North Multi-Modal Target Area (2019)
- Indy Moves Transportation Plan (2018)
- Maple Crossing Great Places 2020 Plan (2016)
- Smart Growth America Taking Action on Complete Streets (2013)
- Ball State University Center for Civic Design
- Indianapolis Metropolitan Planning Organization (IMPO) Indianapolis Regional Transportation Improvement Program (IRTIP)

Potential Funding Sources

- **Local city funds**
 - According to Indy Moves, this includes funding from the city's annual budget and revenue sources and is most useful for operations and maintenance, pilot projects, and high-priority projects.
- **Indianapolis Neighborhood Infrastructure Partnership (INIP)**
 - The INIP program started in 2018 and opens eligible community-based organizations to apply matching funds with DPW dollars to finance public infrastructure projects



Focus Area B

FOCUS AREA B

Definition of focus area

Focus Area B is centered on the W. Washington St. corridor, between I-465 (west); S. Tibbs Ave. (east); and the CSX railroad tracks (north and south), encompassing Crash Zone 13.

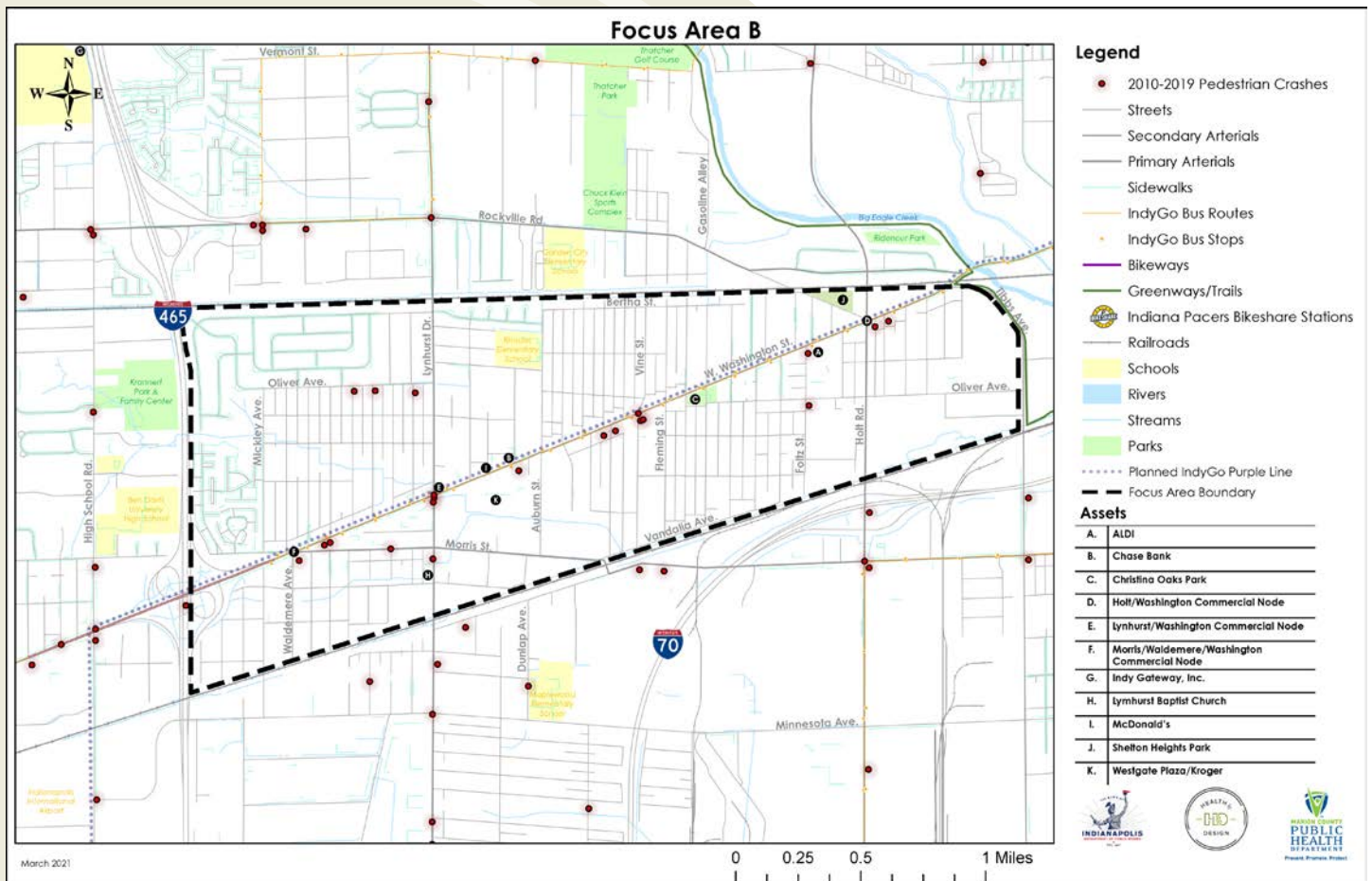
Built environment overview

The West Washington Street corridor is generally unsafe for all modes of transportation, including cars. Motorists routinely speed and erratically change lanes throughout the corridor due to its width, excessive curb cuts, and traffic signal spacing. Most of the corridor lacks basic pedestrian infrastructure, including ADA-compliant sidewalks and curb ramps. This section of the roadway primarily features four travel lanes and a center-running left-turn lane with hundreds of curb cuts

leading to drive throughs, parking lots, secondary streets, and service driveways. This environment creates endless potential for conflict between motorists and pedestrians. Most residential areas in this zone were built prior to World War II, consisting primarily of modest single-family homes. However, residential streets also often lack basic pedestrian infrastructure. Major improvements were anticipated as part of IndyGo's planned Blue Line bus rapid transit project. Planned improvements included installation of sidewalks, reallocation of travel lanes to include bus-only lanes, ADA-compliant curb ramps, crosswalks, curbs, audible crossing signals, and other infrastructure.

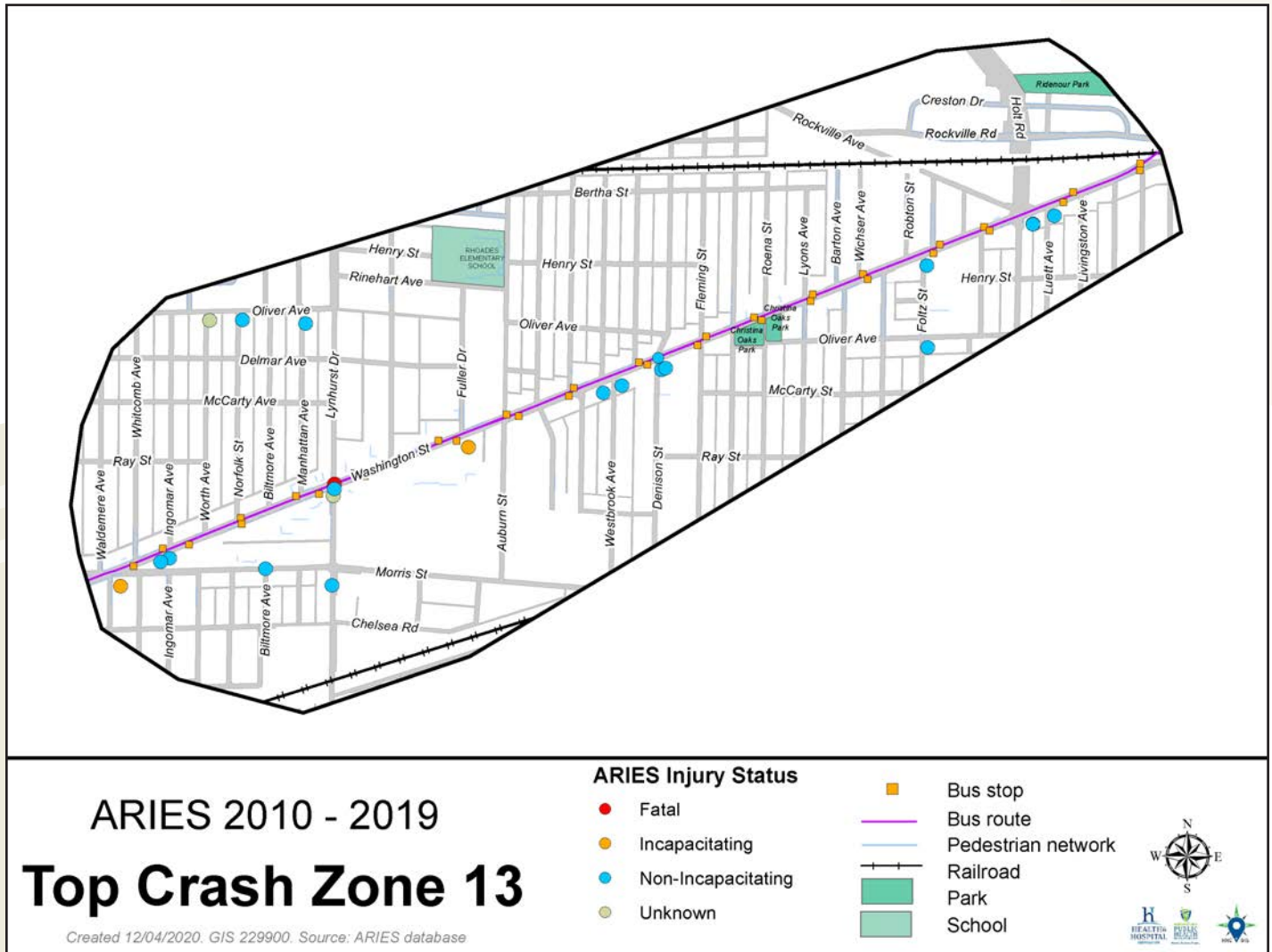
As of December 2022, updated expense figures forced IndyGo to shelve plans for the segment of the Blue Line west of Holt Road.

Asset Map



The Focus Area B Asset Map indicates assets identified by members of the community in relation to pedestrian crashes and mobility infrastructure. A larger-scale asset map and accompanying table of assets can be found in Appendix C.

CRASH ZONE 13



Crash data overview

Between 2010 and 2019, 28 pedestrian crashes had been recorded in Crash Zone 13, mostly clustered at intersections of along the W. Washington St. corridor between Luett and Ingomar avenues. Crash Zone 13 is tied for having the highest percentage of pedestrian crashes occurring in the month of January out of the city's 15 crash zones analyzed (excluding downtown, which is an outlier). More than half of crashes in Crash Zone 13 occurred in daylight, while another 29% happened at night but on lit roadways. However, 14% of crashes occurred at night under unlit conditions. About 29% of crashes occurred between 12:00 and 6 p.m., compared with the 15-zone average of 21%. Only one zone had a higher percentage; Crash Zone 13 is also tied for the second highest number of crashes reported in this timespan. Some 39% of crashes occurred between 6 and 10 p.m., compared with the 15-zone average of 30%. This was greater than all but one other crash zone.

Crash Zone 13 had a higher-than-average percentage of crashes involving children and young adults. About 36% of

all crashes in the zone involved victims from 0-20 years of age, compared with the 15-zone average of 29%. Zone 13 also had a higher percentage of crashes (compared with the 15-zone average) involving 21-25-year-olds (14% vs. 9%), 31-40-year-olds (14% vs. 11%), 51-60-year-olds (18% vs. 15%), and 61-70-year-olds (7% vs. 5%). Men were much more likely to be victims in Zone 13 (86%) vs. the 15-zone average of 59%.

Of the 28 pedestrians struck between 2010-2019, two were killed, or 7% of that total; this is slightly higher than the 15-zone average of 5% fatalities. Of the 28 pedestrians struck in Zone 13, four suffered incapacitating injuries, or 14% of that total, requiring transport to a hospital; this is slightly lower than the 15-zone average of 16%. According to police reports, 43% of victims were struck at midblock crossing the roadway (10% higher than the 15-zone average); 32% were struck at intersections (lower than the 37% 15-zone average); and 14% were struck by walking in the roadway (double the 7% 15-zone average). Notably, 32% of crashes in Zone 13 were the result of the driver failing to yield, higher than the 15-zone average of 27%.

Demographics

Age	Marion County	Zone 13
% of population < 18 years (2018)	29%	36%
% of population ≥ 65 years (2018)	12%	9%
Race		
Black (2018)	27%	14%
White (2018)	56%	58%
Asian (2018)	3%	1%
Ethnicity		
Hispanic or Latino (2018)	10%	24%
Income		
% of individuals with income below 185% FPL (2018)	38%	59%
% of children under 18 living in poverty (2018)	75%	79%
Disability		
% of population with a disability (2018)	14%	18%
Transportation		
% of occupied housing units with no vehicle available (2018)	9%	12%
Limited English		
% of households not proficient in English (2018)	6%	11%
Total population (2018)	944,523	15,295
Total households (2018)	369,033	5,230

In 2018, Crash Zone 13 was home to about 15,300 residents in 5,200 households. This zone includes higher percentages of children and lower percentage of persons over the age of 65 when compared to the Marion County average. The zone is majority white, but with a Hispanic or Latino population more than twice the Marion County average. The zone is home to a greater percentage of households in poverty as compared to the Marion County average. The rate of zero-car households is slightly higher than that of the Marion County average. The zone is home to a slightly higher percentage of persons with a disability than the Marion County average. Households with limited English proficiency is more than double the Marion County average.

