Health and Transportation

Where are we? – What is going on?

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Slides are posted at 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

*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?

<table>
<thead>
<tr>
<th>TRANSPORTATION</th>
<th>PUBLIC HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Pollution</td>
<td>Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity</td>
</tr>
<tr>
<td>Motor Veh Crashes</td>
<td></td>
</tr>
<tr>
<td>Urban Form</td>
<td>Population Health has been defined as the health outcomes of a group of individuals, including the community distribution of such outcomes within the group. It is an approach to health that aims to improve the health of an entire human population.</td>
</tr>
<tr>
<td>Noise</td>
<td></td>
</tr>
<tr>
<td>Water Quality</td>
<td>Health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals</td>
</tr>
<tr>
<td>Bike/Ped Injuries</td>
<td></td>
</tr>
<tr>
<td>Climate Change</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>EJ</td>
<td></td>
</tr>
<tr>
<td>Access to Stuff</td>
<td></td>
</tr>
<tr>
<td>Social Capital</td>
<td></td>
</tr>
</tbody>
</table>

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.
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
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.

A Website

- Working Group
- FAQs
- Resources
- Annotated Links

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
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)

For me the Metro area report is a…

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

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

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

Key documents in metropolitan and statewide transportation planning processes. Source: FHWA/FTA TPCB Briefing Book
Table 2 Incorporation of Health into the Transportation Planning Process by Case Study MPOs

<table>
<thead>
<tr>
<th>MPO Name</th>
<th>Regional Vision and Goals</th>
<th>Development of Transportation Plan</th>
<th>Development of S/TIP</th>
<th>Monitor System Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nashville Area MPO</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSRC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SACOG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SANDAG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Darker colors signify greater progression in activity
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

California DOT (Caltrans)
Iowa DOT (IADOT)
Massachusetts DOT (MassDOT)
Minnesota DOT (MnDOT)
North Carolina DOT (NCDOT)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Caltrans</th>
<th>Iowa DOT</th>
<th>MassDOT</th>
<th>MnDOT</th>
<th>NCDOT</th>
<th>Highlight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Health Initiative</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td>The governor's public-private Healthiest State Initiative seeks to make Iowa the healthiest State in the country by 2016.</td>
</tr>
<tr>
<td>Legislative Requirements</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td>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 &quot;establishment of a healthy transportation policy.&quot;</td>
</tr>
<tr>
<td>Complementary State Goals (e.g., Sustainability, Serving Seniors, etc.)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>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.</td>
</tr>
<tr>
<td>DOT - State Health Agency Partnership</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>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.</td>
</tr>
<tr>
<td>Formal, Broad Multi-Agency Health Partnership</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td>Caltrans actively participates in the Health in All Policies Task Force, a group established in February 2010 under State Executive Order S-04-10, to coordinate State agency activities that promote health and sustainability goals in California.</td>
</tr>
<tr>
<td>Research and Partnerships with Academic Institutions</td>
<td>x</td>
<td></td>
<td></td>
<td>x</td>
<td>x</td>
<td>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.</td>
</tr>
<tr>
<td>SRTS - Health Coordination</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
<td>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.</td>
</tr>
<tr>
<td>Assistance to Local Partners Incorporating Health into Transportation Planning</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>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.</td>
</tr>
</tbody>
</table>
Incorporating Public Health in the Transportation Corridor Planning Process ($400K)

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
More on the Framework

Beta Tested (2014-2015)

• Akron Metro Regional Transit Authority (METRO)

• Central Oklahoma Transportation and Parking Authority (EMBARK)

• Delaware Valley Regional Planning Commission (DVRPC)

• East Central Wisconsin Regional Planning Commission (ECWRPC)

• Tennessee Department of Transportation (TDOT)
Framework for....

Case Studies

Akron, OH

http://www.fhwa.dot.gov/planning/health_in_transportation/planning_framework/framework_test_cases/index.cfm

Appleton, WI
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

Los Angeles

Boise

Nashville

Denver
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

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?

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Geography</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comute Mode Share (Auto, Transit, Bike, Walk)</td>
<td>X</td>
</tr>
<tr>
<td>Complete Streets</td>
<td>X</td>
</tr>
<tr>
<td>DUI/DWI Fatalities</td>
<td>X</td>
</tr>
<tr>
<td>Housing/Transportation Affordability</td>
<td>X</td>
</tr>
<tr>
<td>Land Use Mix</td>
<td>X</td>
</tr>
<tr>
<td>PMT (Auto, Walking)</td>
<td>X</td>
</tr>
<tr>
<td>Physical Activity from Transportation</td>
<td>X</td>
</tr>
<tr>
<td>Proximity to Major Roadways</td>
<td>X</td>
</tr>
<tr>
<td>Road Traffic Fatalities (Auto, Bike, Ped)</td>
<td>X</td>
</tr>
<tr>
<td>Seat Belt Use</td>
<td>X</td>
</tr>
<tr>
<td>Traffic Fatalities Exposure Rate (Auto, Bike, Ped)</td>
<td>X</td>
</tr>
<tr>
<td>Transit Trips per Capita</td>
<td>X</td>
</tr>
<tr>
<td>Use of Federal Funds for Bike/Ped</td>
<td>X</td>
</tr>
<tr>
<td>VMT per Capita</td>
<td>X</td>
</tr>
</tbody>
</table>
Choose the geography and area

