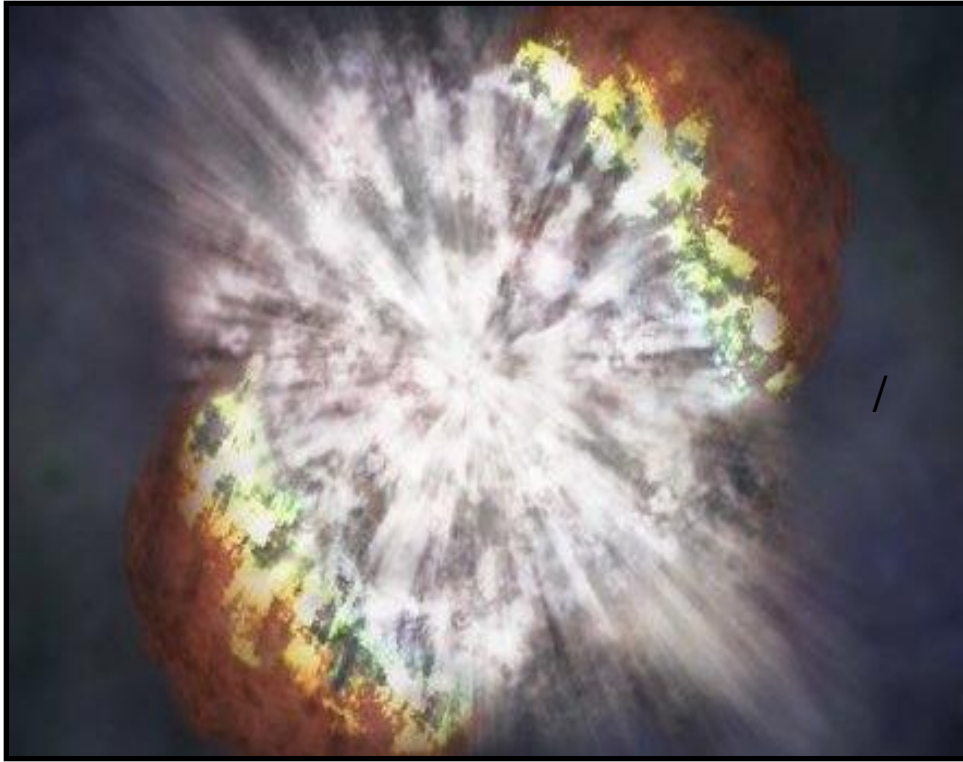


# Health and Transportation

## Where are we? – What is going on?



**Ed Christopher**  
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**Slides are posted at [edthefed.com](http://www.edthefed.com)**

<http://www.edthefed.com/presentations/WI%20MPO%20health.ppt>

# Why Health & Transportation?

## Why is Transportation getting interested?

**We are the stewards of the transportation system**

**The transportation system can promote healthy lifestyles**



**Aristotelian**

*Transportation systems have the potential to significantly impact the health of their users, both positively and negatively. As the steward of the Nation's transportation system, USDOT plays a key role in mitigating the negative health impacts of transportation and maximizing the positive influences through programs that protect the environment, improve air quality, reduce the prevalence and severity of crashes, and provides options for mode choice. Moreover, FHWA and FTA, for example, oversee a transportation planning process that ensures safe, equitable, and efficient access to vital services for all users of the transportation system. ~HinT Working Group*

# What do we mean--Health & Transportation?

## TRANSPORTATION

- Air Pollution
- Motor Veh Crashes
- Urban Form

**Population Health** has been defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. It is an approach to health that aims to improve the health of an entire human population.

- Mental Health
- EJ
- Access to Stuff
- *Social Capital*

## PUBLIC HEALTH

**Health** is a state of complete physical, mental, and social well-

ness and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals

<http://www.who.int/en/>

# Social Capital (Quality of Life)

The individual and communal time and energy that is available for such things as community improvement, social networking, civic engagement, personal recreation, and other activities that create social bonds between individuals and groups. Circumstances that prevent or limit the availability of social capital for a community and its members can have a negative effect on the health and well-being of the members of that community. These negative effects on health and well-being can in turn have negative effects on the community as a whole.



<http://www.cdc.gov/healthyplaces/terminology.htm#p>

# Health Origins at FHWA

**Sept 2011** Health in Transportation: a Review of Current FHWA Practice (internal report done by Volpe)

**Jan 2012** HinT Working group formed (12 FHWA Offices)

**Dec 2012** HinT expanded to FTA, NHTSA and OST

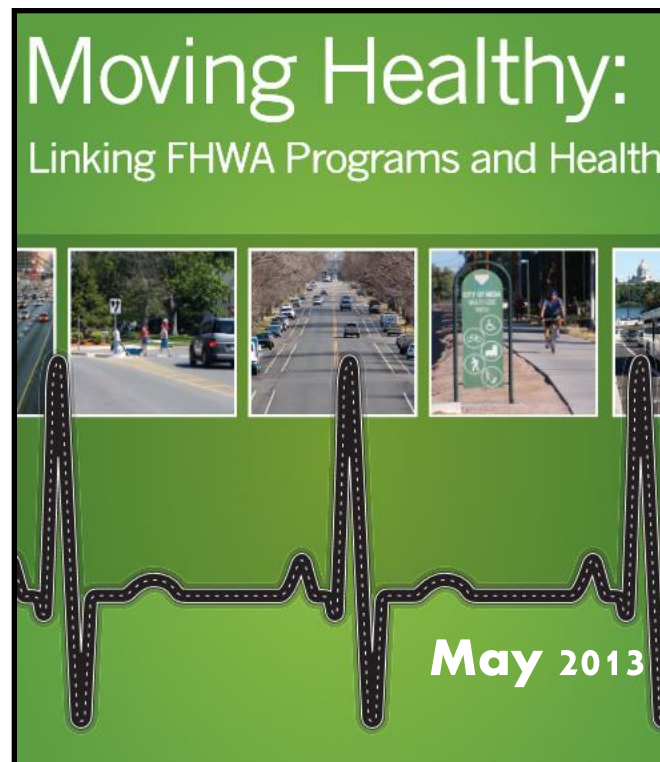
## Working Definition for HinT

*The provision of safe and reliable mobility and access influences, and is influenced by, health. The objectives of the Working Group are to (1) identify and recognize aspects of existing FHWA programs that relate to health and (2) build awareness of these programs and their impacts with FHWA leadership, staff, and stakeholders.*

# HinT Highlights

## Early Accomplishments

This document provides information on FHWA programs, initiatives, tools, and resources that influence or are influenced by health. Although FHWA does not have a single, specific program that focuses solely on health, it is implicit in a broad range of existing programs



[http://www.fhwa.dot.gov/planning/health\\_in\\_transportation/resources/moving\\_healthy.cfm](http://www.fhwa.dot.gov/planning/health_in_transportation/resources/moving_healthy.cfm)



# HinT Highlights Continued



## Health in Transportation

FHWA → Planning

### Health in Transportation

Welcome to the Health in Transportation webpage. This webpage is designed to be a comprehensive resource on the linkages between transportation and health.

Linking health and transportation brings together transportation professionals and health practitioners in a collaborative process to improve transportation decisions. Working together, we are committed to developing transportation options that promote and improve access to healthy and active lifestyles.

USDOT is committed to promoting better consideration of health outcomes in transportation. Our work is focused on the following objectives:

- Promote safety,
- Improve air quality,
- Respect the natural environment through Context Sensitive Solutions,
- Improve social equity by improving access to jobs, health care and other community services,
- Create additional opportunities for the positive effects of walking, biking, public transportation, and ride- and vehicle-sharing,
- Conduct research on transportation's role in improving quality of life.

#### Recent Items

- [Enhancing Access to Pinellas County Parks to Improve Health Outcomes](#) (6/30/16)
- [Health in Transportation Working Group - 2015 Annual Report](#) (6/30/16)
- [Oregon Memorandum of Understanding](#) (6/30/16)

[More...](#)

#### Featured Item

**NEW! CDC and USDOT Release Transportation and Health Tool (THT)**

The [Transportation and Health Tool \(THT\)](#) provides data on transportation and public health indicators for each State, Urbanized Area, and

## A Website

- Working Group
- FAQs
- Resources
- Annotated Links

[http://www.fhwa.dot.gov/planning/health\\_in\\_transportation](http://www.fhwa.dot.gov/planning/health_in_transportation)

# Current HinT Activities

- **Coordination/Information Sharing, (*Internal MailList*)**
- **Annotated Bibliography**
- **Health/Transportation FAQs**
- **Planning for Healthy Communities Reports (Metro and State)**
- **Framework for Incorporating Health in the Transportation Corridor Planning Process**
- **Publishing Case Studies**

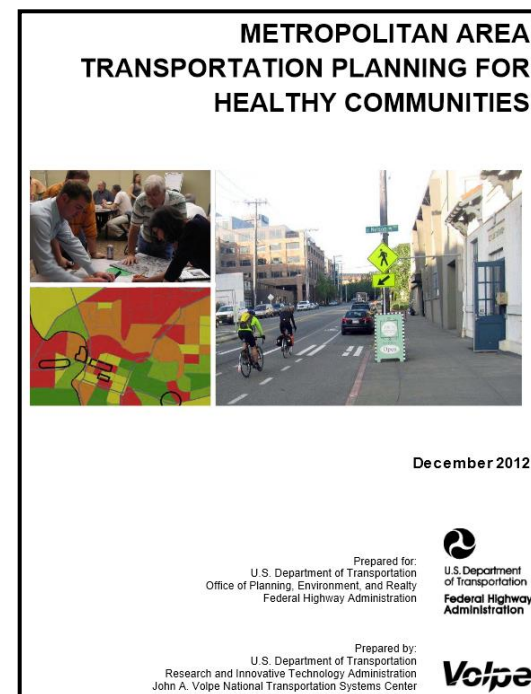


# White Papers ~ Metro Area Report

**Describes some  
Frameworks/typologies for  
MPO involvement**

**Presents 4 in depth case  
studies** (Nashville, PSRC, SACOG, SANDAG)

**Discusses the context  
(key players, Data and  
Tools, Regulatory/Programmatic Setting,  
and Funding Sources**



[http://www.planning.dot.gov/documents/Volpe FHWA MPOHealth 12122012.pdf](http://www.planning.dot.gov/documents/Volpe_FHWA_MPOHealth_12122012.pdf)