Walk audit findings

A walk audit was conducted in Crash Zone 13 on the afternoon of August 11, 2020, under sunny conditions.

General takeaways: Most of the W. Washington St. corridor lacks any pedestrian infrastructure, but where sidewalks are present, they are generally in poor condition or in hostile environments for pedestrians. Where sidewalks are present, they immediately abut the roadway or surface parking lots leading to an uncomfortable pedestrian experience due to unpredictable or reckless motorist behavior. Sidewalks are also discontinuous due to the excessive amount of curb cuts to serve auto-oriented businesses. Some driver behavior observed on the primary arterials was dangerous, including excessive speeding and erratic lane changes. Very few curb ramps are ADA-compliant. Crosswalks are virtually nonexistent. Where crosswalks are observed, they are faded. There is a general absence of landscaping or street trees throughout the corridor and IndyGo bus stops lack shelter, shade, or seating. W. Washington St. acts as a high-speed barrier between the northern and southern residential areas with very few places for pedestrians to safely cross throughout the entire corridor.



Viewed from the southeast corner of the intersection of W. Washington St. and Holt Rd., a semitruck runs a red light. Meanwhile, ADA-compliant curb ramps and high-visibility crosswalks are absent from the intersection. Furthermore, utility poles and temporary construction signage present obstructions for pedestrians. A sign on the utility pole reads "Keep Washington Street 4 Lanes!!!" in reference to IndyGo's planned Blue Line bus rapid transit project, which would introduce even basic pedestrian infrastructure to the corridor.



Pedestrians walk in the center turn lane on a segment of W. Washington St. lacking sidewalks near Laclede St. The posted speed limit is 40 miles per hour.



A motorist turns right onto W. Washington St. from S. Lynhurst Dr. Discontinuous sidewalk is present at each of the intersection's four corners; however, layering of asphalt over time has rendered some curbs useless, leaving pedestrians vulnerable to being hit by turning vehicles cutting the corner. Crosswalks are non-existent.



A blending of discontinuous sidewalk segments, asphalt surface parking lots, and gravel shoulders are a common sight throughout the corridor. This photo was captured at the northeast corner of W. Washington Street's intersection with S. Worth Ave. looking east.



A dirt patch and bench signify a stop on IndyGo's eastbound Route 8, among the highest ridership routes in the system. Despite the absence of pedestrian infrastructure and built environment hostile to anyone outside of a personal vehicle, this bus stop is a crucial lifeline for residents to access groceries from the Kroger just out of view.



A lone pedestrian crosses five lanes of W. Washington St. Few blocks throughout the corridor include newer, ADA-compliant sidewalks, curb ramps, and crosswalks; however, a lack of stoplights or other traffic controls create few opportunities for pedestrians to cross safely—oftentimes up to a ½-mile from the nearest signalized intersection.



Overgrown shrubs block a portion of sidewalk on W. Washington St. near its intersection with Waldemere Ave. and W. Morris St., forcing pedestrians to walk uncomfortably close to traffic typically traveling 40 miles per hour or higher. Weeds and litter contribute further to an inhospitable walking environment.

FOCUS AREA B ACTION PLAN

Overall Goal

It's important to acknowledge that the Westside of Indianapolis, specifically along the West Washington Street corridor, has been the subject of a seemingly endless list of studies and plans over the last 20 years. It's important to emphasize that throughout this process, those community members who participated expressed feelings of planning fatigue and a general sense of hopelessness that their input would not make a difference in affecting change.

That said, this plan has been developed to allow for grass-roots-level implementation, containing community-identified actionable priorities that can be completed on variable timelines. Each priority project is designed to be citizen-led with assistance and/or resources provided by local subject matter experts to ensure priorities are thoroughly addressed and/or fulfilling requirements, such as permitting in the right-of-way. This plan should be dynamic to reflect the changing needs and concerns of the community while also providing residents, businesses, and other local stakeholders with the agency to determine the best course of action in tackling an issue.

Continuous engagement by and for the community will be instrumental in achieving the priorities listed here while building relationships across sectors and agencies, allowing the community to coalesce around safe and accessible infrastructure, instill a sense of pride in neighborhood residents and businesses, and affect lasting change.

Priority 1: Improved Public Education and Engagement on Blue Line BRT Project

Overview

Throughout this community engagement process, two broad issues concerning IndyGo's planned Blue Line bus rapid transit (BRT) project—specific to the West Washington Street corridor (Segment 1 Airport)—were noted:

1. Residents and business owners remain confused or unknowledgeable on IndyGo's plans for the Blue Line bus rapid transit project, including basics like funding, scope, and timeline; and
2. Those who are aware of the project have fixated on the reallocation of roadway space to accommodate center-running bus-only and bus and turn (BAT) lanes, neglecting other infrastructure improvements, namely sidewalks.

To address the first concern, Health by Design recommends that the community request additional public engagement opportunities, coordinated by both IndyGo and neighborhood leadership. Community members are seeking more robust, one-on-one engagement and transparency from IndyGo and the City of Indianapolis Department of Public Works (DPW) regarding facts on the Blue Line project. Without specialized public outreach from those knowledgeable on project details, a vacuum is filled with misinformation, paranoia, and distrust,

posing an existential threat to the Blue Line project, as evidenced by bills considered in the Indiana General Assembly during both the 2020 and 2021 legislative sessions. It will be incumbent on community leaders to invite IndyGo and other decisionmakers to the table to ensure this education happens.

To address the second concern, a group of residents and business owners who are aware of the Blue Line project have downplayed the project's full scope of enhancements, including sorely needed ADA-compliant sidewalks and curb ramps, high-visibility crosswalks, fresh pavement, streetscape improvements, and stormwater and drainage upgrades. A separate but parallel outreach effort should be developed to target misinformation, debunk myths, and redirect conversations to the added benefits the Blue Line will provide—not only for public transit users—but for disabled neighbors, pedestrians of all ages, and motorists. An emphasis should be made on safety upgrades for all road users with a focus on improving quality of life. It will also be important to reiterate that essential infrastructure, like sidewalks or drainage improvements, are contingent on the Blue Line project moving forward. In other words, the longer this project is mired in politics, the longer the Westside must wait for another opportunity for infrastructure investments. This project has been identified as a short-term priority.

Action Steps

Priority 1: Improved Public Education and Engagement on Blue Line BRT Project

6 Es: **Engagement** | Equity | Engineering | Encouragement | **Education** | Evaluation

Recommended Action step	Description	Duration
1A	Initialize meetings with partners and form a working group of community members to develop neighborhood-level messaging strategy.	2 months
1B	Develop a brief survey for residents and business owners to help gauge specific questions, concerns, etc. related to the Blue Line project. It's important to be transparent that answers will assist IndyGo in improving communication on the Westside.	1 month
1C	For those unable or uncomfortable to complete survey, invite residents and business owners to attend a facilitated focus group discussion as another means of collecting concerns.	1 month

1D	Invite IndyGo representatives to attend neighborhood association meetings and community events to allow for one-on-one conversations with residents and business owners who have questions or concerns.	4 months
1E	Based on responses from the survey and focus group discussion, develop grassroots outreach campaign driven by Westside neighborhoods to assist IndyGo in distributing information. This could include continued social media promotion on the Westside Connect Facebook and Twitter accounts, sharing infographics and detailed designs, door-to-door distribution of frequently asked questions sheets, and/or hosting listening sessions.	2 months
1F	Grassroots outreach campaign should anticipate pivoting advocacy to address likely legislative action again in the 2022 session of the Indiana General Assembly.	5 months
1G	Continue meeting regularly with IndyGo and DPW personnel to receive the latest details on project timeline and other relevant information.	Ongoing
Potential leads: IndyGo, Indy Gateway, Westside Chamber of Commerce		
Key supporting partners: AARP Indiana, City of Indianapolis Department of Public Works (Indy DPW), City-County Councilor, Lynhurst Baptist Church, other neighborhood businesses and institutions, Mayor's Neighborhood Advocate (MNA), Metropolitan School District (MSD) of Wayne Township, Indianapolis International Airport, Health by Design		

Potential Funding Sources

In-kind through volunteers or included within services provided from partners (e.g., IndyGo staff in community engagement, IndyGo prints for flyers and/or one-pagers, etc.).

Resources/Case Studies

- America Walks – Four Communities That Prioritize Transit-Walkability Collaboration (case studies)
- IndyGo Blue Line Project Page*

**This page is a one-stop-shop for people in the community who have questions related to the Blue Line project, including a survey link, downloadable graphics, and planning documents. IndyGo staff should be able to provide handouts of this information to distribute to neighbors who do not have internet access.*

Priority 2: Infrastructure Assessment

Overview

A wholesale assessment and documentation of baseline conditions for existing sidewalks, streets, alleys, and other public infrastructure in the focus area should be undertaken to compile a list of deficiencies. This assessment will build on walk audits completed by Health by Design staff and partners in the summer of 2020. The infrastructure assessment will include developing metrics to help rank priorities and will be shared with the City-County Councilor, Indy DPW, MNA, and other essential parties. This project has been identified as both a short- and mid-term priority, with anticipated long-term implications.

Action Steps

Priority 2: Infrastructure Assessment

6 Es: **Engagement** | Equity | **Engineering** | Encouragement | Education | **Evaluation**

Recommended Action step	Description	Duration
2A	Present priority to neighborhood working group focused on walkability and gauge interest for volunteer participation. Notify MNA and City-County Councilor to invite them to attend. Health by Design to send 2020 Walk Audit findings from select intersections. Staff can also answer logistical questions to assist with organizing.	1 month
2B	Develop checklist of necessary materials and responsibilities (e.g., who will photograph? Who will take written notes? How should the work be divided—by block? Street? Etc.)	1-2 months
2C	Propose and schedule dates for assessments to take place.	1-2 months
2D	Draft preliminary report of findings and organize documentation.	1-2 months
2E	Present report to City-County Councilor, Indy DPW, MNA, etc. for review and consideration. Urge residents to contact their decisionmakers in support. Keep in mind that City budget adoption occurs in October—the earlier findings can be presented to decisionmakers, the likelier they are to be considered as part of budgeting.	1 month

2F	Continue dialogue with elected officials and community.	Ongoing
Potential leads: Indy Gateway		
Key supporting partners: City-County Councilor, Mayor's Neighborhood Advocate (MNA), Department of Public Works (Indy DPW), Health by Design, adjacent neighborhood organizations and/or institutions (sourcing volunteers)		

Note: This process will need to be repeated over time, especially as priorities are budgeted and addressed—be patient but persistent! Keep diligent notes (written and photos!) during this first run, apply lessons learned, and tweak your priorities year-to-year.

Potential Funding Sources

Initially, this priority would rely on volunteers. However, Indianapolis Neighborhood Infrastructure Partnership (INIP) matching funds may be used to address a specific priority infrastructure issue identified through this assessment. INIP submissions are typically accepted annually in the fourth quarter, October-December.

Resources/Case Studies

- A Citizen's Guide to Better Streets: How to Engage Your Transportation Agency (2008)
- Indy Moves Transportation Plan (2018)
 - *Lynhurst Drive Complete Street priority project*
- West Side Strategic Revitalization & Airport TIF Implementation Plan (2018)
- Meridian-Kessler Neighborhood Association Infrastructure Needs Report for 2021 Budget

Priority 3: Low-Stress Wayfinding/Flower Trail Concept

Overview

Perhaps the most mentioned concern throughout this process was the general lack of sidewalks, crosswalks, or safe pedestrian accommodations along and across West Washington Street and South Lynhurst Drive. In-lieu of the Blue Line enhancements planned for the corridor, one creative idea rooted in tactical urbanism was suggested as a temporary pedestrian safety and community-building activity.

Utilizing the existing street grid immediately north of Washington and immediately west of Lynhurst, pedestrians could be "rerouted" to marked walkways on side streets parallel to these corridors to take advantage of low-volume neighborhood streets. Strategically positioned, temporary wayfinding signage would be installed to direct pedestrians from Washington or Lynhurst to these streets, namely, Delmar and/or Oliver avenues (east-west) and Manhattan Ave. (north-south).

Because Delmar and Oliver avenues are not directly parallel with Washington St.'s diagonal alignment (thus, adding travel time to pedestrians who may opt to continue walking along Washington), Health by Design recommends organizing a pilot project along Manhattan Ave., one block west of Lynhurst

Dr. To designate the walkway, a "flower trail" could help indicate this safer alternative to walking alongside high-volume motor vehicle traffic on Lynhurst Dr. Flowers designating the "trail" could be in planters within the right-of-way (with proper city permits) to reallocate roadway space and in effect cordon-off a section of the street for pedestrians or could be planted in residents' yard fronting the street (with appropriate permissions). Focus Area B Walkability Champions would be willing to identify current Keep Indianapolis Beautiful Adopt-A-Block Captains along the affected street(s) to gauge resident interest in proceeding with the idea, solicit volunteer assistance, and coordinate responsibilities and logistics. This project has been identified as both a short- and mid-term priority.