Click on a state
You get a confirmation box

Click it
Presto!!! The Indicators (metrics) appear

**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

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

Drilling down on a strategy

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

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
Transporation and Health Tool Home

Home

Transportation and Health Tool

Photo credit: 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.
Selecting an area

View Indicators for Wisconsin
What if you want an MSA or UZA?

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

Or you get these dots

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

Let's go back to the State Indicators.

**Wisconsin**

- **Commute Mode Share - Auto**
  - Raw Value: 89.6
  - Score: 39

- **Commute Mode Share - Transit**
  - Raw Value: 1.8
  - Score: 42

Submit Feedback
And they do not fit nicely on one page

But here is something I did
<table>
<thead>
<tr>
<th>Category</th>
<th>Raw Value</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commute Mode Share – Auto</td>
<td>89.61%</td>
<td>39</td>
</tr>
<tr>
<td>Commute Mode Share – Transit</td>
<td>1.8%</td>
<td>42</td>
</tr>
<tr>
<td>Commute Mode Share – Bicycle</td>
<td>0.9%</td>
<td>77</td>
</tr>
<tr>
<td>Commute Mode Share – Walk</td>
<td>3.3%</td>
<td>62</td>
</tr>
<tr>
<td>Complete Streets Policies</td>
<td>policy in place</td>
<td>100</td>
</tr>
<tr>
<td>DUI/DWI Fatalities per 100,000 Residents</td>
<td>3.5</td>
<td>49</td>
</tr>
<tr>
<td>Person Miles of Travel by Private Vehicle</td>
<td>28,853</td>
<td>55</td>
</tr>
<tr>
<td>Person Miles of Travel by Walking</td>
<td>1200</td>
<td>49</td>
</tr>
<tr>
<td>Physical Activity from Transportation</td>
<td>8.87</td>
<td>51</td>
</tr>
<tr>
<td>Proximity to Major Roadways</td>
<td>0.03%</td>
<td>57</td>
</tr>
<tr>
<td>Road Traffic Fatalities/100,000 Residents – Auto</td>
<td>9.3</td>
<td>59</td>
</tr>
<tr>
<td>Road Traffic Fatalities/100,000 Residents – Bicycle</td>
<td>0.2</td>
<td>53</td>
</tr>
<tr>
<td>Road Traffic Fatalities/100,000 Residents – Pedestrian</td>
<td>0.9</td>
<td>79</td>
</tr>
<tr>
<td>Seat Belt Use</td>
<td>0.80</td>
<td>23</td>
</tr>
<tr>
<td>Road Traffic Fatalities Exposure Rate – Auto</td>
<td>10.3</td>
<td>61</td>
</tr>
<tr>
<td>Road Traffic Fatalities Exposure Rate – Bicycle</td>
<td>22.5</td>
<td>72</td>
</tr>
<tr>
<td>Road Traffic Fatalities Exposure Rate – Pedestrian</td>
<td>26.1</td>
<td>77</td>
</tr>
<tr>
<td>Transit Trips per Capita</td>
<td>12.4</td>
<td>57</td>
</tr>
<tr>
<td>Use of Federal Funds for Bike and Ped Efforts</td>
<td>1.30%</td>
<td>22</td>
</tr>
<tr>
<td>Vehicle Miles Traveled per Capita</td>
<td>9,530</td>
<td>59</td>
</tr>
<tr>
<td>Category</td>
<td>Raw Value</td>
<td>Score</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>---------------</td>
<td>-------</td>
</tr>
<tr>
<td>Commute Mode Share – Auto</td>
<td>91.8%</td>
<td>38</td>
</tr>
<tr>
<td>Commute Mode Share – Transit</td>
<td>0.7%</td>
<td>30</td>
</tr>
<tr>
<td>Commute Mode Share – Bicycle</td>
<td>0.5%</td>
<td>52</td>
</tr>
<tr>
<td>Commute Mode Share – Walk</td>
<td>2.6%</td>
<td>51</td>
</tr>
<tr>
<td>Complete Streets</td>
<td>No policy</td>
<td>0</td>
</tr>
<tr>
<td>DUI/DWI Fatalities per 100,000 Residents</td>
<td>1.8</td>
<td>79</td>
</tr>
<tr>
<td>Housing and Transportation Affordability</td>
<td>45.2%</td>
<td>81</td>
</tr>
<tr>
<td>Land Use Mix</td>
<td>0.45</td>
<td>19</td>
</tr>
<tr>
<td>Proximity to Major Roadways</td>
<td>0.03%</td>
<td>100</td>
</tr>
<tr>
<td>Road Traffic Fatalities/100,000 Residents – Auto</td>
<td>6.8</td>
<td>79</td>
</tr>
<tr>
<td>Road Traffic Fatalities/100,000 Residents – Bicycle</td>
<td>0.2</td>
<td>57</td>
</tr>
<tr>
<td>Road Traffic Fatalities/100,000 Residents – Pedestrian</td>
<td>0.3</td>
<td>97</td>
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<tr>
<td>Road Traffic Fatalities Exposure Rate – Auto</td>
<td>7.4</td>
<td>82</td>
</tr>
<tr>
<td>Road Traffic Fatalities Exposure Rate – Bicycle</td>
<td>35.2</td>
<td>45</td>
</tr>
<tr>
<td>Road Traffic Fatalities Exposure Rate – Pedestrian</td>
<td>10.4</td>
<td>95</td>
</tr>
</tbody>
</table>
What if you want to know what a variable means like “Transit Trips per Capita” Click on it.
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.