# For me the Metro area report is a...

## Intro to Transportation Planning and its Process with a focus on Health

|       | Who Develops? | Who Approves?    | Time Horizon | Content                                | Update Requirements  |
|-------|---------------|------------------|--------------|--|--|
| UPWP  | MPO           | MPO              | 1 or 2 Years | Planning Studies and Tasks             | Annually   |
| MTP   | MPO           | MPO              | 20 Years     | Future Goals, Strategies, and Projects | Every 5 Years<br>4 years for nonattainment and maintenance areas |
| TIP   | MPO           | MPO/<br>Governor | 4 Years      | Transportation Investments             | Every 4 Years  |
| LRSTP | State DOT     | State DOT        | 20 Years     | Future Goals, Strategies, and Projects | Not Specified  |
| STIP  | State DOT     | US DOT           | 4 Years      | Transportation Investments             | Every 4 Years  |

Key documents in metropolitan and statewide transportation planning processes. Source: FHWA/FTA TPCB Briefing Book

***“Metropolitan area planning products and requirements can be vessels to formalize or communicate health considerations”***

# But it does bring Health in with specifics...

[Table 2](#) Incorporation of Health into the Transportation Planning Process by Case Study MPOs

| <b>MPO Name</b>           | <b>Regional Vision and Goals</b> | <b>Development of Transportation Plan</b> | <b>Development of S/TIP</b> | <b>Monitor System Performance</b> |
|---------------------------|----------------------------------|---|-----------------------------|-----------------------------------|
| <b>Nashville Area MPO</b> |                                  |   |                             |                                   |
| <b>PSRC</b>               |                                  |   |                             |                                   |
| <b>SACOG</b>              |                                  |   |                             |                                   |
| <b>SANDAG</b>             |                                  |   |                             |                                   |

*Darker colors signify greater progression in activity*

# Nashville Travel Survey Health Questions

## Since the Report was done

- Daily time spent sitting on a typical weekday
- Daily time spent sitting on a specific weekday (last Wednesday)
- Overall level of physical activity
- Overall level of health
- Overall diet health
- Height and weight

[http://www.nashvillempo.org/docs/research/Nashville\\_Final\\_Report\\_062513.pdf](http://www.nashvillempo.org/docs/research/Nashville_Final_Report_062513.pdf)

# White Papers ~ State DOT Report

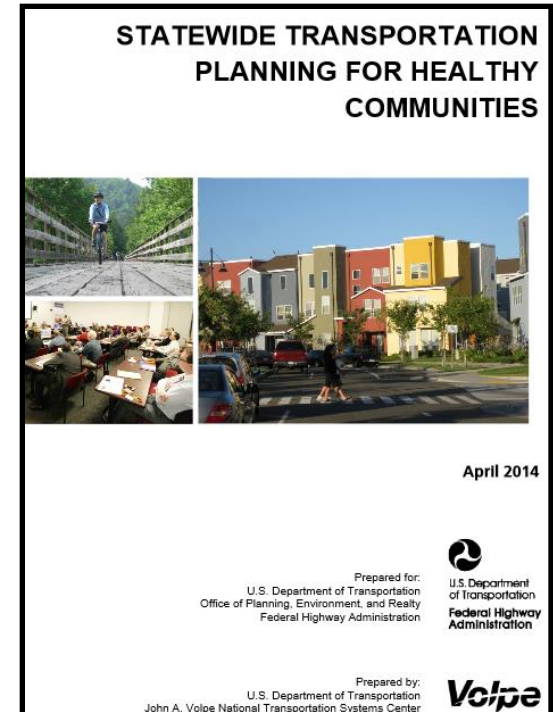
California DOT (Caltrans)

Iowa DOT (IADOT)

Massachusetts DOT (MassDOT)

Minnesota DOT (MnDOT)

North Carolina DOT (NCDOT)



[https://www.fhwa.dot.gov/planning/health\\_in\\_transportation/resources/statewide\\_healthy\\_communities/hep14032.pdf](https://www.fhwa.dot.gov/planning/health_in_transportation/resources/statewide_healthy_communities/hep14032.pdf)

# State DOT Report

| Activity  | Caltrans | Iowa DOT | MassDOT | MnDOT | NCDOT | Highlight  |
|---|----------|----------|---------|-------|-------|--|
| <b>Executive Health Initiative</b>  | X        | x        |         |       |       | The governor's public-private Healthiest State Initiative seeks to make Iowa the healthiest State in the country by 2016.  |
| <b>Legislative Requirements</b>   |          |          | x       |       |       | The Massachusetts legislature established the inter-agency Healthy Transportation Compact (HTC) and directed MassDOT to work with private, State, and Federal partners as part of the "establishment of a healthy transportation policy."  |
| <b>Complementary State Goals (e.g., Sustainability, Serving Seniors, etc.)</b>        | X        | x        | x       | x     | x     | Interest in and responsibility for health at Caltrans spans many priorities and initiatives such as active transportation, reduced air pollution, reduced greenhouse gas emissions, Complete Streets implementation, highway safety improvement planning, and SRTS.                |
| <b>DOT - State Health Agency Partnership</b>  | X        | x        | x       | x     | x     | MnDOT regularly works with the MDH in coordinating activities, whether it is promoting walking and bicycling, providing input for MnDOT's visioning effort, or identifying ways to expand technical assistance to MDH grantees that are responsible for transportation activities. |
| <b>Formal, Broad Multi-Agency Health Partnership</b>                                  | X        |          | x       |       | x     | Caltrans actively participates in the Health in All Policies Task Force, a group established in February 2010 under <a href="#">State Executive Order S-04-10</a> , to coordinate State agency activities that promote health and sustainability goals in California.              |
| <b>Research and Partnerships with Academic Institutions</b>                           | X        |          |         | x     | x     | MnDOT partnered with the University of Minnesota on a study and survey to explore the relationship between quality of life and transportation in Minnesota. These results spurred agency discussions about how to address health in transportation activities.                     |
| <b>SRTS - Health Coordination</b>   | X        | x        | x       | x     | x     | An Iowa DOT grant in Northeast Iowa funded an SRTS liaison to coordinate between the rural planning organization, local municipalities, and a key local health partner on promoting rural youth health through physical activity.  |
| <b>Assistance to Local Partners Incorporating Health into Transportation Planning</b> | X        | x        | x       | x     | x     | NCDOT supports rural and metropolitan planning organizations seeking to include health as a planning goal through activities such as the 2012 workshop that outlined a strategy for considering health in rural/metropolitan planning documents.                                   |



# Framework for....

## Incorporating Public Health in the Transportation Corridor Planning Process (\$400K)

### Public Health & Transportation Corridor Planning Framework



**2013 to Mid 2016**

**ICF is contractor**

**Incorporated into Plan Works (formerly TCAP)**

**[http://www.fhwa.dot.gov/planning/health\\_in\\_transportation/planning\\_framework/the\\_framework/index.cfm](http://www.fhwa.dot.gov/planning/health_in_transportation/planning_framework/the_framework/index.cfm)**

# More on the Framework

## Beta Tested (2014-2015)

- Akron Metro Regional Transit Authority (METRO)
- Central Oklahoma Transportation and Parking Authority (EMBARC)
- Delaware Valley Regional Planning Commission (DVRPC)
- East Central Wisconsin Regional Planning Commission (ECWRPC)
- Tennessee Department of Transportation (TDOT)

# Framework for....



Akron, OH

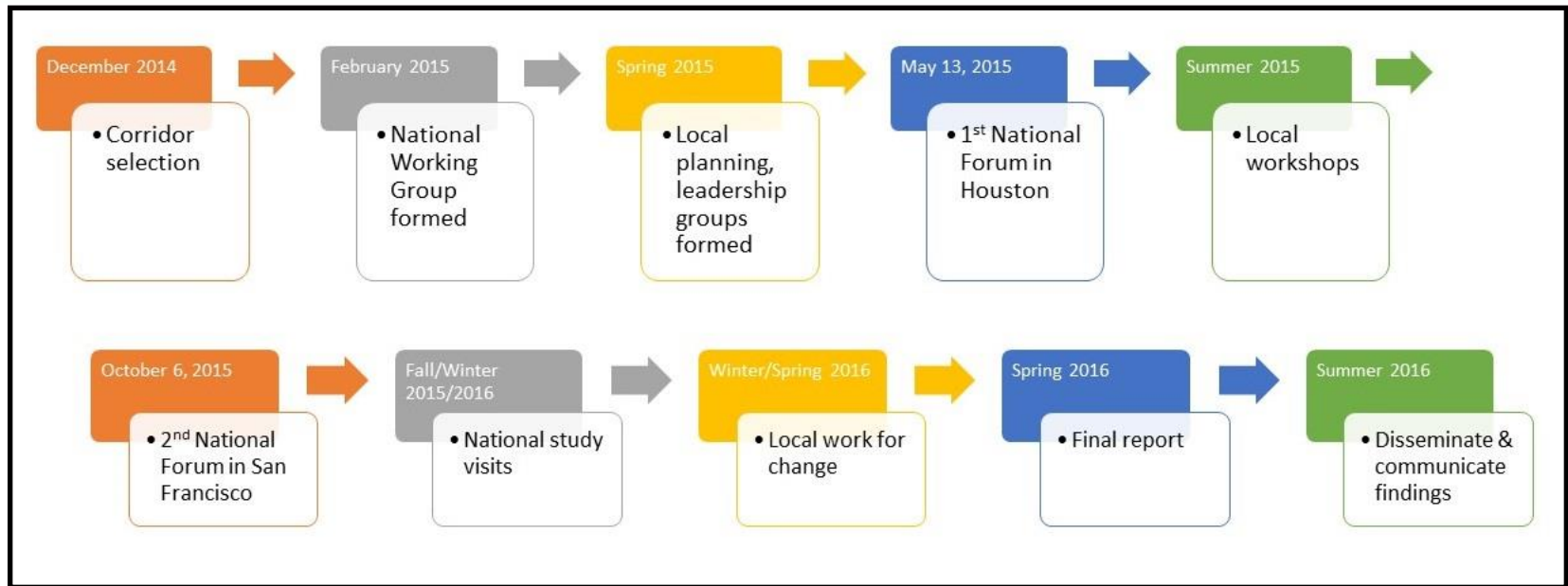
## Case Studies



Appleton, WI

[http://www.fhwa.dot.gov/planning/health\\_in\\_transportation/  
planning\\_framework/framework\\_test\\_cases/index.cfm](http://www.fhwa.dot.gov/planning/health_in_transportation/planning_framework/framework_test_cases/index.cfm)