Action Steps

Priority 3: Low-Stress Wayfinding/Flower Trail Concept

6 Es: **Engagement** | **Equity** | Engineering | Encouragement | Education | **Evaluation**

Recommended Action step	Description	Duration
3A	Research and review case studies of similar concepts that have been completed locally and nationally. Projects of this nature are commonly referred to as "tactical urbanism."	3 months
3B	Compile shortlist of items needed. For example, if planters in the right-of-way is the preferred option, how many planters will be needed? How many cubic feet of soil? Number of flowers? Who will ensure maintenance, like watering? What about sign design, size, and placement? Additionally, identify who from the City will need to be brought into the project, namely representatives from Business and Neighborhood Services (BNS) and Indy DPW for permitting and approvals.	2 months
3C	Consider budget. With a compiled shortlist of items, create a rough budget for how much the pilot project will cost and whether applying for a tactical urbanism grants or in-kind support can help supplement. Local businesses may be willing to donate supplies or volunteers.	1-2 months

3D	Vet idea with the community to answer questions, present preliminary findings, and gauge interest, especially from residents/property owners living on impacted streets.	2-3 months
3E	With community support, legal permits, volunteers, and funding in place, implement the project. Expect to make necessary tweaks due to unanticipated issues that may arise. Have a system in place to evaluate impact. Disassemble after permit ends.	3-5 months
3F	At project end, report findings, such as number of people impacted, comments from neighbors or visitors, unintended positive or negative outcomes, etc. and share findings with partners and residents.	3 months
Potential leads: Indy Gateway, neighborhood resident(s)		
Key supporting partners: AARP Indiana, Arts Council of Indianapolis, Keep Indianapolis Beautiful, Inc. (KIB), City of Indianapolis Department of Business and Neighborhood Services (BNS), Indy DPW, Lynhurst Baptist Church, Westside Chamber of Commerce, Mayor's Neighborhood Advocate, City-County Councilor, Indianapolis Metropolitan Police Department (IMPD), Indianapolis Neighborhood Resource Center (INRC), other neighborhood businesses and institutions, Health by Design, Big Car Collaborative		

Potential Funding Sources

Local:

- Keep Indianapolis Beautiful, Inc.
- Arts Council of Indianapolis Public Art for Neighborhoods Fund Community Connection Grants
- Indianapolis Neighborhood Resource Center (INRC) Creative Placemaking
- IndyGo Art in Transit Program

State:

- Crowdfunding platforms, like ioby or the Indiana Housing and Community Development Authority (IHEDA) CreatiNG Places program hosted by Patronicity.
- Indiana Department of Health (IDH) Tactical Urbanism Demonstration Projects Supporting Active Transportation Grant (link to IDH grants and resources page)

National:

- AARP Community Challenge Grant
- Bloomberg Philanthropies Asphalt Art Initiative
- Target Corp. Community Engagement Funds

Resources/Case Studies

- Local case study: Shelby Street tactical urbanism project led by Big Car Collaborative and South Indy (SoIndy) Quality of Life Plan.
- National resource:
 - Tactical Urbanist's Guide to Getting it Done

Priority 4: Active Living Promotion

Overview

In efforts to spur more active living opportunities for neighbors, the opportunity to activate Christina Oaks Park was identified. Promotion of existing programs provided through Indy Parks and the Marion County Public Health Department (e.g., "Indy in Motion") would also be part of this project. Promotional signage could be used to pique interest and draw attention to the parks as community assets that enhance health and wellness. Signage can also cater to motorists to promote safer driving and awareness of pedestrians nearest to Christina Oaks Park. This project has been identified as a long-term priority.

Action Steps

Priority 4: Active Living Promotion

6 Es: **Engagement | Equity | Engineering | Encouragement | Education | Evaluation**

Recommended Action step	Description	Duration
4A	Review best practices, case studies, and other information for public health promotion focused on access to parks and recreation.	3 months
4B	Reach out to park managers via Indy Parks to connect and learn more about available local resources and/or existing health and wellness programs offered through the department.	2-3 months
4C	Reach out to school administrators from local MSD Wayne Township schools to learn about existing health and wellness program offered and identify gaps or interest in expanding recreational offerings for students through use of greenspace.	2-3 months

4D	After gathering information and identifying key needs or gaps, revisit the outcomes from Priority 4, Action A and begin to align best practices or case studies as opportunities to be duplicated locally. Once specific programs are identified, make your pitch to neighborhood residents, Indy Parks, and/or MSD Wayne Township to gauge interest in securing funding.	2 months
4E	Build-out and solidify workplan with partners to ensure tasks, responsibilities, budget, and any programming needs are clear.	6-12 months
4F	Evaluation should be done to measure the project's reach and impact on participants. A before and after survey could be administered to provide a baseline understanding of residents' current active living situation while measuring how programming has benefited residents since their participation.	1-2 months
Potential leads: Indy Parks, MSD Wayne Township, Boys & Girls Club Legore Unit		
Key supporting partners: Indy Parks (<i>Christina Oaks Park, Krannert Park, Ridenour Park, Thatcher Park</i>), Metropolitan School District (MSD) of Wayne Township (<i>Garden City Elementary School, Maplewood Elementary School, Rhodes Elementary School</i>), Boys & Girls Club Legore Unit, The Parks Alliance of Indianapolis, Marion County Public Health Department (MCPHD), Indiana Department of Public Health (IDOH), Indianapolis Metropolitan Police Department (IMPD), other neighborhood businesses and institutions, Jump IN for Healthy Kids, Bike Indianapolis, Health by Design		

Potential Funding Sources

- National Recreation and Park Association (NRPA) – Resilient Park Access Grant & Coaching
- The Parks Alliance of Indianapolis

Resources/Case Studies

- Indy Parks & Recreation Programming¹
- Marion County Public Health Department – Indy in Motion
- National Environmental Education Foundation (NEEF) – Public Lands Engagement: Health & Wellness in Nature
- National Park Service (NPS) – Healthy Parks Healthy People Resources
- National Recreation and Park Association (NRPA) – Health and Wellness
- NRPA – Safe Routes to Parks Resource Guide
- The Trust for Public Land – ParkServe® for Indianapolis²
- Walk with a Doc program

¹ In the navigation menu at the top of the page, select the Programs & Drop-In dropdown menu. From there, you can select the type of existing programming offered by Indy Parks, including Hikes/Walks/Tours. This is a good starting point to determine what programs may be replicable in Westside parks.

² According to mapping analysis completed by The Trust for Public Land, the Westside of Indianapolis has been identified as an area in need of more public parkland.



Focus Area C

FOCUS AREA C

Definition of focus area

Focus Area C is centered on the Near Westside neighborhoods, between Holt Rd. (west); the White River (east); W. 16th St. (north); and CSX railroad tracks (south).

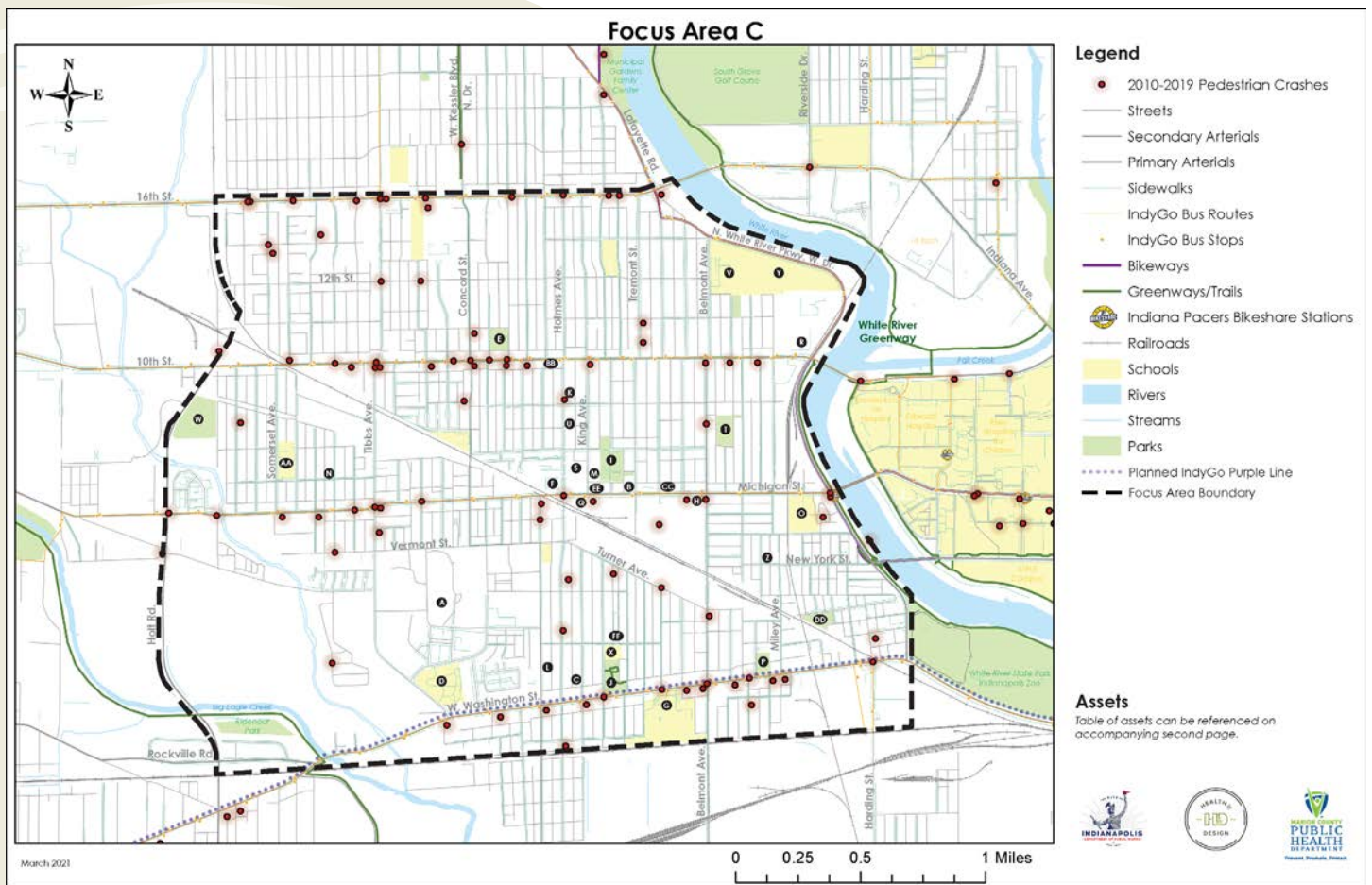
Built environment overview

Similar to Focus Area A, this area of Indianapolis was developed at the turn of the 20th century, ascribing to the same design patterns (e.g., small lots, higher density, mixed uses, rectilinear street grid, etc.). The area is built for walkability, though the personal vehicle has taken some precedence in the form of widened, high speed arterials and surface parking lots. Tenth

Street and Michigan Street are perhaps the best examples of this.

