

APA Inland Empire Section presents



Active Communities: Planning and Public Health in the Built Environment

Friday, March 9, 2007

8:00 am to 5:00 pm

**EWU Riverpoint Campus
Spokane, Washington**

Communities recognize the importance of design and its affects on physical activity and health. There are many opportunities for focusing on active living in the planning of our communities. Learn from experts about current research used for decision-making, the latest in policies and their effect on development, and some examples of what is happening around the region. Walk away with knowledge to implement a more active community. Join planning, public health, and other professionals in this intensive day-long symposium on planning for a healthier future.

AGENDA

- 8:00 Registration
- 8:30 Welcome - Mary Verner, Spokane City Council
- 8:45 Putting Health in Design - Bob Scarfo, WSU Professor, Spokane
- 9:45 Planning Influences- Matt Raimi, Raimi & Associates, San Francisco
- 10:20 Break
- 10:35 Policy Effects - Victor Colman, Dept of Health, Olympia
- 11:15 Portland Way - Robert Liberty, Portland Metro
- 12:00 Luncheon
- 1:15 Citizen's Perspective - Bob Lutz, MD, Spokane
- 2:00 Plan-Making - Heleen Dewey, Spokane County Health District and Melissa Wittstruck, City of Spokane
- 2:45 Break
- 3:00 Safe Routes to School - David Levinger, Feet First, Seattle
- 3:45 A Call to Action
- 4:30 Reception

Registration Fee *(includes lunch and materials)*

APA Member: \$50

Non Member: \$60

Scholarships Available

Registration Info

Wendy Corbin
509/625-6497
wcorbin@spokanecity.org

Nearby Hotels

- Fairfield Inn
509/747-9131
- Courtyard by Marriot
509/456-7600
- Travelodge
888/824-0292

Program/Scholarship Info

Gideon Schreiber
509/835-3770
gschreiber@studiocascade.com

Spokane Info
<http://www.visitspokane.com>

AICP Credit Available

EWU PLN 496.44/596.44 Credit

Contact Rose Morgan at 358-2230

Special thanks to the Active Living Task Force, the CDC, WSDOH, WSDOT, and CTED

REGISTRATION DEADLINE MARCH 2, 2007

NAME _____

AGENCY _____

ADDRESS _____ PHONE _____

CITY/STATE/ZIP _____

E MAIL _____

TOTAL ENCLOSED \$ _____ Vegetarian? _____

Please send this form and a check payable to:

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