# ULI Healthy Corridors Project



- Develop and refine approaches for creating healthy corridors
- Identify approaches that work
- Leverage new understanding around effective approaches
- Disseminate lessons learned throughout the ULI networks

<http://uli.org/research/centers-initiatives/building-healthy-places-initiative/healthy-corridors>

# ULI Healthy Corridor Locations





# Meetings with CDC



## Two Projects of note

Linking of transportation variables  
to NHIS  
National Personal Household Travel  
Survey



## Staffs working together

Bike group  
How funding programs work

**NHTS:** Health Condition, Walking/Biking for  
exercise, Walking/Biking prohibitions, difficulty  
traveling outside, mobility aids, physically active



## TRANSPORTATION & HEALTH TOOL

CDC and USDOT  
Jointly Funded  
Project

A set of transportation and public health **INDICATORS** to help show how an area compares on several transportation and health metrics

A **RESOURCE** to help understand the links between transportation and health

A set of **STRATEGIES** to improve public health through transportation programs and policies

<http://www.transportation.gov/transportation-and-health-tool>

# What are the 14 Indicators?

## Transportation

- Commute Mode Share
- Person Miles Traveled by Mode
- Public Transportation Trips per Capita
- Vehicle Miles Traveled per Capita
- Housing & Transportation Affordability
- Land Use Mix
- Proximity to Major Roadways

## Health

- Alcohol-Impaired Fatalities
- Road Traffic Fatalities by Mode
- Road Traffic Fatalities Exposure Rate by Mode
- Physical Activity from Transportation

## Policy

- Seat Belt Use
- Complete Streets Policies
- Use of Federal Funds for Bicycle and Pedestrian Efforts

<http://www.transportation.gov/transportation-and-health-tool>

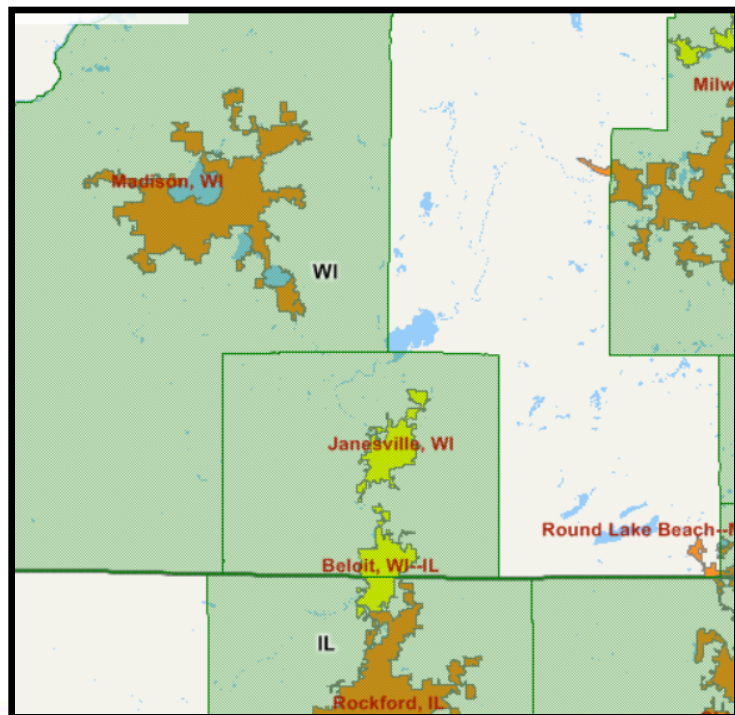
# What is the Geography?

## Metropolitan Statistical Areas

**(MSA)** - Groups of counties showing strong commuting ties with at least one US Census urbanized area.

## Urbanized Areas (UZA) -

Densely settled areas of 50K or people comprised of census tracts.



| Indicator  | Geography |     |     |
|--|-----------|-----|-----|
|  | State     | MSA | UZA |
| Commute Mode Share (Auto, Transit, Bike, Walk)     | X         | X   |     |
| Complete Streets                                   | X         | X   |     |
| DUI/DWI Fatalities                                 | X         | X   |     |
| Housing/Transportation Affordability               |           | X   |     |
| Land Use Mix                                       |           | X   |     |
| PMT (Auto, Walking)                                | X         |     |     |
| Physical Activity from Transportation              | X         |     |     |
| Proximity to Major Roadways                        | X         | X   |     |
| Road Traffic Fatalities (Auto, Bike, Ped)          | X         | X   |     |
| Seat Belt Use                                      | X         |     |     |
| Traffic Fatalities Exposure Rate (Auto, Bike, Ped) | X         | X   |     |
| Transit Trips per Capita                           | X         |     | X   |
| Use of Federal Funds for Bike/Ped                  | X         |     |     |
| VMT per Capita                                     | X         |     | X   |

# Choose the geography and area

**Transportation.gov**  
U.S. Department of Transportation

▼ About DOT ▼ Our Activities ▼ Areas of Focus

Transportation and Health Tool Home

**Indicator Data**

Indicator Profiles

Strategies

Literature and Resources

Scoring Methodology

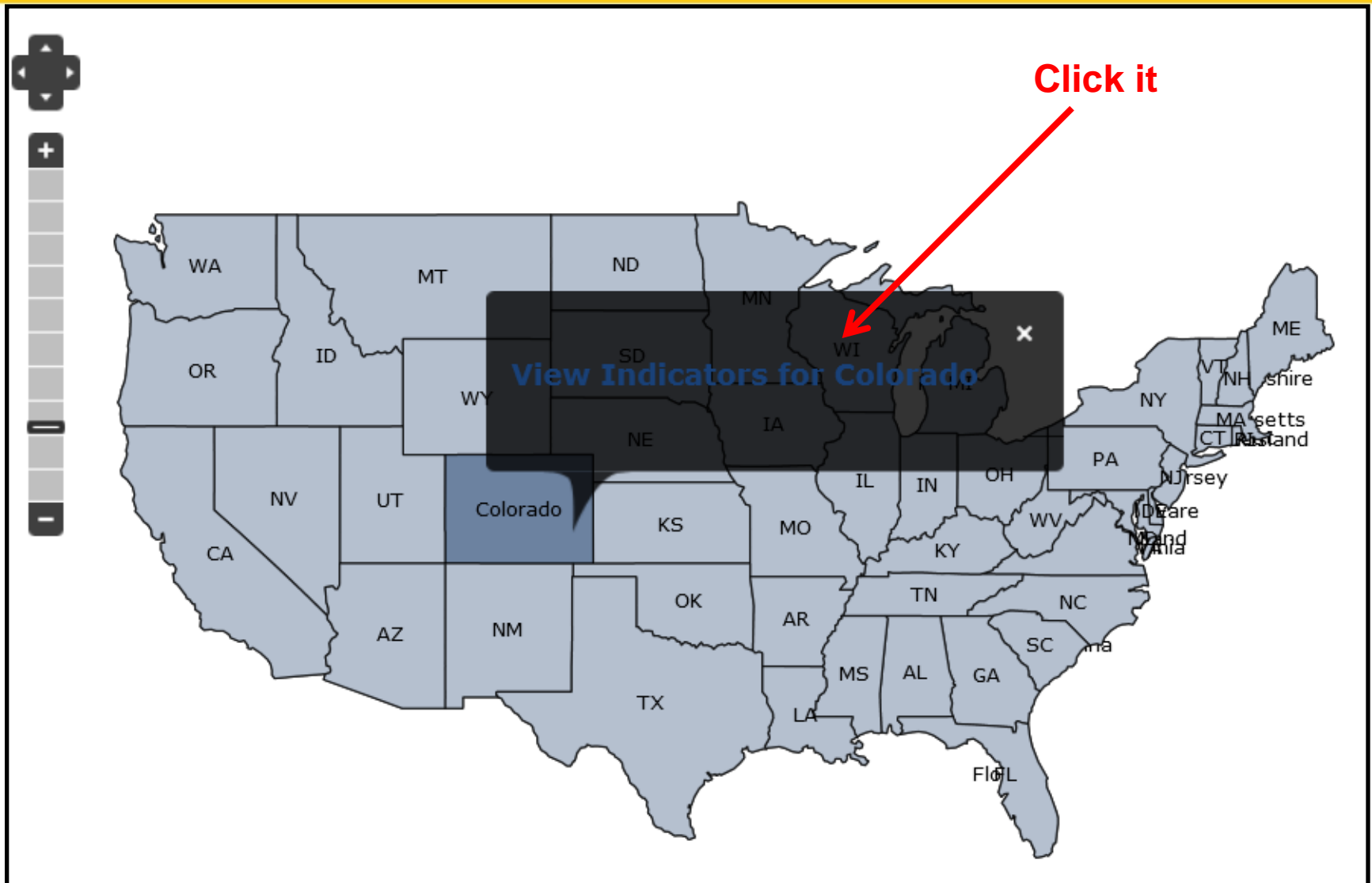
Background

**States** **Urbanized Areas** **Metropolitan Statistical Areas**

Click on a state

The image shows a screenshot of the Transportation.gov website's 'Indicator Data' section. The main content area displays a map of the United States with state boundaries and abbreviations. Colorado is highlighted in a darker blue color, and a red arrow points to it with the text 'Click on a state'. The map includes a search bar at the top right, a zoom control on the left, and a full-screen button at the top right of the map area. The left sidebar contains a list of navigation links: 'Transportation and Health Tool Home', 'Indicator Data', 'Indicator Profiles', 'Strategies', 'Literature and Resources', 'Scoring Methodology', and 'Background'. The top navigation bar includes the Transportation.gov logo, the U.S. Department of Transportation name, and links to 'About DOT', 'Our Activities', and 'Areas of Focus'. The map area has three tabs: 'States', 'Urbanized Areas', and 'Metropolitan Statistical Areas', with 'States' currently selected.