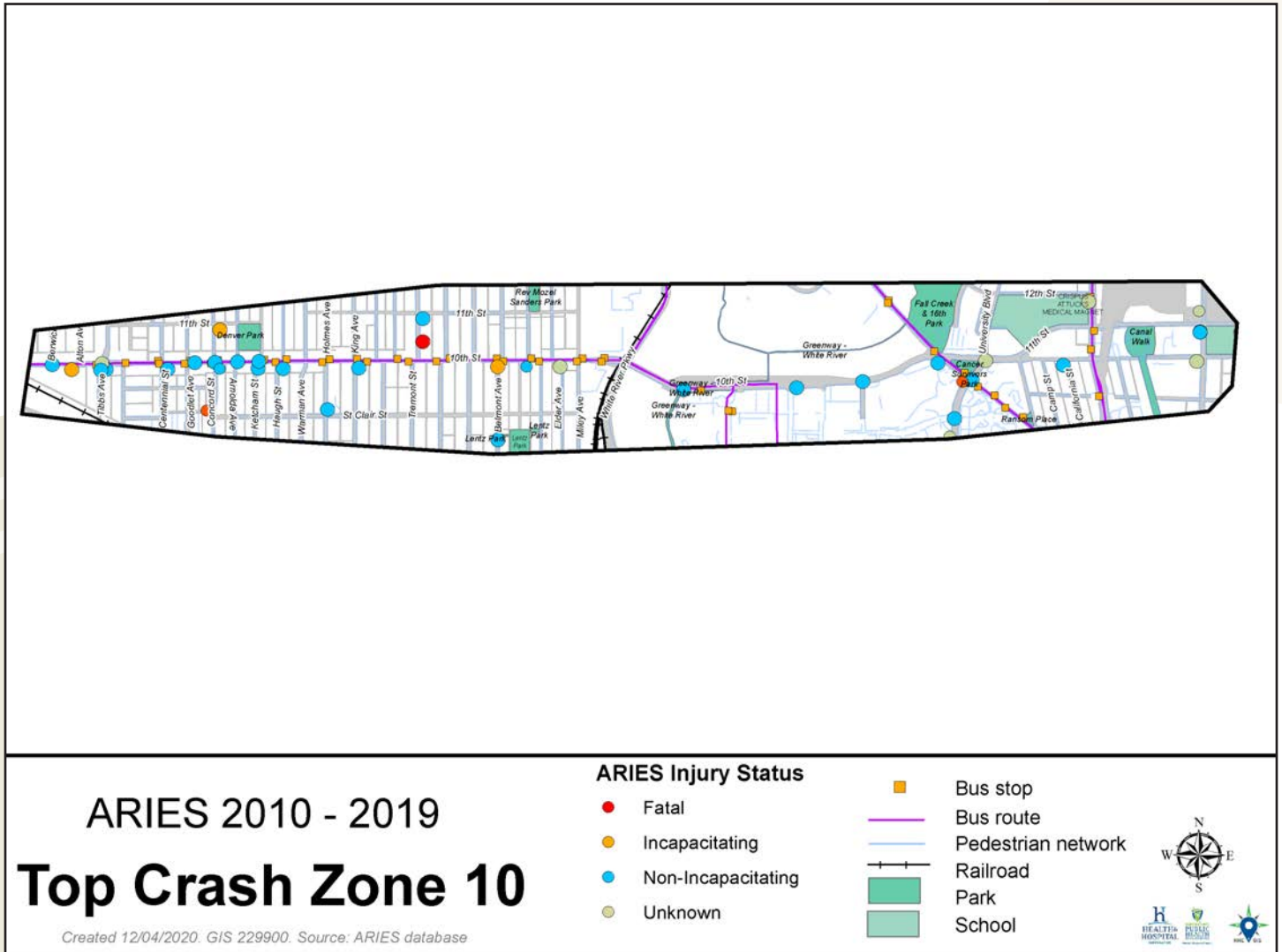
However, improvements are planned. The B&O Trail extension from Speedway to West Michigan Street, and the latter's road diet, will allow for pedestrians and bicyclists to safely travel from Focus Area C with a dedicated pathway with minimal points of conflict. Furthermore, the historic town center of the Haughville neighborhood (centered on the area of Michigan Street and Holmes Avenue) offers a great opportunity to maintain a walkable neighborhood node for residents to safely walk or bike to the Kroger store for groceries, dining at Super Tortas, or walking to the library branch down the street.

Asset Map



The Focus Area C Asset Map indicates assets identified by members of the community in relation to pedestrian crashes and mobility infrastructure. A larger-scale asset map and accompanying table of assets can be found in Appendix C.

CRASH ZONE 10



Crash data overview

Between 2010 and 2019, 45 pedestrian crashes were recorded in Crash Zone 10, mostly clustered along W. 10th St. between Berwick and Senate avenues. About 51% of recorded crashes occurred during daylight hours, with 31% occurring at night on lighted roadways. Some 42% of pedestrians struck were between the ages of 16-30 compared to 28% averaged across the city's 15 crash zones (excluding downtown, which is an outlier). As of 2019, 4% of crashes resulted in fatalities

and 13% were incapacitating, meaning the pedestrian was transported by ambulance for emergency medical attention. Nearly half (47%) of crashes occurred at intersections, while 22% happened at midblock. According to police reports, motorists' failure to yield was identified as the primary factor in 42% of crashes, which is 13% higher than the crash zone average of 27%. No crashes occurred in a designated school zone. Around 18% of crashes were hit and runs.

Demographics

Age	Marion County	Zone 10
% of population < 18 years (2018)	29%	24%
% of population ≥ 65 years (2018)	12%	9%
Race		
Black (2018)	27%	34%
White (2018)	56%	41%
Asian (2018)	3%	3%
Ethnicity		
Hispanic or Latino (2018)	10%	19%
Income		
% of individuals with income below 185% FPL (2018)	38%	66%
% of children under 18 living in poverty (2018)	75%	84%
Disability		
% of population with a disability (2018)	14%	18%
Transportation		
% of occupied housing units with no vehicle available (2018)	9%	20%
Limited English		
% of households not proficient in English (2018)	6%	10%
Total population (2018)	944,523	23,153
Total households (2018)	369,033	9,103

In 2018, Crash Zone 10 was home to about 23,150 residents in 9,100 households. This zone includes slightly lower percentages of children and persons over the age of 65 when compared to the Marion County average. The zone is majority white, but also has a higher population of persons identifying as Black and a Hispanic or Latino population, nearly double the Marion County average. The zone is home to a greater percentage of households in poverty as compared to the Marion County average. The rate of zero-car households is more than double that of the Marion County average, meaning walking, transit, and bicycling are essential for many residents to move around. The zone is home to a higher percentage of persons with a disability than the Marion County average. About 1 in 10 households in this area have limited English proficiency.

Walk Audit findings

A walk audit was conducted in Crash Zone 10 on the afternoon of August 3, 2020 under cloudy conditions.

General takeaways: Though most sidewalks are in good condition, there are many instances where sidewalks and curb ramps are not accessible or non-ADA compliant. Causes ranged from accumulated debris in curb ramps and on sidewalks, locations of utility poles, and the need for refreshed crosswalk markings at several intersections. Some instances of poor driver behavior were observed, including excessive speeding, not respecting crosswalks or stop bars at intersections, and erratic lane changes. The addition of street trees, curb bump-outs, seating, and adequate pedestrian-scale lighting for pedestrians would improve the walking experience.



A traffic signal post (left) and utility pole (right) on the southwest corner of the intersection of W. 10th St. and N. Concord St. The placement of these poles on the sidewalk creates an impassable barrier to persons using mobility devices. The splintered wood of the utility pole facing 10th St. indicates that there may be a history of excessive speeds or reckless driving among passing motorists.



Temporary markings visible at the intersection of W. 10th St. and N. Pershing Ave. in anticipation of new high-visibility crosswalks. A recent repaving of the corridor necessitated new roadway markings in August 2020. A newly installed ADA-compliant curb ramp with detectable warning system is visible at the northeastern corner.

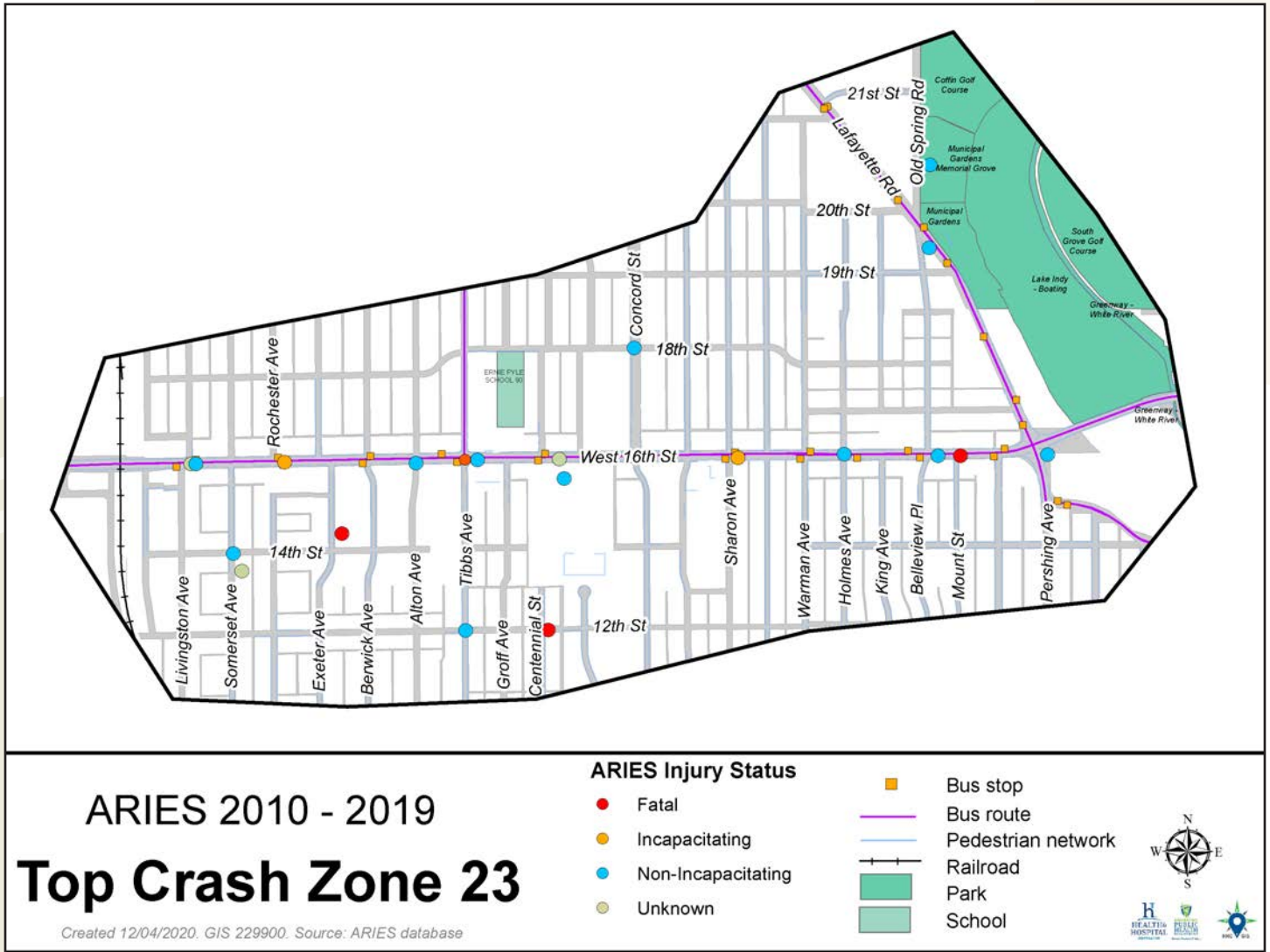


A utility pole recently installed in the sidewalk near the intersection of W. 10th St. and N. Centennial St. Utility poles in sidewalks are common along the W. 10th St. corridor. Accumulated debris, also present throughout the corridor, poses a tripping hazard to pedestrians.



At the time of the walk audit, the busy intersection of W. 10th St. and N. Tibbs Ave. included high-visibility crosswalks in good condition, clear and unobstructed sidewalks, and ADA curb ramps. However, the detectable warning system was improperly installed and is misaligned with the diagonal crosswalks, posing danger to persons with no or low vision.

CRASH ZONE 23



Crash data overview

Between 2010 and 2019, 22 pedestrian crashes had been recorded in Crash Zone 23, mostly clustered around the 16th St. corridor between Livingston and Pershing avenues. About 45% of recorded crashes occurred during daylight hours, with 27% occurring at night on lighted roadways. Some 36% of pedestrians struck were between the ages of 31-50 compared to 25% averaged across the city's 15 crash zones (excluding downtown, which is an outlier). Pedestrians younger than six years-old accounted for 9% of incidents in Crash Zone 4, more than double the total crash zone average

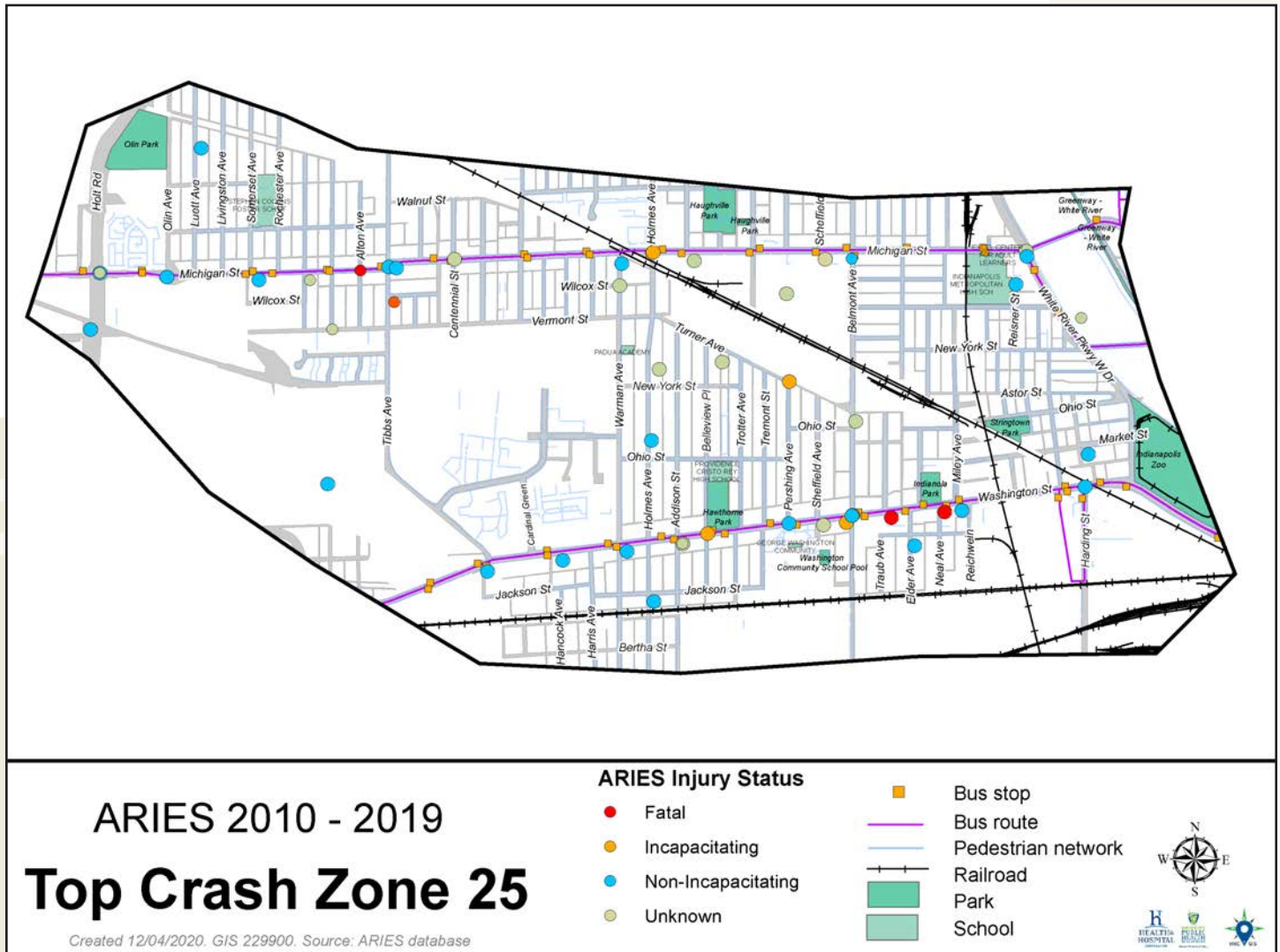
of 4%. As of 2019, 14% of pedestrian crashes resulted in fatalities and 14% were incapacitating, meaning the pedestrian was transported by ambulance for emergency medical attention. The highest percentage of crashes occurred at midblock (37%), while 18% occurred at intersections. According to police reports, pedestrian action is the primary factor in 36% of incidents, which is lower than the total crash zone average of 50%. Some 5% of pedestrian crashes happened in a school zone, and 23% of pedestrian crashes were hit and runs which is more than double the 10% average across crash zones.

Demographics

Age	Marion County	Zone 23
% of population < 18 years (2018)	29%	36%
% of population ≥ 65 years (2018)	12%	10%
Race		
Black (2018)	27%	46%
White (2018)	56%	23%
Asian (2018)	3%	1%
Ethnicity		
Hispanic or Latino (2018)	10%	28%
Income		
% of individuals with income below 185% FPL (2018)	38%	72%
% of children under 18 living in poverty (2018)	75%	90%
Disability		
% of population with a disability (2018)	14%	16%
Transportation		
% of occupied housing units with no vehicle available (2018)	9%	17%
Limited English		
% of households not proficient in English (2018)	6%	14%
Total population (2018)	944,523	4,703
Total households (2018)	369,033	1,562

In 2018, Crash Zone 23 was home to about 4,700 residents in 1,600 households. This zone includes higher populations of children and slightly lower populations of persons over the age of 65 when compared to the Marion County average. The zone is majority Black, with a lower percentage of persons identifying as white when compared to the Marion County average. The area's Hispanic or Latino population is nearly triple the Marion County average. The zone is home to a much greater percentage of households in poverty as compared to the Marion County average. The rate of zero-car households is nearly double that of the Marion County average, meaning walking, transit, and bicycling are essential for many residents to move around. The zone is home to a slightly higher percentage of persons with a disability than the Marion County average. Households with limited English proficiency is more than double the Marion County average.

CRASH ZONE 25



Crash data overview

Between 2010 and 2019, 51 pedestrian crashes had been recorded in Crash Zone 25, mostly clustered around the Michigan St. corridor between Holt Rd. and White River Pkwy., and Washington St. between Tibbs Ave. About 45% of recorded crashes occurred during the day light hours, with 35% occurring at night in lighted roadways. Pedestrians younger than six years-old accounted for 12% of all crashes which triples the average across all crash zones (4%). Pedestrians between the ages of 16-20 account for 18% of crashes, slightly higher than the average across all crash zones at 12%. As of 2019, 6% of

pedestrian crashes have resulted in a fatality, and 12% of pedestrian crashes were incapacitating, meaning the pedestrian was transported by ambulance for emergency medical attention. Just over a quarter of all pedestrian crashes occurred at intersections at 27%, and another 27% of crashes happened at an unknown location. According to the police report, pedestrian action was identified as the primary factor in 43% of crashes, slightly over quarter of the total crash zone average of 27%. Around 6% of crashes happened within a school zone, and 37% of crashes were hit and runs.

Demographics

Age	Marion County	Zone 25
% of population < 18 years (2018)	29%	37%
% of population ≥ 65 years (2018)	12%	8%
Race		
Black (2018)	27%	20%
White (2018)	56%	45%
Asian (2018)	3%	0%
Ethnicity		
Hispanic or Latino (2018)	10%	29%
Income		
% of individuals with income below 185% FPL (2018)	38%	68%
% of children under 18 living in poverty (2018)	75%	83%
Disability		
% of population with a disability (2018)	14%	21%
Transportation		
% of occupied housing units with no vehicle available (2018)	9%	17%
Limited English		
% of households not proficient in English (2018)	6%	14%
Total population (2018)	944,523	16,970
Total households (2018)	369,033	5,870

In 2018, Crash Zone 25 was home to about 17,000 residents in 5,900 households. This zone includes a higher population of children and slightly lower population of persons over the age of 65 when compared to the Marion County average. The zone is majority white (45%) and has a slightly lower percentage of persons identifying as Black when compared to the Marion County average. The area's Hispanic or Latinx population is nearly triple the Marion County average. The zone is home to a much greater percentage of households in poverty as compared to the Marion County average. The rate of zero-car households is nearly double that of the Marion County average, meaning walking, transit, and bicycling are essential for many residents to move around. The zone is home to a larger population of persons with a disability than the Marion County average. Households with limited English proficiency is more than double the Marion County average.

Walk Audit findings

General takeaways: Though most sidewalks are in good conditions there are many instances where condition of the sidewalks and curb ramps are not accessible or non-ADA compliant due to dirty curb ramps/sidewalks, utility pole location, and need for crosswalks to be added to several intersections or repainted at existing intersections. Some driver behavior observed was dangerous, including excessive speeding, not respecting crosswalks or stop bars at intersections, and erratic lane changes. The addition of street trees, seating, adequate lighting for pedestrians would improve the pedestrian experience.



A damaged pedestrian push button dangles from a post at the intersection of W. Michigan St. and Belmont Ave., looking east. The issue was documented and submitted via RequestInly and has since been fixed.



A pedestrian push button is tucked away from the mainline sidewalk and surrounded by overgrown brush at the southwest corner of the intersection of W. Michigan St. and Holt Rd. This is also one of only two pedestrian crossings at the intersection.



A dirt path is visible looking east along the south side of W. Michigan St. between N. Warman Ave. and railroad tracks provides evidence of a gap in the sidewalk network that should be filled. At the time of this report's publication, pedestrian enhancements were underway at this intersection as part of the B&O Trail extension.



River rock used for landscaping coupled with other debris from the roadway cover this segment of sidewalk outside the Indianapolis Metropolitan High School and Excel Center on the south side of W. Michigan St.

FOCUS AREA C ACTION PLAN

Overall Goal

This action plan is the culmination of several months of intentional community engagement, grassroots organizing, and enthusiasm by the residents of Focus Area C. Four priority projects help inform the overall goals set by the community.

The Near West community has several neighborhood-level efforts regarding pedestrian safety and walkability within current community plans, such as the Near West Quality of Life plan and Source River West Great Places plan. This action plan is meant to supplement and elevate walkability efforts within these existing plans.

These projects were selected by the community as a starting point to begin negotiating with decisionmakers on needed pedestrian safety and walkability improvements and coalesce support in implementing projects that helped bring the community closer together. Self-determination and persistence to learn how to navigate complex systems and advocate for the needs of the community were the guiding goals of this action plan.

Priority 1: Connect the Fairfax Neighborhood to The Broader Near West

Overview

As part of the engagement process during the Walk Champion program, the Walkability Champion and Community Hub learned that the Fairfax neighborhood is often left out of Near West community conversation. To address this issue, this priority aims to connect the Fairfax neighborhood by establishing relationships with existing Near West neighborhood organizations, establishing a Fairfax Neighborhood Association if feasible and agreed upon with other Near West partners, and assuring that this Walkability Action Plan moves forward with the broader Near West community involved.

Action Steps

Priority 1: Connect the Fairfax Neighborhood to the Broader Near West

6 Es: Engagement | Equity | Engineering | Encouragement | Education | Evaluation

Recommended Action step	Description	Duration
1A	Identify dates of upcoming meetings for respective neighborhood associations and community groups.	1 month
1B	Prioritize attendance at those meetings including the Impact Fairfax pastoral staff and interested neighbors.	1 month
1C	Prioritize networking while at events.	Ongoing

1D	Prioritize attending any special events that those community groups host.	Ongoing
1E	Organize a Fairfax neighborhood meeting and host a special event of our own to invite our new neighborhood connections to (e.g., community clean up in the Near West)	2 months
1F	Evaluate	1 month

Potential leads: **Impact Fairfax**

Key supporting partners: Near West Collaborative, Near West Steering Committee, Livability Task Force, Near West Collaborative, City County Councilor, Mayor's Neighborhood Advocate, Haughville Strong, Hawthorne Neighborhood Association, Stringtown Neighborhood Association, WeCare Neighborhood Association, Indianapolis Neighborhood Resource Center (INRC).

Potential Funding Sources

- Volunteer hours from Impact Fairfax
- In-kind donations/support from community institutions

Resources/Case Studies

- Indianapolis Neighborhood Resource Center

Priority 2: Improve Walk and Bikability Along Washington, Michigan, 10th, and 16th Streets

Overview

According to the Near West pedestrian crash data, the highest concentration of crashes happens along the main arterials of the community (Washington, Michigan, 10th, and 16th streets). Findings from the Near West walk audits completed in summer 2020 supports this data. At the Walkability Workshops, Near West residents voiced their concern about the walkability and bikability of these thoroughfares. There is an opportunity to partner with the City of Indianapolis using tactical urbanism to address this concern. Currently, the city has plans to upgrade Michigan Street to Complete Street standards. While the project is still in design, the city has expressed interest in working with the community to test different elements of a Complete Street through pop-up or temporary tactical urbanism demonstration projects. This would allow the city to try out various components of a Complete Street in this area and allow for resident feedback before the permanent project is implemented. There is potential for this partnership with the city on other proposed Complete Street projects throughout the community.

Action Steps

Priority 2: Improve Walk and Bikability Along Washington, Michigan, 10th, and 16th Street

6 Es: Engagement | **Equity** | Engineering | **Encouragement** | **Education** | **Evaluation**

Recommended Action step	Description	Duration
2A	Connect with Near West Neighborhood Collaborative on what has been communicated by the city so far regarding the Michigan St. Complete Street design plan.	1 month
2B	Gather information on Complete Streets best practices and/or tactical urbanism case studies.	1 Month
2C	Contact the Indianapolis Department of Public Works (Jamey McPherson, Walk and Bike Coordinator) about where they would like to use tactical urbanism as a test for the planned Michigan Street Complete Street.	2 months
2D	Communicate with neighbors on what they would like to see in a Complete Street given what the city is proposing and amend plans based on this feedback.	3 months
2E	Communicate dates for implementation so Near West neighbors can be involved with tactical urbanism pop-up projects.	1-2 months
2F	Implement Complete Streets tactical urbanism project.	1 month
2G	Gather feedback and coordinate a timeline for when a permanent Complete Streets project can be implemented.	1 month

Potential leads: **Livability Task Force**

Key supporting partners: Near West Collaborative, Near West Steering Committee, Livability Task Force, Opportunity Task Force, Impact Fairfax Church, City County Councilor, Mayor's Neighborhood Advocate, Haughville Strong, Hawthorne Center, Hawthorne Neighborhood Association, Stringtown Neighborhood Association, WeCare Neighborhood Association, Department of Public Works (DPW), Business and Neighborhood Services (BNS), Department of Metropolitan Development (DMD) Big Car Collaborative, FreeWheelin Community Bikes.