# You get a confirmation box



# Presto!!! The Indicators (metrics) appear

Transportation and Health Tool Home

Indicator Data

Indicator Profiles

Strategies

Literature and Resources

Scoring Methodology

Background

A lower score and shorter bar indicates a lower health performer

A higher score and longer bar indicates a better health performer

Lowest performer      25<sup>th</sup> percentile      50<sup>th</sup> percentile      75<sup>th</sup> percentile      Top performer



## Colorado

**Commute Mode Share – Auto** Raw Value = 84.4 Score = 78



**Commute Mode Share – Transit** Raw Value = 3.2 Score = 62



**Commute Mode Share – Bicycle** Raw Value = 1.5 Score = 97



**Commute Mode Share – Walk** Raw Value = 3.4 Score = 65



**Complete Streets Policies** Raw Value = Policy in place Score = 100



**DUI/DWI Fatalities per 100,000 Residents** Raw Value = 2.6 Score = 75

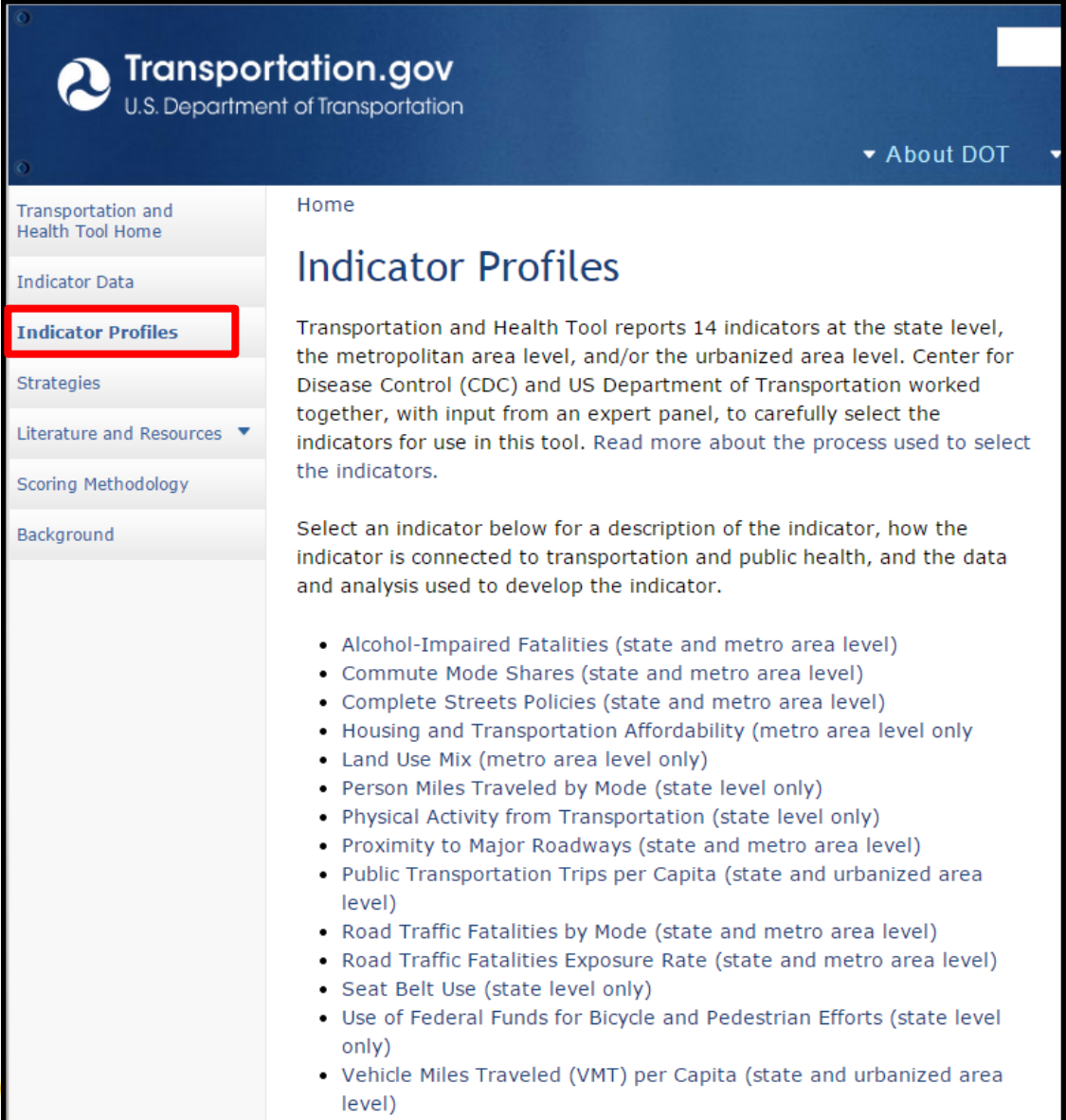




# The Indicator Profiles tab

## Information Provided

- Indicator Description
- Transportation and Health Connection
- About the Data
- Moving Forward
- Related Strategies
- References



The screenshot shows the Transportation.gov website. The header includes the DOT logo and the text "Transportation.gov U.S. Department of Transportation". A navigation bar on the left lists: "Transportation and Health Tool Home", "Indicator Data", "Indicator Profiles" (highlighted with a red box), "Strategies", "Literature and Resources", "Scoring Methodology", and "Background". The main content area is titled "Indicator Profiles" and contains a paragraph explaining the tool's purpose, a list of 14 indicators, and a selection instruction.

Transportation.gov  
U.S. Department of Transportation

About DOT

Transportation and Health Tool Home

Indicator Data

**Indicator Profiles**

Strategies

Literature and Resources

Scoring Methodology

Background

### Indicator Profiles

Transportation and Health Tool reports 14 indicators at the state level, the metropolitan area level, and/or the urbanized area level. Center for Disease Control (CDC) and US Department of Transportation worked together, with input from an expert panel, to carefully select the indicators for use in this tool. [Read more about the process used to select the indicators.](#)

Select an indicator below for a description of the indicator, how the indicator is connected to transportation and public health, and the data and analysis used to develop the indicator.

- Alcohol-Impaired Fatalities (state and metro area level)
- Commute Mode Shares (state and metro area level)
- Complete Streets Policies (state and metro area level)
- Housing and Transportation Affordability (metro area level only)
- Land Use Mix (metro area level only)
- Person Miles Traveled by Mode (state level only)
- Physical Activity from Transportation (state level only)
- Proximity to Major Roadways (state and metro area level)
- Public Transportation Trips per Capita (state and urbanized area level)
- Road Traffic Fatalities by Mode (state and metro area level)
- Road Traffic Fatalities Exposure Rate (state and metro area level)
- Seat Belt Use (state level only)
- Use of Federal Funds for Bicycle and Pedestrian Efforts (state level only)
- Vehicle Miles Traveled (VMT) per Capita (state and urbanized area level)

# The Strategies tab

## Information Provided

- **Description**
- **Tie to indicators**
- **Health Benefits**
- **Resources-more Info**
- **Evidence Base**
- **Field Examples**

- Built environment strategies to deter crime
- Child Passenger Safety laws, child safety seat distribution programs, education and enhanced enforcement
- Clean freight
- Complete Streets
- Distracted driving
- Encourage and promote safe Bicycling and walking
- Expand bicycle and pedestrian infrastructure
- Expand public transportation
- Graduated driver licensing systems
- Health impact assessment (HIA)
- Health performance metrics
- High-occupancy vehicle lanes
- Impaired driving laws
- Improve roadway safety
- Improve vehicles and fuels
- Integrate health and transportation planning
- In-vehicle monitoring and feedback
- Multimodal access to public transportation
- Promote connectivity
- Ride sharing programs
- Rural public transportation systems
- Safe Routes to School programs
- Seat belt laws
- Strengthen helmet laws
- Traffic calming to slow vehicle speeds

<http://www.transportation.gov/transportation-and-health-tool>

# Drilling down on a strategy

## Information Provided

- Description
- Tie to indicators
- Health Benefits
- Resources-more Info
- Evidence Base
- Field Examples

[Transportation and Health Tool Home](#)  
[Indicator Data](#)  
[Indicator Profiles](#)  
**Strategies**  
[Literature and Resources](#) ▾  
[Scoring Methodology](#)  
[Background](#)

## Promoting Connectivity

A well-connected transportation network reduces the distances traveled to reach destinations, increases the options for routes of travel, and can facilitate walking and bicycling. Well-connected, multimodal networks are characterized by seamless bicycle and pedestrian infrastructure, direct routing, accessibility, few dead-ends, and few physical barriers. Increased levels of connectivity are associated with higher levels of physical activity from transportation. Connectivity via transportation networks can also improve health by increasing access to health care, goods and services, etc. Strategies to improve pedestrian and bicycle connectivity include

- Short block lengths
- Implementation of a Complete Streets policy
- Bicycle/pedestrian outlets for cul-de-sacs and dead ends
- Prioritization of multimodal access to public transportation
- Safe and visible bicycle and pedestrian facilities (Oregon DOT 2010)

### Related Transportation and Health Tool Indicators

- [Commute Mode Share](#)
- [Complete Streets Policies](#)
- [Land Use Mix](#)
- [Miles Traveled by Mode](#)
- [Physical Activity from Transportation](#)
- [Road Traffic Fatalities by Mode](#)
- [Road Traffic Fatalities Exposure Rate](#)
- [Public transportation Trips per Capita](#)
- [Use of Federal Funds for Bicycle and Pedestrian Efforts](#)
- [VMT per Capita](#)

### How can this strategy result in health benefits?

- Address chronic disease (e.g., asthma, diabetes, heart disease)
- Improve access to health-supportive resources
- Improve equity
- Increase physical activity

# Lets give it a try

## Transportation and Health Tool Home

Indicator Data

Indicator Profiles

Strategies

Literature and Resources ▾

Scoring Methodology

Background

Home

## Transportation and Health Tool



Photo credit: [www.pedbikeimages.org](http://www.pedbikeimages.org) / Laura Sandt

### What is the Transportation and Health Tool?

The Transportation and Health Tool (THT) was developed by the U.S. Department of Transportation and the Centers for Disease Control and Prevention to provide easy access to data that practitioners can use to examine the health impacts of transportation systems.