Potential Funding Sources

- ISDH Tactical Urbanism grant

Resources/Case Studies

- Slow Your Streets by Trailnet
- Tactical Urbanism Material and Design Guide
- Indy Moves Transportation Plan
- Indianapolis Pedestrian Plan

Priority 3: Improve the Safety of Pedestrians Going to School Through Safe Routes to School

Overview

Near West residents have expressed concerns about kids walking to daily destinations even when a guardian is present. The community would like to make walking safer for all neighbors, but especially kids. This is a long-term goal, but there are small steps the community can take by starting conversations about implementing a Safe Routes to School program with Near West school administrators and connecting schools with neighborhood organizations that can assist in advocating for the schools. The Indianapolis Public School district proposed a transportation plan that will rely heavily on students walking to and from school. This opens-up an opportunity to enhance connections between local schools and neighborhood residents by advocating for improved walking and biking facilities or providing programming and education that supports students and families.

Action Steps

Priority 3: Improve the Safety of Pedestrians Going to School Through Safe Routes to School

6 Es: **Engagement** | Equity | Engineering | **Encouragement** | **Education** | **Evaluation**

Recommended Action step	Description	Duration
3A	Organize a meeting with school administrators in the area to discuss what the state of walking to school is currently. Perhaps change this to organize a meeting with school administrators and parents?	2 months
3B	Gather information on Safe Routes School locally and elsewhere in the country to share with administrators, parents/guardians, and stakeholders	2 months
3C	Discuss needs for student walkers with each school.	2-3 months
3D	Set priorities with schools that are interested in working with community organizations to make walking safer for students and residents.	6 months

3E	Set up groups within existing community organizations to be liaisons between the schools and the City.	3 months
3F	Connect with DPW decision makers based on needs identified from the school administrators.	3-4 months
3G	Evaluate	1 month
Potential leads: Impact Fairfax & Education Task Force		
Key supporting partners: Near West Collaborative, Near West Steering Committee, Livability Task Force, Education Task Force, City County Councilor, Mayor's Neighborhood Advocate, Haughville Strong, Hawthorne Center, Hawthorne Neighborhood Association, Stringtown Neighborhood Association, WeCare Neighborhood Association, Department of Public Works (DPW), Business and Neighborhood Services (BNS), Department of Metropolitan Development (DMD) Big Car, Free Wheelin Community Bikes, Matchbook Learning at IPS 63, The Path (Former Stephen F Foster IPS #67) Daniel Webster IPS #47, William Penn IPS #49, Ernie Pyle IPS #90, Health by Design, IPS at large.		

Potential Funding Sources

- IDOH Tactical Urbanism Grant

Resources/Case Studies

- Safe Routes Partnership
- Safe Routes to School Guidebook

Priority 4: Trees and Landscaping Along Michigan, 10th, 16th, Washington, and Tibbs Corridors

Overview

In many conversations throughout the Walk Champion program, there were ideas about how to make the arterial roads more comfortable for walking. Landscaping was one of the ideas that was talked about in almost every meeting. Landscaping can provide a buffer between the street and pedestrians, but also will provide visual appeal year around and shade during the summer.

Action Steps

Priority 4: Trees and Landscaping Along Michigan, 10th, 16th, Washington, and Tibbs Corridors

6 Es: **Engagement | Equity | Engineering** | Encouragement | Education | Evaluation

Recommended Action step	Description	Duration
4A	Connect with the Livability Task Force and Near West Collaborative about current efforts around landscaping. If there are current efforts this priority should join in and partner with what is already going on.	2 months
4B	Collaborate with the community and stakeholders about where the priority areas are for landscaping. Allow for neighborhood input on what kinds of landscaping appeals to them most.	3 months
4C	Present proposed map with landscaping ideas to Department of Public Works (DPW)/Business and Neighborhood Service (BNS)/Department of Metropolitan Development (DMD) and Keep Indianapolis Beautiful (KIB).	2-3 months
4D	Partner with KIB to plant trees in suitable priority locations throughout the community.	6-12 months
4F	Evaluate	1 month
Potential leads: Livability Task Force and Keep Indianapolis Beautiful		
Key supporting partners: Near West Collaborative, Near West Steering Committee, Impact Fairfax Church, City County Councilor, Mayor's Neighborhood Advocate, Haughville Strong, Hawthorne Center, Hawthorne Neighborhood Association Stringtown Neighborhood Association, WeCare Neighborhood Association, Business and Neighborhood Services (BNS), Department of Public Works (DPW), Department of Metropolitan Development (DMD)		

Potential Funding Sources

- KIB (Keep Indianapolis Beautiful) Community Applications
- AES Indiana Project Greenspace
- In-kind donations or volunteer hours

Resources/Case Studies

- Keep Indianapolis Beautiful

Priority 5: Community Asset Connectivity Map

Overview

At the community workshop, Near West residents talked about several key destinations that are difficult to get to on foot. An idea was hatched that would map out key destinations and work with City leaders and community partners to make sure they are connected through a safe pedestrian network. This project could look like a Safe Routes to School map.

Action Steps

Priority 5: Community Asset Connectivity Map

6 Es: **Engagement** | Equity | Engineering | Encouragement | **Education** | **Evaluation**

Recommended Action step	Description	Duration
4A	Present this idea to the Livability Task Force and Near West Collaborative.	1 month
4B	Research existing asset maps to identify everyday destinations that are difficult to get to on foot.	1-3 months
4C	Communicate with the City to see if any of these connectivity issues could be resolved with proposed Complete Streets.	2-3 months
4D	Collaborate with the City to test connectivity issues with tactical urbanism.	6-12 months
4E	Gather feedback from residents on tactical urbanism connectivity test.	3-6 months
4F	Implement proposed strategies.	1 month
Potential leads: Livability Task Force		
Key supporting partners: Opportunity Task Force, Near West Collaborative, Near West Steering Committee, City County Councilor, Mayor's Neighborhood Advocate, Haughville Strong, Hawthorne Center, Hawthorne Neighborhood Association, Stringtown Neighborhood Association, WeCare Neighborhood Association, Department of Public Works (DPW), Business and Neighborhood Services (BNS), Department of Metropolitan Development (DMD), Indianapolis Neighborhood Resource Center (INRC)		

Potential Funding Sources

- In-kind donations or volunteer hours

Resources/Case Studies

- See Community Report Asset Map
- Active Living Guidebook Comfort Map (p.14)
- Safe Routes Partnership



Focus Area D

FOCUS AREA D

Definition of focus area

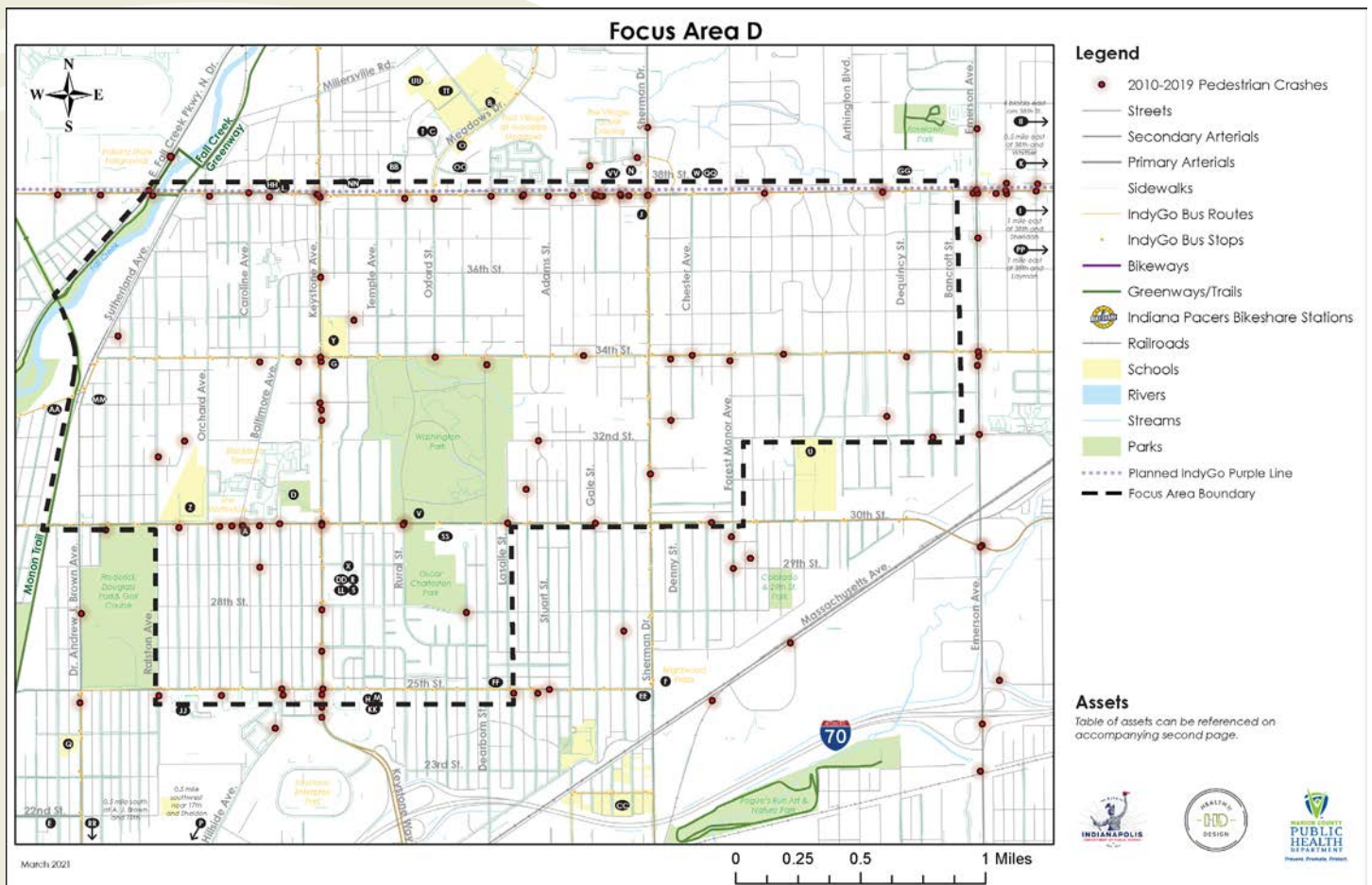
Focus Area D is centered on George Washington Park, between E. 38th St. (north); Fall Creek and Ralston Ave. (west); E. 25th St., E. 30th St., and E. 32nd St. (south); and N. Dearborn St., Forest Manor Ave., and N. Bancroft St. (east). Focus Area D is also a defined Racial and Ethnic Approaches to Community Health (REACH) zone, as designated by the Marion County Public Health Department (MCPHD).

Built environment overview

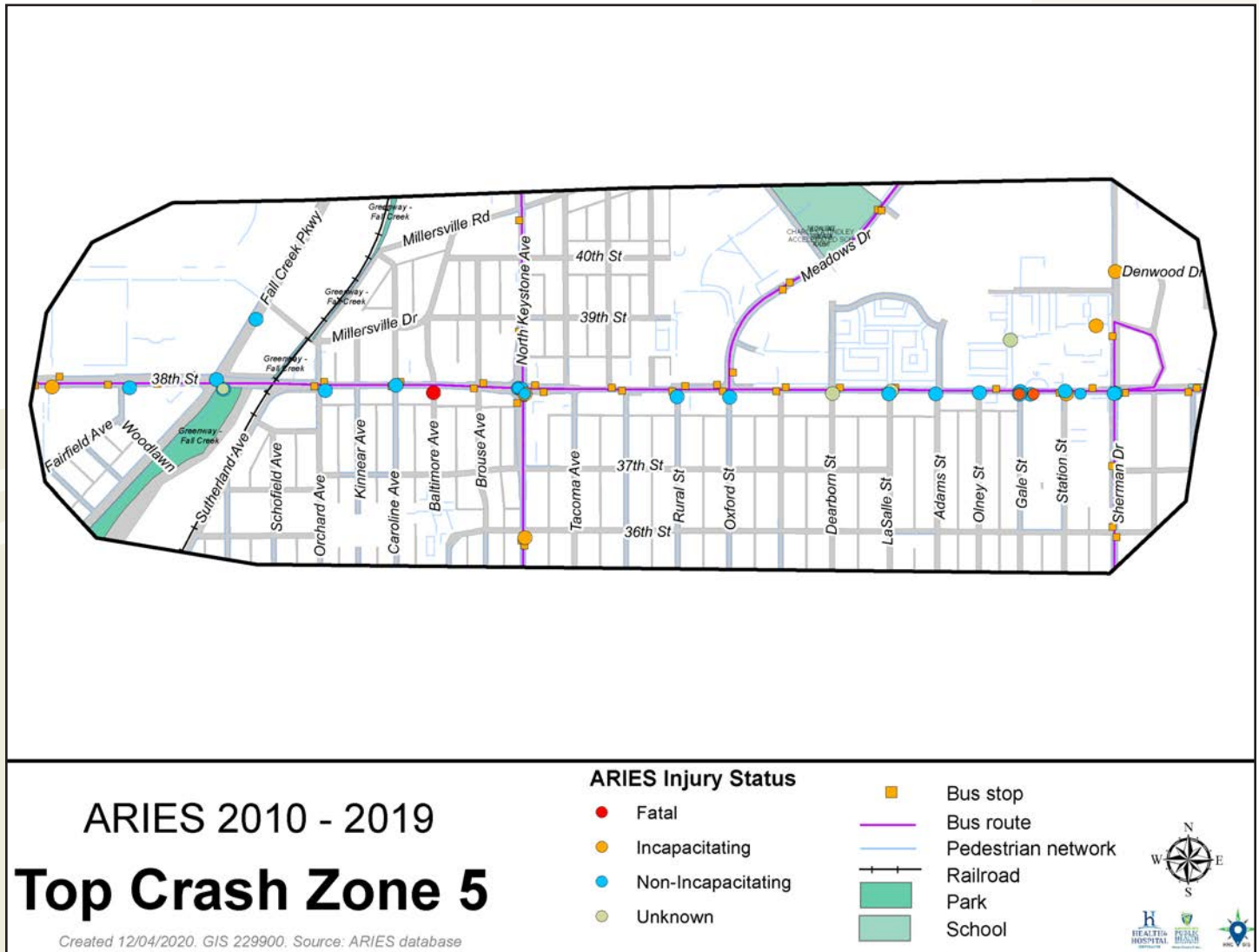
This area resembles most first-ring suburbs, with larger lot sizes, larger blocks, and longer distances to everyday destinations, like the pharmacy, grocery, or school. Several multi-lane arterials crisscross Focus Area D, including N. Keystone Ave., N. Sherman Dr., E. 30th St., E. 34th St., and E. 38th St. Most sidewalks are in good condition but observed excessive speeds by motorists is cause for concern.