### Contact Us

#### Transportation and Health Tool

Office of Policy

1200 New Jersey Avenue, SE  
Washington, DC 20590  
United States

[tht@dot.gov](mailto:tht@dot.gov)

Business Hours:

9:00am-5:00pm ET, M-F

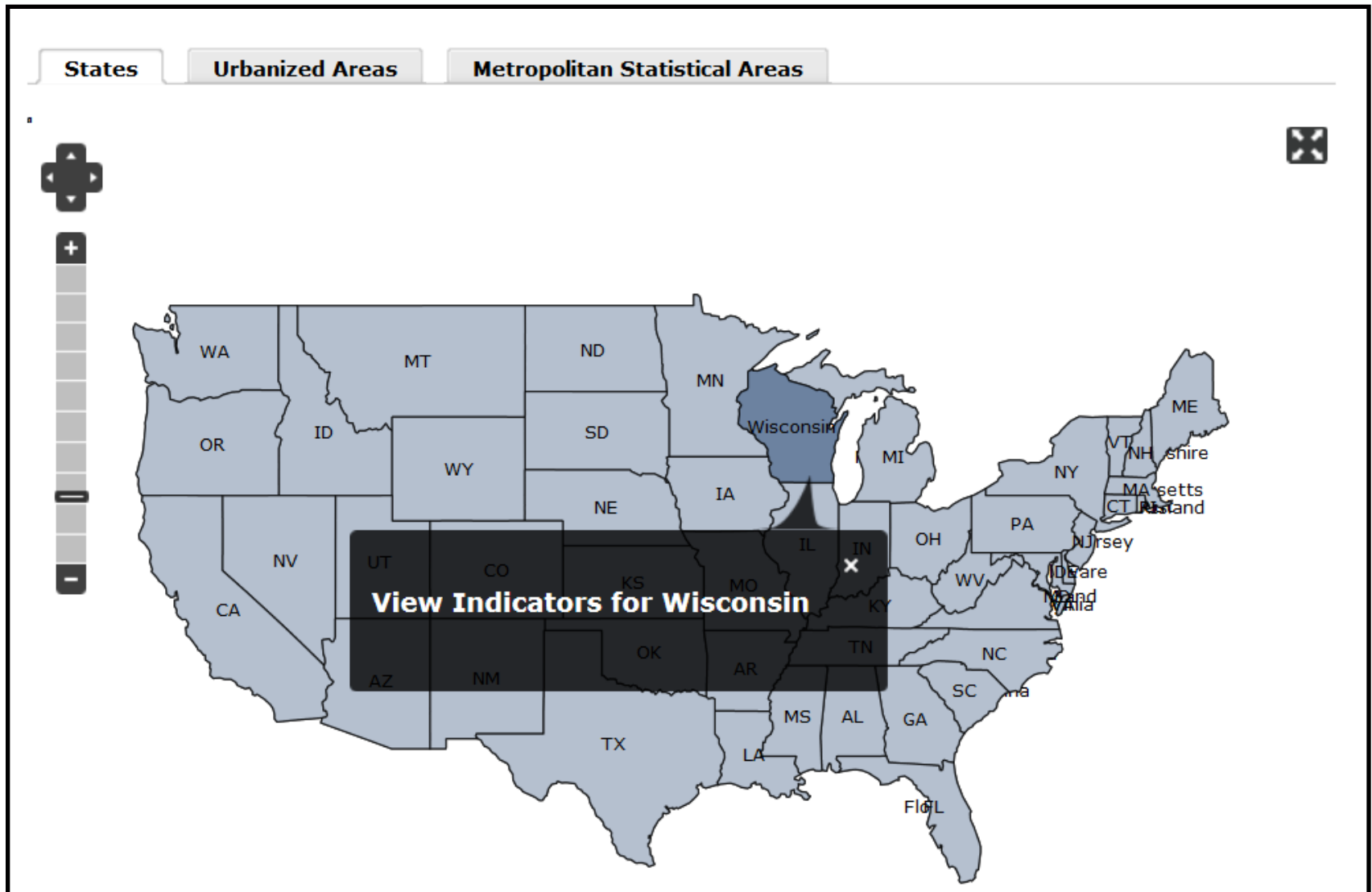
### Share



Submit Feed

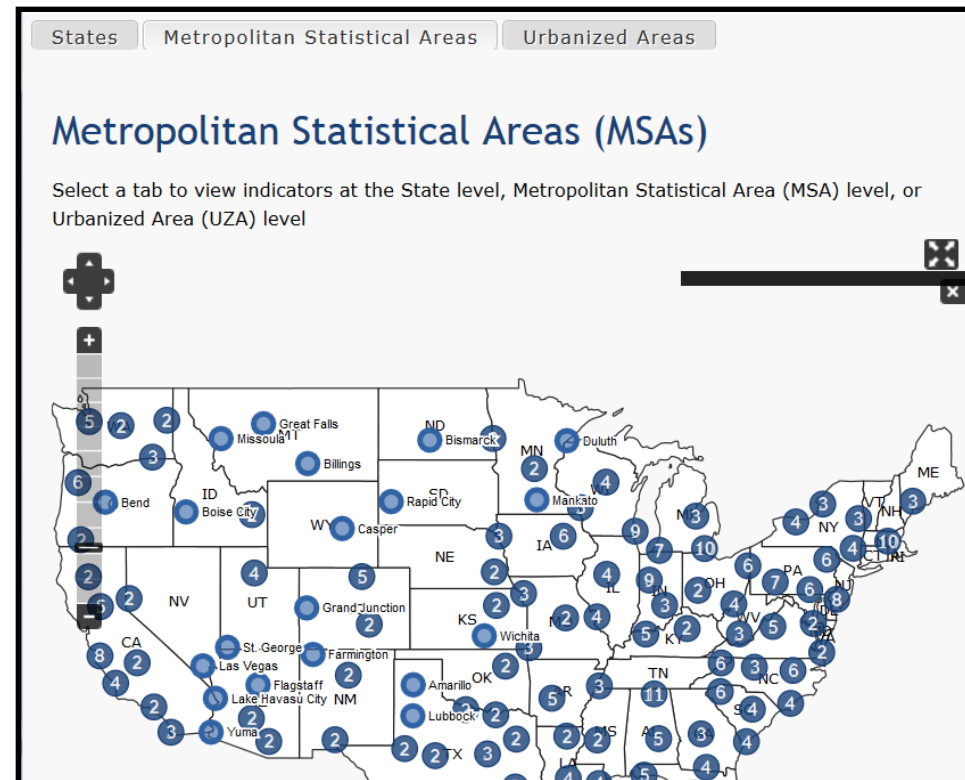
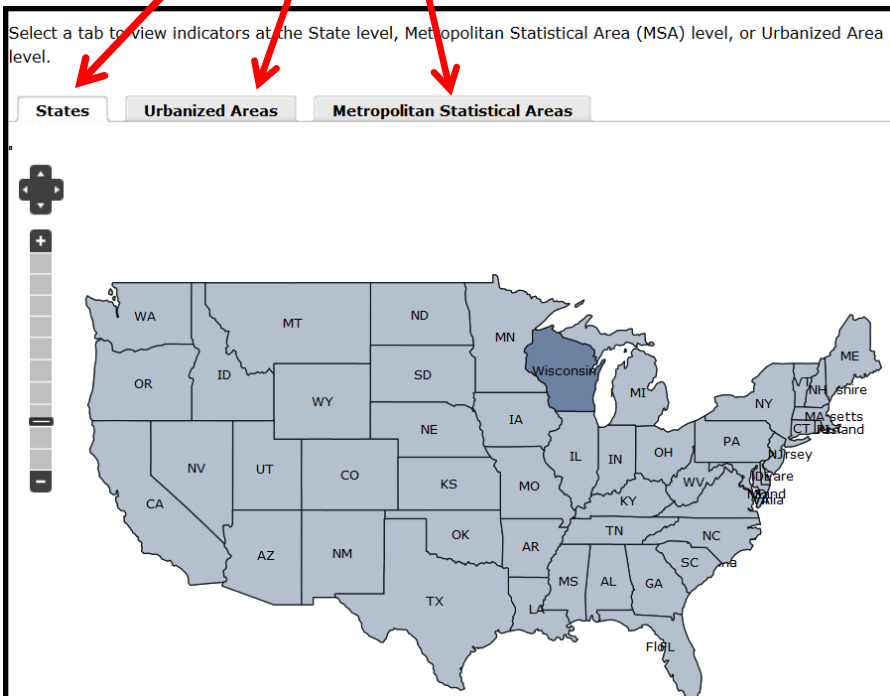
<http://www.transportation.gov/transportation-and-health-tool>

# Selecting an area



# What if you want an MSA or UZA?

Click

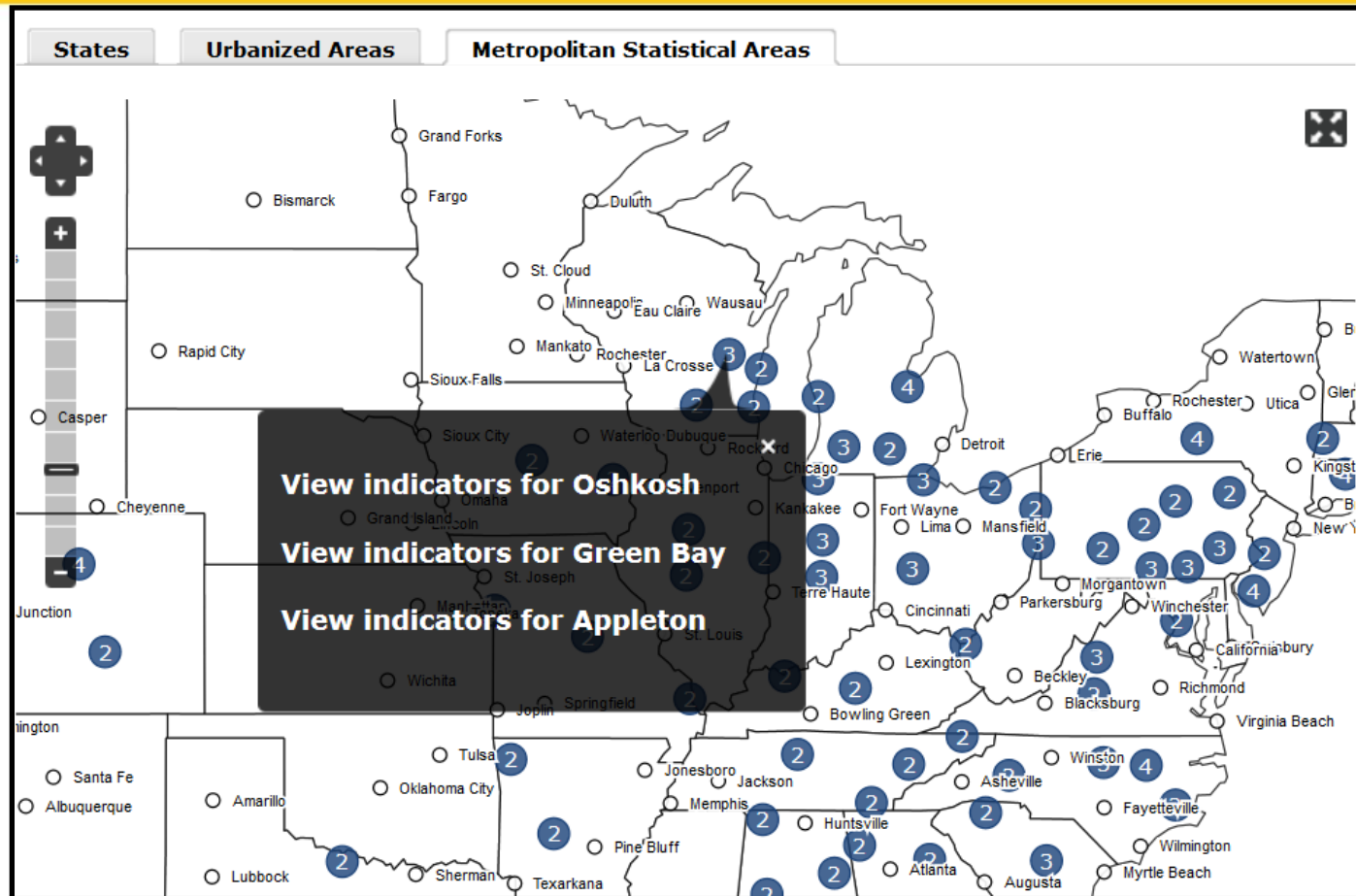


For the MSA and Urbanized Areas you need to use the map zoom to view the individual areas

Or you get these dots



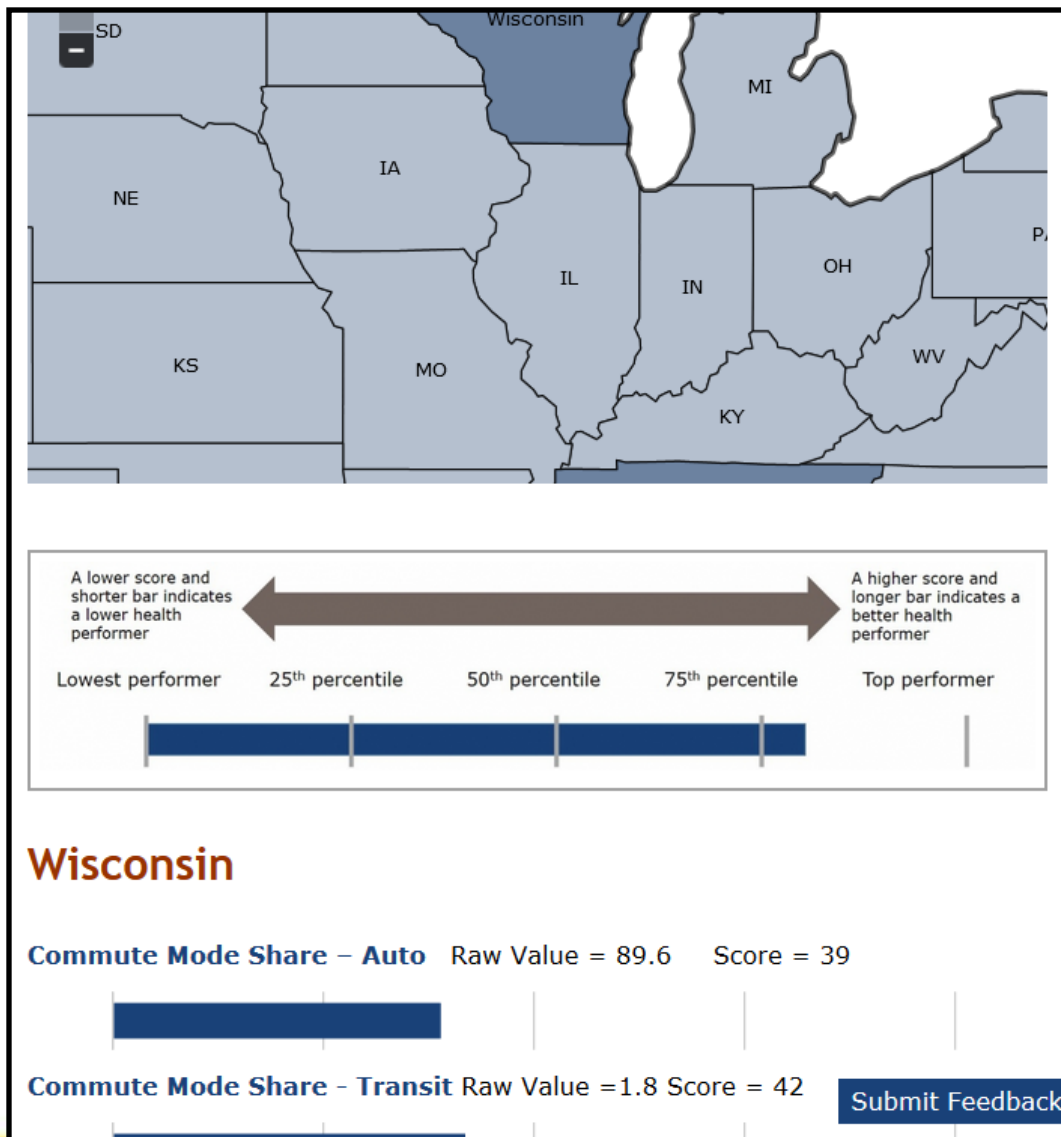
# Selecting MSAs



If you click on one of the cluster number instead of zooming in you will get a list of the MSAs (UZAs) that you can click. I clicked on the “3” in Wisconsin

# Lets go back to the State Indicators

When get your indicators you get map at the top of page followed by a list of the indicators that you have to scroll through.