The E. 38th St. corridor will be receiving an overhaul in 2021-2023 as part of IndyGo's Purple Line bus rapid transit project, installing new and improved sidewalks, a multi-use trail, crosswalks, ADA-compliant curb ramps, audible pedestrian signals, etc.

Asset Map



CRASH ZONE 5



Crash data overview

Between 2010 and 2019, 47 pedestrian crashes were recorded in Crash Zone 5, mostly clustered along E. 38th St. between Fall Creek Pkwy. and N. Sherman Dr. Sixty percent of recorded crashes occurred during daylight hours and another 23% occurred at night on lighted roadways. Some 17% of crashes occurred at night on unlighted roadways. Pedestrians aged 16-20 represented the largest percentage of victims (21%), nearly double the average (11%) across the city's 15 crash zones (excluding downtown, which is an outlier). As of 2019, 4% of crashes resulted in fatalities, which is lower than

the average across the city's 15 crash zones (7%). However, 32% of crashes resulted in incapacitating injuries—meaning the pedestrian was transported by ambulance for emergency medical attention—nearly double the 15-zone average of 17%. Some 40% of crashes occurred at mid-blocks, while 26% happened at intersections. According to police reports, "pedestrian action" was identified as the primary factor in 77% of crashes, the second highest percentage across all 15 crash zones. No crashes occurred in a designated school zone. Some 19% of crashes were hit and runs.

Demographics

Age	Marion County	Zone 5
% of population < 18 years (2018)	29%	25%
% of population ≥ 65 years (2018)	12%	15%
Race		
Black (2018)	27%	80%
White (2018)	56%	11%
Asian (2018)	3.00%	1%
Ethnicity		
Hispanic or Latino (2018)	10%	5%
Income		
% of individuals with income below 185% FPL (2018)	38%	15%
% of children under 18 living in poverty (2018)	75%	25%
Disability		
% of population with a disability (2018)	14%	22%
Transportation		
% of occupied housing units with no vehicle available (2018)	9%	18%
Limited English		
% of households not proficient in English (2018)	6%	3%
Total population (2018)	944,523	17,232
Total households (2018)	369,033	7,117

In 2018, Crash Zone 5 was home to about 17,200 residents in 7,100 households. This zone includes a slightly lower population of children and slightly higher population of persons over the age of 65 when compared to the Marion County average. The zone is majority Black (80%) and has a much lower percentage of persons identifying as white when compared to the Marion County average. The area's Hispanic or Latino population is about half the Marion County average. The zone is home to fewer households in poverty as compared to the Marion County average. The rate of zero-car households is double that of the Marion County average, meaning walking, transit, and bicycling are essential for many residents to move around. The zone is home to a larger population of persons with a disability than the Marion County average. Households with limited English proficiency is about half the Marion County average.

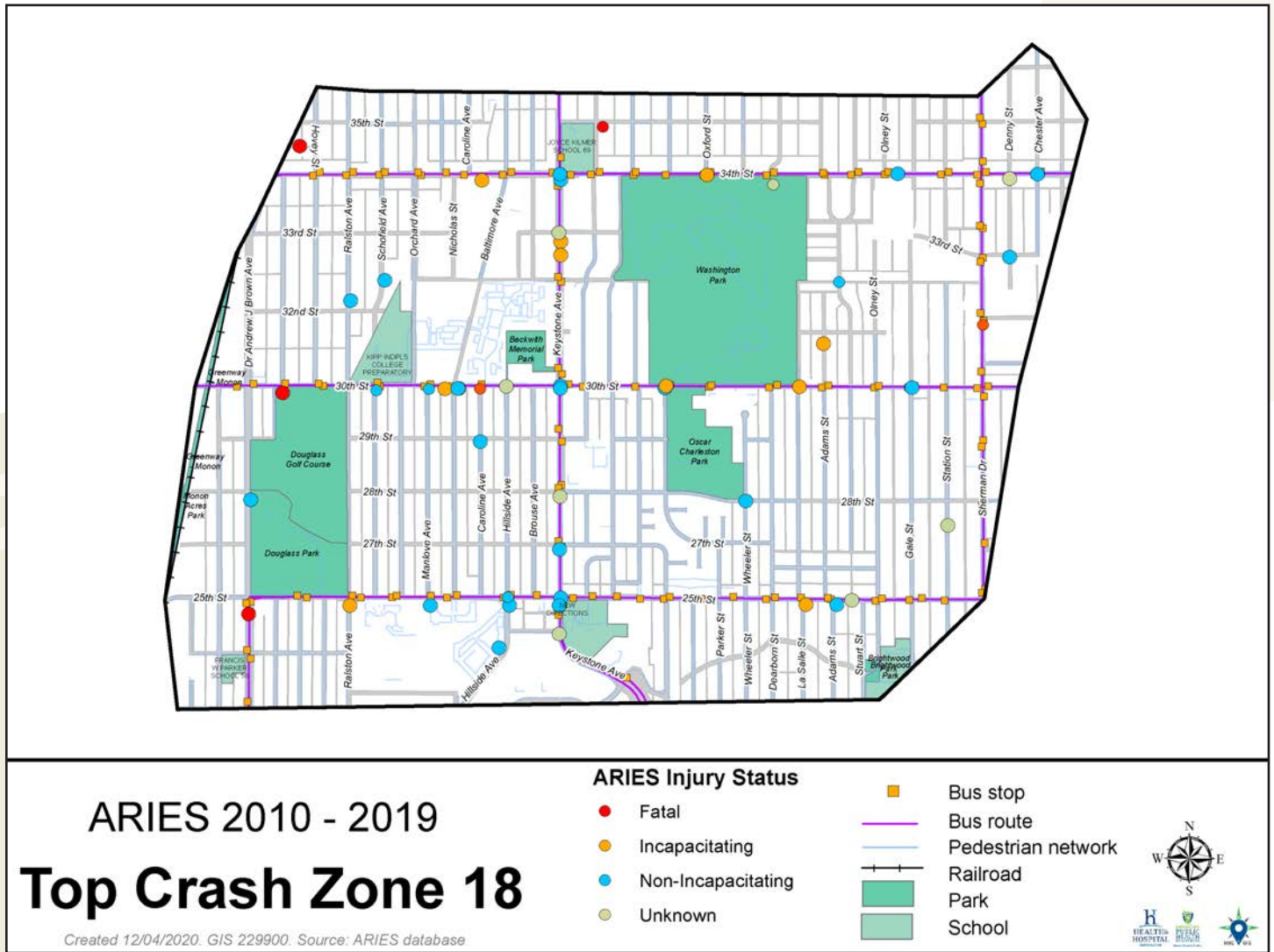
Walk Audit findings

A walk audit was conducted in Crash Zone 5 on the afternoon of August 28, 2020.

General takeaways: Sidewalks were present on most blocks along the E. 38th St. corridor and were in good condition where present. However, in some areas (especially at intersections) sidewalks are partially blocked by poles, signs, shrubs, or parked vehicles. Certain intersections lacked pedestrian signals and/or push-to-walk buttons and most crosswalks were either faded or non-existent. Shade trees and other "comfort and appeal" amenities are lacking throughout the corridor. With some exceptions, sidewalks are built immediately adjacent to vehicle traffic lanes. Additionally, ADA-compliant curb ramps were missing at several intersections. The most direct route from the Avondale Meadows area to Washington Park (via Oxford St.) includes sidewalks; however, those sidewalks are not ADA-compliant, including rolled curbs and missing tactile warning strips. (As of December 2022, curb ramps along this section of Oxford St. have been brought to ADA standards, though curbs are still rolled.) Back on E. 38th St., numerous curb cuts and a mixing of residential and car-oriented commercial/retail land uses created an uncomfortable number of conflicts between turning vehicles and pedestrians throughout the corridor. Several motorists were observed failing to yield, changing lanes suddenly, and exceeding the posted speed limit.

Construction began on IndyGo's highly anticipated Purple Line bus rapid transit project in February 2022. In addition to an enhanced experience for IndyGo's riders, the project will bring substantial design and safety upgrades that will benefit the entire E. 38th St. corridor, including new ADA-compliant sidewalks, curbs and curb ramps, high-visibility crosswalks, and a multiuse trail.

CRASH ZONE 18



Crash data overview

Between 2010 and 2019, 60 pedestrian crashes had been recorded in Crash Zone 18, clustered along the primary arterials of Keystone Ave. and 30th St. and the secondary arterials of 25th and 34th streets. Fifty-five percent of recorded crashes occurred during daylight hours and another 30% occurred at night on lighted roadways. Some 12% of crashes occurred at night on unlighted roadways. The occurrence of pedestrian crashes was fairly evenly distributed across age groups. Crash Zone 18 saw higher rates of crashes than the 15-zone average among six- to ten-year-olds (12% vs. 4%), 11- to 15-year-olds (10% vs. 7%), and 61- to 70-year-olds (8%

vs. 6%). As of 2019, 4% of crashes resulted in fatalities, which is lower than the average across the city's 15 crash zones (7%). Some 22% of crashes resulted in incapacitating injuries—meaning the pedestrian was transported by ambulance for emergency medical attention—slightly higher than the 15-zone average of 17%. More than half of recorded crashes in Zone 18 occurred at mid-blocks (33%) or intersections (28%). According to police reports, "pedestrian action" was identified as the primary factor in 58% of crashes, the third highest percentage across all 15 crash zones. Two crashes occurred in a designated school zone. Some 33% of crashes were hit and runs, tied for third-most of the 15 crash zones.

Demographics

Age	Marion County	18
% of population < 18 years (2018)	29%	28%
% of population ≥ 65 years (2018)	12%	14%
Race		
Black (2018)	27%	82%
White (2018)	56%	9%
Asian (2018)	3.00%	0%
Ethnicity		
Hispanic or Latino (2018)	10%	6%
Income		
% of individuals with income below 185% FPL (2018)	38%	57%
% of children under 18 living in poverty (2018)	75%	76%
Disability		
% of population with a disability (2018)	14%	23%
Transportation		
% of occupied housing units with no vehicle available (2018)	9%	19%
Limited English		
% of households not proficient in English (2018)	6%	3%
Total population (2018)	944,523	18,176
Total households (2018)	369,033	7,222

In 2018, Crash Zone 18 was home to about 18,200 residents in 7,200 households. This zone's population of children and persons over the age of 65 is about average compared to Marion County as a whole. The zone is majority Black (82%) and has a much lower percentage of persons identifying as white when compared to the Marion County average. The area's Hispanic or Latino population is about half the Marion County average. The zone is home to a greater percentage of households in poverty as compared to the Marion County average. The rate of zero-car households is about double that of the Marion County average, meaning walking, transit, and bicycling are essential for many residents to move around. The zone is home to a larger population of persons with a disability than the Marion County average. Households with limited English proficiency is about half the Marion County average.

Walk Audit findings

A walk audit was conducted in Crash Zone 18 on days in August and September 2020. Both audits were conducted under sunny, pleasant conditions.