## Wisconsin

**Commute Mode Share – Auto** Raw Value = 89.6 Score = 39



**Commute Mode Share – Transit** Raw Value = 1.8 Score = 42



**Commute Mode Share – Bicycle** Raw Value = 0.9 Score = 39



**Commute Mode Share – Walk** Raw Value = 3.3 Score = 62



**Complete Streets Policies** Raw Value = Policy in place Score = 39



**DUI/DWI Fatalities per 100,000 Residents** Raw Value = 0.02 Score = 39



**Person Miles of Travel by Private Vehicle** Raw Value = 200 Score = 39



**Person Miles of Travel by Walking** Raw Value = 200 Score = 39



**And they do not fit  
nicely on one page**

**Road Traffic Fatalities per 100,000 Residents – Pedestrian** Raw Value = 0.9 Score = 79



**Road Traffic Fatalities Exposure Rate – Auto** Raw Value = 10.3 Score = 61



**Road Traffic Fatalities Exposure Rate – Bicycle** Raw Value = 22.5 Score = 72



**Road Traffic Fatalities Exposure Rate – Pedestrian** Raw Value = 26.1 Score = 77



**Seat Belt Use** Raw Value = 0.80 Score = 23



**Transit Trips per Capita** Raw Value = 12.4 Score = 57



**Use of Federal Funds for Bicycle and Pedestrian Efforts** Raw Value = 1.30% Score = 22



**Vehicle Miles Traveled per Capita** Raw Value = 9,530 Score = 59



**But here is something I did**

# THT ~ State of Wisconsin Indicators

**Commute Mode Share – Auto** Raw Value = 89.61% **Score = 39**

**Commute Mode Share – Transit** Raw Value = 1.8% **Score = 42**

**Commute Mode Share – Bicycle** Raw Value = 0.9% Score = 77

**Commute Mode Share – Walk** Raw Value = 3.3% Score = 62

**Complete Streets Policies** Raw Value = policy in place Score = 100

**DUI/DWI Fatalities per 100,000 Residents** Raw Value = 3.5 **Score = 49**

**Person Miles of Travel by Private Vehicle** Raw Value = 28,853 Score = 55

**Person Miles of Travel by Walking** Raw Value = 1200 **Score = 49**

**Physical Activity from Transportation** Raw Value = 8.87 Score = 51

**Proximity to Major Roadways** Raw Value = 0.03% Score = 57

**Road Traffic Fatalities/100,000 Residents – Auto** Raw Value = 9.3 Score = 59

**Road Traffic Fatalities/100,000 Residents – Bicycle** Raw Value = 0.2 Score = 53

**Road Traffic Fatalities/100,000 Residents – Pedestrian** Raw Value = 0.9 Score = 79

**Seat Belt Use** Raw Value = 0.80 **Score = 23**

**Road Traffic Fatalities Exposure Rate – Auto** Raw Value = 10.3 Score = 61

**Road Traffic Fatalities Exposure Rate – Bicycle** Raw Value = 22.5 Score = 72

**Road Traffic Fatalities Exposure Rate – Pedestrian** Raw Value = 26.1 Score = 77

**Transit Trips per Capita** Raw Value = 12.4 Score = 57

**Use of Federal Funds for Bike and Ped Efforts** Raw Value = 1.30% **Score = 22**

**Vehicle Miles Traveled per Capita** Raw Value = 9,530 Score = 59

# THT ~ Appleton MSA

**Commute Mode Share – Auto** Raw Value = 91.8% **Score = 38**

**Commute Mode Share – Transit** Raw Value = 0.7% **Score = 30**

**Commute Mode Share – Bicycle** Raw Value = 0.5% Score = 52

**Commute Mode Share – Walk** Raw Value = 2.6% Score = 51

**Complete Streets** Raw Value = No policy **Score = 0**

**DUI/DWI Fatalities per 100,000 Residents** Raw Value = 1.8 Score = 79

**Housing and Transportation Affordability** Raw Value = 45.2% Score = 81

**Land Use Mix** Raw Value = 0.45 **Score = 19**

**Proximity to Major Roadways** Raw Value = 0.03% Score = 100

**Road Traffic Fatalities/100,000 Residents – Auto** Raw Value = 6.8 Score = 79

**Road Traffic Fatalities/100,000 Residents – Bicycle** Raw Value = 0.2 Score = 57

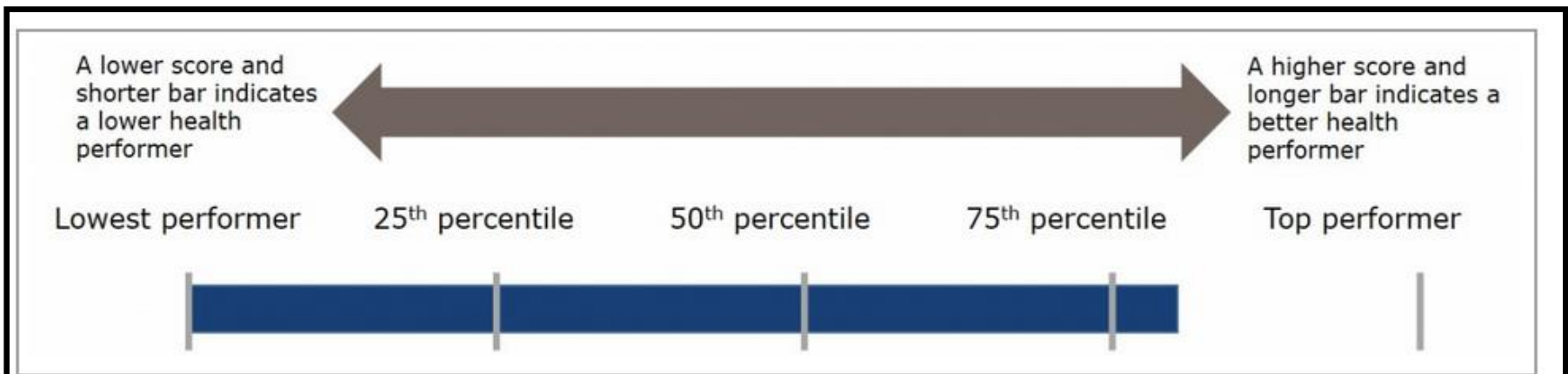
**Road Traffic Fatalities/100,000 Residents – Pedestrian** Raw Value = 0.3 Score = 97

**Road Traffic Fatalities Exposure Rate – Auto** Raw Value = 7.4 Score = 82

**Road Traffic Fatalities Exposure Rate – Bicycle** Raw Value = 35.2 **Score = 45**

**Road Traffic Fatalities Exposure Rate – Pedestrian** Raw Value = 10.4 Score = 95

# THT ~ Appleton Urbanized Area



## Appleton

**Transit Trips per Capita**      Raw Value = 5.8      Score = 37




**Vehicle Miles Traveled per Capita**      Raw Value = 19      Score = 65



**What if you want to know what a variable means like “Transit Trips per Capita” Click on it.**

# THT ~ Appleton Urbanized Area

 **Transportation.gov**  
U.S. Department of Transportation

▼ About DOT

[Transportation and Health Tool Home](#)

[Indicator Data](#)

[Indicator Profiles](#)

[Strategies](#)

[Literature and Resources ▼](#)

[Scoring Methodology](#)

[Background](#)

[Read More](#)

**Public Transportation Trips per Capita**

This indicator measures the average annual number of public transportation trips per capita among residents of an urbanized area. Data come from the 2013 American Public Transportation Association's *Public Transportation Fact Book*, which is based on data from the 2011 National Transit Database.

[Read More](#)

Updated: Monday, October 26, 2015



# FTA and Health

## Rides to Wellness

### Access to Health Care

<https://www.transit.dot.gov/ccam/about/initiatives>

**What is the return on investment from all perspectives for “getting people to health care”?**



<http://www.nationalacademies.org/hmd/Activities/PublicHealth/TransitandHealthcare/2016-JUN-6.aspx>

# How Does Transportation Affect PH?

Article with MPO and state DOT examples of where public health is an active component of the organization

**MPOs** tend to be programmatic focused

**State DOTs** tend to be process and goal oriented.



<https://www.fhwa.dot.gov/publications/publicroads/13mayjun/05.cfm>

# What about Health Impact Assessments?

**HIA** is a process to analyze and evaluate the potential effects that a proposed policy or project may have on human health and to help determine the best approach to **mitigate** those effects

## Major Steps

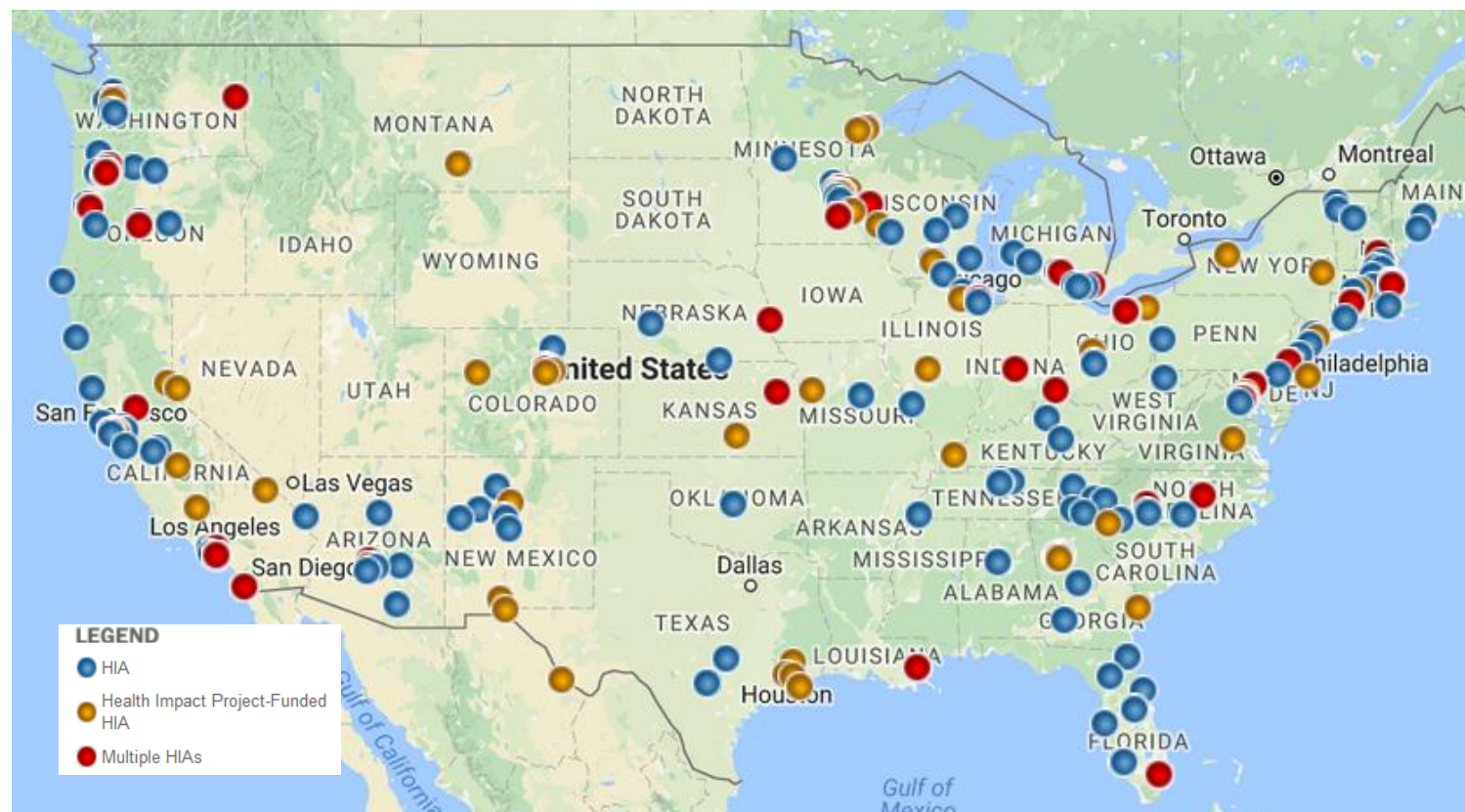
1. Screen
2. Scope
3. Assess
4. Recommend
5. Report Results
6. Monitor/Evaluate

<http://www.cdc.gov/healthyplaces/hia.htm>

<http://www.pewtrusts.org/en/projects/health-impact-project/research-and-analysis/toolkits-guides-and-data-sources>

# Who has done HIAs?

**59 Completed Transportation-Related HIAs  
in the U.S., 2006–2016 (15 in Progress)**



**Source: Health Impact Project HIA database**

**<http://www.pewtrusts.org/en/projects/health-impact-project>**

| Title  | Organizations  | Sector                       | Area             | Organization            | Date | Summary  |
|--|--|------------------------------|------------------|-------------------------|------|--|
| Alcohol Outlet Density in the Greenbush-Vilas Neighborhood | University of Wisconsin Population Health Institute            | Built Environment            | Madison          | Educational Institution | 2013 | An HIA of an Alcohol Limiting Density Ordinance (ALDO) in a neighborhood bordering the University of Wisconsin in Madison.   |
| Alcohol Outlet Density-Marathon County, WI                 | Marathon County Health Department                              | Built Environment            | Marathon County  | Government Agency       | 2011 | HIA assessed the impact of alcohol outlet density policy on the health of Marathon County, specifically underage drinking and drinking and driving behaviors.  |
| Capital Area RPC Future Urban Development Area             | Capital Area RPC and the WI Public Health Association          | Built Environment            | Dane County      | Government Agency       | 2012 | An HIA to assess the potential health impacts of two Future Urban Development Area plans in Dane County, Wisconsin.  |
| Fitchburg's Nine Springs HIA                               | Public Health Madison and Dane County                          | Built Environment            | Fitchburg        | Government Agency       | 2014 | HIA of proposed updates to the master plan for a 33-acre city park property, currently used as the Nine Springs Golf Course  |
| Ice Age Trail Expansion-Marquette County                   | Marquette County Health Department, WI Dept of Health Services | Built Environment            | Marquette County | Government Agency       | 2011 | HIA assessed the health impacts of the expansion of the Wisconsin Ice Age Trail.   |
| Industrial Sand Mining in Western Wisconsin                | Institute for Wisconsin's Health, Inc.                         | Natural Resources and Energy |                  | Nonprofit               | 2016 | The Institute for Wisconsin's Health Inc. conducted an HIA to inform county, municipal, township, and tribal decisions related to mining silica sand for industrial use.   |
| Milwaukee Paid Sick Days                                   | Human Impact Partners  | Labor and Employment         | Milwaukee        | Nonprofit               | 2008 | Human Impact Partners did a rapid HIA of a proposed sick leave ordinance in Milwaukee that would allow workers to earn one hour of paid sick leave for every 30 hours of paid work, up to 72 hours of leave in companies with more than 10 employees and 40 hours in firms with fewer than 10 employees.                 |
| Neenah-Menasha Sewerage Commission                         | The Outagamie County Public Health Division                    | Agriculture, Food and Drug   | Greenville       | Government Agency       | 2011 | HIA discussed the health impacts of a biosolids storage facility proposed in the Town of Greenville and identified ways to decrease any adverse health impacts.  |
| Open Air Burning in La Crosse County                       | La Crosse County Health Department                             | Natural Resources and Energy | La Crosse County | Government Agency       | 2011 | An HIA to assess the potential health impacts of open air burning policy restrictions in La Crosse County, Wisconsin.  |
| Rock County CAFO   | Wisconsin Department of Health Services                        | Agriculture, Food and Drug   | Rock County      | Government Agency       | 2011 | A rapid HIA to assess the potential health impacts of a proposed dairy in Rock County, Wisconsin   |
| Transitional Jobs Program HIA                              | University of Wisconsin, Population Health Institute           | Labor and Employment         |                  | Educational Institution | 2013 | HIA to inform decision on Transitional Jobs Program as part of the 2013-15 state budget. Focused on health effects of changes in income related to employment, such as diet, alcohol and tobacco use, and family cohesion, as well as long-term outcomes including chronic disease, mental health, and child well-being. |
| Treatment Alternatives to Prison                           | WISDOM, Human Impact Partners                                  | Criminal Justice             |                  | Nonprofit               | 2012 | An HIA that projected the potential health impact of increased funding for treatment and other programs as alternatives in incarceration in Wisconsin.   |



# Recent HIA Resource

## Free Report from APA (July 2016)

### The State of Health Impact Assessment in Planning

<https://planning-org-uploaded-media.s3.amazonaws.com/document/State-of-Health-Impact-Assessment-in-Planning.pdf>

## Transportation Research Record (2014)

### Use of Health Impact Assessment for Transportation Planning: Importance of Transportation Agency Involvement in the Process

#### Use of Health Impact Assessment for Transportation Planning Importance of Transportation Agency Involvement in the Process

Andrew L. Dannenberg, Anna Ricklin, Catherine L. Ross, Michael Schwartz, Julie West, Steve Whitte, and Megan L. Vlier

A health impact assessment (HIA) is a tool that can be used to assess the potential health consequences of a proposed project or policy. It is a process that involves the identification of potential health impacts, the assessment of the magnitude and direction of these impacts, and the development of strategies to avoid, minimize, or compensate for adverse health effects. HIA is a key component of the transportation planning process, as it allows transportation agencies to consider the health impacts of their projects and policies. This report discusses the importance of transportation agency involvement in the HIA process, and provides recommendations for how to ensure that HIA is an integral part of the transportation planning process.

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# TRB Activities



Formed 5 Years ago  
Co-Chairs  
Ed Christopher  
*Vacant*

## **Co-Sponsoring Committees**

- *Urban Data and Information Systems (ABJ 30)*
- *Travel Behavior and Values (ADB10)*
- *Transportation and Sustainability (ADD40)*
- *Environmental Justice in Transportation (ADD50)*



# Typical committee activities

**Website**

**ListServe (over 380 subscribers)**

**<http://www.chrispy.net/mailman/listinfo/H+T--Friends>**

**Follow @TRBhealth on Twitter**

**Facebook <https://www.facebook.com/groups/trbhealthandtransportation/>**

**Newsletter, Research Statements, Paper Calls**

**Review Papers, sponsor Sessions and Workshops**

**<http://www.trbhealth.org>**

# Notable progress

## Navigating the Intersection of Transportation and Public Health

### A Cross-Cutting Session

TRB Annual Meeting  
Monday, January 14, 2013  
Washington Hilton Hotel  
Washington D.C.

### Session Proceedings and Survey of TRB Committees' Interest in Public Health



Prepared by  
Ed Christopher  
Carey McAndrews  
Eloisa Raynault

The information presented here is the sole responsibility of the authors and does not represent the views, opinions or policies of the Transportation Research Board. It was developed for the sole purpose of exchanging information on a very timely and emerging topic.

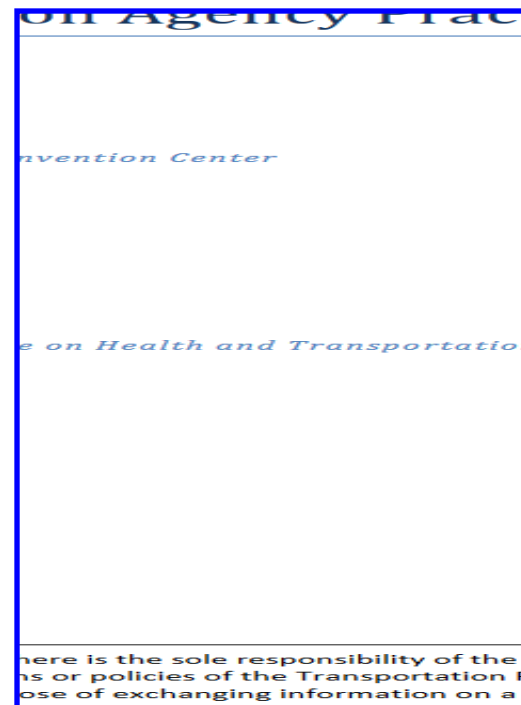
## Raising Public Health Issues to a Higher Level in the Transportation Sector

Session Proceeding  
TRB Annual Meeting  
Monday, January 13, 2014  
Washington Hilton Hotel  
Washington D.C.



Prepared by  
Ed Christopher  
Megan Wier  
May, 5 2014

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<http://www.trbhealth.org/highlights>

<http://www.trbhealth.org>

# TRNews Themed Issue

## *Public Health and Transportation Innovation, Intervention and Improvements*

Sampling of articles

Setting the Stage: Why Health and Transportation

Health Impact Assessment. What is it? When, where and why do them?

How to connect with the Health Community

Health in Transportation: An MPO and State DOT Focus

Incorporating Health in an MPO Planning Process

Perspectives from TRB Committeese

...and more



<http://onlinepubs.trb.org/onlinepubs/trnews/trnews299.pdf>

# New TRB Task Force

January 2016 Task Force met for first time

***Task Force on Arterials and Public Health (ADD55T)***

**...to inform the Planning, Design, and  
Operation of arterials while considering the  
implications to Population and Public Health**

**Develop catalogue of  
Research Problem  
Statements**

**Send me your  
questions**

**<http://www.trbarterialhealth.org>**

# What can you do?

## **Set a goal to: Institutionalize Health in Transportation Agency Practice**

**Put Health Officials on your Policy Boards and/or integrated into committee processes**

**Include Health metrics in your project selection and screening processes**

**Promote Healthy Activities**

**Meet with your Public Health agencies (start the discussion)**

**Develop goals that Protect and Promote Public Health**

**Incorporate Public Health somewhere into your planning process**

# What can you do? Something specific

## Oregon's MOU

- Oregon DOT and Oregon Public Health Department
- Sets up shared objectives
  - ❖ Maintain ongoing communication and planning
  - ❖ Encourage safe and active transportation
  - ❖ Collaborate on research and data analysis
  - ❖ Leverage opportunities
- Non Regulatory approach
- Can be done at the Regional Level as well

[http://www.fhwa.dot.gov/planning/health\\_in\\_transportation/resources/odot/index.cfm](http://www.fhwa.dot.gov/planning/health_in_transportation/resources/odot/index.cfm)

# Surgeon General's Call to Action

## Surgeon General Announces His Call to Action to Promote Walking and Walkable Communities

The U.S. Surgeon General's Call to Action campaign, called "Step It Up!," recognizes the importance of physical activity for people of all ages and abilities. "Step It Up" includes five strategic goals: 1) make walking a national priority; 2) design communities that make it safe and easy to walk for people of all ages and abilities; 3) promote programs and policies to support walking where people live, learn, work, and play; 4) provide information to encourage walking and improve walkability; and 5) fill surveillance, research, and evaluation gaps related to walking and walkability.



<http://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities>



# Social Determinants of Health

## Economic Stability

*Poverty -- Employment*

*Food Security -- Housing Stability*

## Education

*High School Graduation*

*Enrollment in Higher Education*

*Language and Literacy*

*Early Childhood Ed. and Development*

## Social and Community Context

*Social Cohesion -- Civic Participation*

*Perceptions of Discrimination and Equity*

*Incarceration/Institutionalization*

## Health and Health Care

*Access to Health Care/ Primary Care*

*Health Literacy*

## Neighborhood and Built Environment

*Access to Healthy Foods*

*Quality of Housing*

*Crime and Violence*

*Environmental Conditions*



<http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health>

# Thank you

**Slides are posted at [edthefed.com](http://www.edthefed.com)**

<http://www.edthefed.com/presentations/WI%20MPO%20health.ppt>

**Are you doing anything  
with Population/Public  
Health? Let me know  
Lets Talk**

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[edc@berwyned.com](mailto:edc@berwyned.com)

<http://www.americashealthrankings.org/>

<http://www.countyhealthrankings.org/>

<http://www.transportation.gov/transportation-and-health-tool>

# Step it Up!



<https://www.youtube.com/watch?v=mq3DxArKAEo>