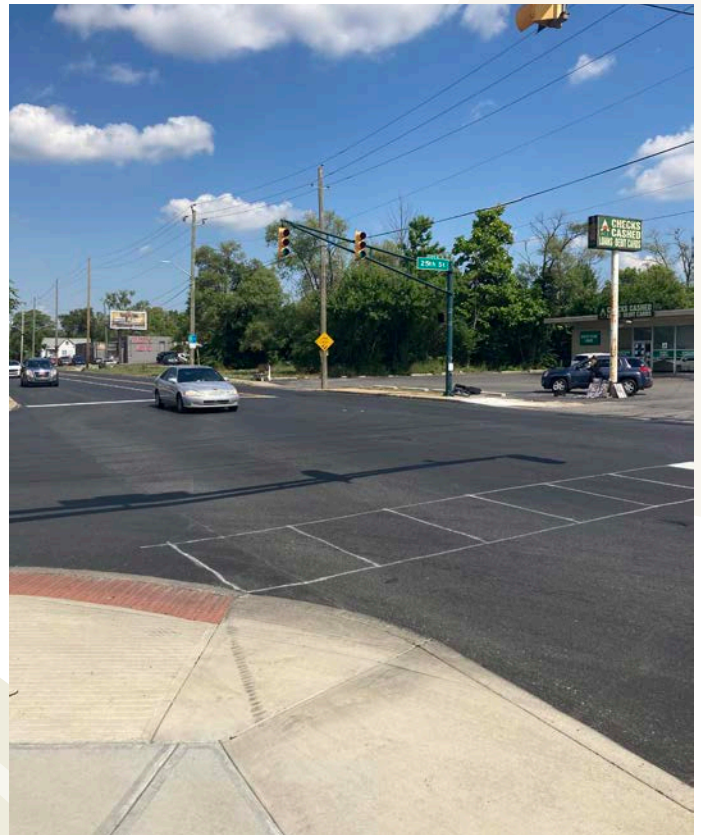
General takeaways: Although most streets in Crash Zone 18 contain sidewalks, many are located immediately adjacent to high-traffic roadways, absent tree lawns or other buffers between pedestrians and motorists. This hostile built environment is exacerbated further by numerous obstructions partially blocking sidewalks, including rolling refuse carts and utility poles. These observations were noted on major thoroughfares, including Keystone Ave., Sherman Dr., 25th, and 34th streets. Pedestrians were also observed crossing these roadways midblock at unmarked and/or unsignalized intersections. This can be attributed to the consistent street grid of the area but long expanses of unsignalized intersections, which poses a risk to pedestrians negotiating the speeds of oncoming traffic.

Local, neighborhood streets appeared more likely to have aging sidewalks that were not ADA-compliant. Several blocks of missing sidewalk were observed on city-owned land (managed by the parks department), including the south side of 30th St. (northern boundary of Washington Park), east side of Temple Ave. (western boundary of Washington Park), and the west side of Ralston Ave. (eastern boundary of Frederick Douglass Park and Golf Course).

Most curb ramps at signalized intersections appeared to have been upgraded to current ADA standards; however, crosswalks at these intersections were often faded or non-existent. Additionally, many curb ramps encountered (especially those with tactile warning strips) were covered by layers of accumulated debris, such as gravel, sediment, litter, glass, and motor vehicle parts. Several motorists were observed failing to yield, changing lanes suddenly, and exceeding the posted speed limit.



This section of E. 34th St. near Gale St. lacks a tree lawn, shoulder, or other buffer between the street and sidewalk. Because of this, residents are forced to leave their trash carts on sidewalks, blocking safe passage for pedestrians.



Temporary markings visible at the intersection of E. 25th St. and N. Sherman Dr. in anticipation of new high-visibility crosswalks. A recent repaving of the corridor necessitated new roadway markings in September 2020. A newly installed ADA-compliant curb ramp with detectable warning system is visible in the foreground.



This segment of sidewalk on LaSalle St. near its intersection with E. 25th St. is in poor condition with overgrowth, inhibiting safe and comfortable access to pedestrians, especially persons using a mobility device.



On the south side of E. 38th St. near its intersection with Orchard Ave., a curb stop creates a tripping hazard and blocks passage for persons using mobility devices. As of 2023, this site and much of the 38th St. corridor is undergoing extensive infrastructure enhancements as part of IndyGo's Purple Line bus rapid transit project.

FOCUS AREA D ACTION PLAN

Overall Goal

This action plan is the culmination of several months of intentional community engagement, grassroots organizing, and enthusiasm by the residents of the Avondale Meadows community located in Focus Area D. We thank our community hub and walk champions of The Alliance for Northeast Unification/United Northeast Community Corporation for their instrumental leadership in developing this action plan.

The Near Northeast community has several neighborhood-level efforts regarding community development within current community plans such as the Northeast Corridor Quality of Life Plan and The Equitable Food Access in Indianapolis Neighborhoods initiative. This action plan is meant to supplement and elevate walkability efforts within these plans.

This action plan was developed as a starting point to unite efforts in implementing projects that help bring about needed pedestrian safety and walkability improvements in the Avondale Meadows community. A willingness to learn how to navigate complex systems and advocate for the needs of the community were the guiding goals of this action plan. The following three priority projects help inform the overall goals set by the community.

Priority 1: Localized Placemaking Workshops

Overview

The purpose of placemaking workshops would be to bring awareness to the local community about creative placemaking options that they could take into their own hands. As a result, the community would feel empowered and more willing to collaborate with one another. Possible systems level changes that could result from the workshops include enhanced transparency between the City of Indianapolis DPW and local community. Similarly, to the pedestrian safety workshops held earlier in the year, the community would be able to interact with the DPW to both receive information and share information with the city as it relates to planning their own community-led projects that are culturally competent. The workshops would also be a great outlet to inspire and expand the community's ideas around walkability and pedestrian safety.

Timeline Category – Medium Term

Action Steps

Priority 1: Localized Placemaking Workshops

6 Es: **Engagement** | **Equity** | Engineering | **Encouragement** | **Education** | **Evaluation**

Recommended Action step	Description	Duration
1A	Identify targeted audience and their preferred methods of communication.	1 month
1B	Confirm interests and alignment with neighbors. Present idea in ANU Community Collective Meeting and other local neighborhood association meetings to receive input.	2 months
1C	Establish partnership with the Indianapolis Neighborhood Resource Center (INRC)	1 month
1D	Work with INRC to tailor the curriculum to the community's concerns and interests	2 months
1E	Coordinate enrollment and facilitators	1 month
1F	Facilitate presentation	1 month
1G	Evaluate impact of workshops	1 month
1H	Follow up with community and INRC to disseminate further information, support, activities, etc.	Ongoing
Potential leads: Alliance for Northeast Unification/UNEC		
Key supporting partners: City of Indianapolis Department of Metropolitan Development (DMD), Indianapolis Neighborhood Resource Center (INRC), REACH, Health by Design, elected officials		

Potential Funding Sources

- ANU/UNEC (United Northeast Community Corporation)

Resources/Case Studies

- INRC (Indianapolis Neighborhood Resource Center)
- Indianapolis Public Library East 38th Street Branch
- **Slow Your Street Guide - St. Louis**

Priority 2: Neighborhood Connectivity “Walk to Washington”

Overview

Champions noted the 0.8-mile distance between the Avondale Meadows YMCA to Washington Park. This translates to just a 15-minute walk and a 4-minute bike ride between the two destinations. The goal of this priority is to highlight just how accessible Washington Park is to Avondale Meadows residents. We hope to promote these two prominent neighborhood assets by implementing wayfinding signage along the proposed pathway from the YMCA to the park. This is a great opportunity to promote physical activity and “Active People Healthy Indy” in the area. If this intervention is proven successful over time, it could lead to other physical activity projects being planned in surrounding neighborhoods. Potential placemaking and wayfinding equipment would include dual-purpose resting stations along the walking path, mile markers, signage, stenciling at 34th and 38th streets to alert drivers, footprints and arrows to help pedestrians stay on the correct side of the street, paint, and accessible QR codes for evaluation that can be scanned by participants.

Timeline Category - Short Term

Action Steps

Priority 2: Neighborhood Connectivity “Walk to Washington”

6 Es: Engagement | **Equity** | Engineering | **Encouragement** | **Education** | **Evaluation**

Recommended Action step	Description	Duration
2A	Reach out to community leaders to see what the long-term implications could be regarding foot traffic and bike traffic	1 month
2B	Walk the area to get a sense of existing infrastructure conditions and potential barriers	1 month
2C	Confirm interests and alignment with neighbors. Present idea in ANU Community Collective Meeting and other local neighborhood association meetings to receive input.	2 months
2D	Meet with Indy Parks managers to seek approvals and guidance on placemaking in parks	1 month
2E	Meet with City of Indianapolis Department of Public Works (DPW) for guidance on installing signage in the public right-of-way	1 month

2F	Form a budget	1 month
2G	Connect with the Diabetes Impact Project (DIP-IN), IMPD, neighborhood associations, and the DPW	1 month
2H	Recruit volunteers	1 month
2I	Develop flyers and/or social media strategy for promotion	1 month
2J	Advocate for potential long-term interventions like a crosswalk mural at 38th and Oxford/Meadows as well as traffic calming interventions at 34th and Rural streets	Ongoing
Potential leads: Alliance for Northeast Unification/UNEC, identified community leaders		
Key supporting partners: City of Indianapolis Department of Public Works (DPW), Diabetes Impact Project (DIP-IN), IMPD, Avondale Meadows YMCA, MLT, MCPHD, REACH, Indy Parks, local schools (Tindley Schools, Avondale Meadows Academy, etc.), Oxford Neighborhood Association, LISC, Health by Design, and elected officials		

Potential Funding Sources

- REACH (Racial and Ethnic Approaches to Community Health)
- Dip-In (Diabetes Impact Project-Indiana)
- UNEC/ANU (United Northeast Community Corporation)
- LISC (Local Initiatives Support Corporation)

Resources/Case Studies

- **Tactical Urbanism Design Guide**
- **Street Plans Collaborative**
- **Slow Your Street Guide – St. Louis**

Priority 3: Advocating for Engineering Solutions to Address Pedestrian Safety Concerns in the Avondale Meadows Area

Overview

This is something that the focus area Walkability Champion says is needed in the area. She specifically noted there should be a HAWK signal at Meadows Dr. and Meadows Pkwy. Although there is a goal from community members to install a HAWK signal at this intersection, we came to a common understanding that it is imperative to advocate for engineering solutions to address pedestrian safety concerns for the entire Avondale Meadows community instead of singling-out one intersection.

Timeline Category – Long-Term

Action Steps

Priority 3: Advocating for Engineering Solutions to address pedestrian safety concerns in the Avondale Meadows area

6 Es: **Engagement** | Equity | Engineering | **Encouragement** | **Education** | Evaluation

Recommended Action step	Description	Duration
3A	Gather resources for advocacy and engineering solutions to form a presentation to share with the public	1 month
3B	Recruit participants and form partnerships with community assets to promote this priority	1 month
3C	Contact city officials (City-County Councilor, DPW, etc.) to alert them of needed infrastructure. Invite them to public presentation/open forum to engage with community.	1 month
3D	Host public engagement events and open forums to educate and raise awareness about built environment approaches and infrastructure terminology (such as HAWK signals)	1 month
3E	Gather signatures of support for HAWK signal at Meadows Dr. and Meadows Pkwy.	1 month
3F	Provide a petition with signatures of support to DPW and policymakers for HAWK signal at Meadows Dr. and Meadows Pkwy.	1 month

Potential leads: **Alliance for Northeast Unification/UNEC, City-County Councilor**

Key supporting partners: Local Tindley Schools, Health by Design, Avondale Meadows YMCA, Marion County Public Health Department (MCPHD), HealthNet, Indiana Minority Health Coalition

Potential Funding Sources

- ANU / UNEC (United Northeast Community Corporation)
- REACH (Racial and Ethnic Approaches to Community Health)
- Health by Design

Resources/Case Studies

- City DPW Transportation Infrastructure Educational Material
- Advocacy Resources
- Promotional Platforms
- Forum Venues

MOVING FORWARD

As Indianapolis moves forward with the implementation phase of this work it is critical that each community is involved with the implementation process. The Walkability Champion communities know that walking is an important part of the wellbeing of their neighborhoods, but often this work requires patience, persistence, transparent communication, and flexibility with all partners involved to assure the priorities in this plan are implemented. These action plans are meant to supplement and elevate current plans that address walkability concerns throughout Indianapolis. It is vital that the implementation process continues to have residents' voices behind it.

Importantly, we also want to ensure that implementation of these actions is measured and tracked over time. This allows for flexibility when things do not go as planned while providing a blueprint for other communities who look to adopt similar projects. Additionally, data is a powerful tool to persuade decisionmakers and create lasting change. With each project comes an abundance of information and statistics that can help make the case for permanent improvements. Lessons learned and shared from each of these projects will be essential to keep forward momentum.

Health by Design will continue to assist as a resource through action plan implementation for each community. We want to thank the residents and stakeholders who participated in this process, notably:

Focus Area A Walkability Champion and Crown Hill neighborhood resident Charles Tony Knight, and Community Hub representative Tom Healy of Midtown Indy, Inc.

Focus Area B Walkability Champion and Westside resident Debbie Parish, and Community Hub representative Reverend Ben Wakefield of Lynhurst Baptist Church

Focus Area C Walkability Champion Dillon Crossgrove, and Community Hub Impact Fairfax Christian Church

Focus Area D Walkability Champion Ashley Gurvitz, Community Hub ANU/UEC, and all the community organizations who are part of this plan going forward.