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”?

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

Who has done HIAs?

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

Source: Health Impact Project HIA database

<table>
<thead>
<tr>
<th>Title</th>
<th>Organizations</th>
<th>Sector</th>
<th>Area</th>
<th>Organization</th>
<th>Date</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Outlet Density in the Greenbush-Vilas Neighborhood</td>
<td>University of Wisconsin Population Health Institute</td>
<td>Built Environment</td>
<td>Madison</td>
<td>Educational Institution</td>
<td>2013</td>
<td>An HIA of an Alcohol Limiting Density Ordinance (ALDO) in a neighborhood bordering the University of Wisconsin in Madison.</td>
</tr>
<tr>
<td>Alcohol Outlet Density-Marathon County, WI</td>
<td>Marathon County Health Department</td>
<td>Built Environment</td>
<td>Marathon County</td>
<td>Government Agency</td>
<td>2011</td>
<td>HIA assessed the impact of alcohol outlet density policy on the health of Marathon County, specifically underage drinking and drinking and driving behaviors.</td>
</tr>
<tr>
<td>Capital Area RPC Future Urban Development Area</td>
<td>Capital Area RPC and the WI Public Health Association</td>
<td>Built Environment</td>
<td>Dane County</td>
<td>Government Agency</td>
<td>2012</td>
<td>An HIA to assess the potential health impacts of two Future Urban Development Area plans in Dane County, Wisconsin.</td>
</tr>
<tr>
<td>Fitchburg's Nine Springs HIA</td>
<td>Public Health Madison and Dane County</td>
<td>Built Environment</td>
<td>Fitchburg</td>
<td>Government Agency</td>
<td>2014</td>
<td>HIA of proposed updates to the master plan for a 33-acre city park property, currently used as the Nine Springs Golf Course.</td>
</tr>
<tr>
<td>Ice Age Trail Expansion-Marquette County</td>
<td>Marquette County Health Department, WI Dept of Health Services</td>
<td>Built Environment</td>
<td>Marquette County</td>
<td>Government Agency</td>
<td>2011</td>
<td>HIA assessed the health impacts of the expansion of the Wisconsin Ice Age Trail.</td>
</tr>
<tr>
<td>Industrial Sand Mining in Western Wisconsin</td>
<td>Institute for Wisconsin's Health, Inc.</td>
<td>Natural Resources and Energy</td>
<td>Nonprofit</td>
<td>2016</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Milwaukee Paid Sick Days</td>
<td>Human Impact Partners</td>
<td>Labor and Employment</td>
<td>Milwaukee</td>
<td>Nonprofit</td>
<td>2008</td>
<td>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.</td>
</tr>
<tr>
<td>Neenah-Menasha Sewerage Commission</td>
<td>The Outagamie County Public Health Division</td>
<td>Agriculture, Food and Drug</td>
<td>Greenville</td>
<td>Government Agency</td>
<td>2011</td>
<td>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.</td>
</tr>
<tr>
<td>Open Air Burning in La Crosse County</td>
<td>La Crosse County Health Department</td>
<td>Natural Resources and Energy</td>
<td>La Crosse County</td>
<td>Government Agency</td>
<td>2011</td>
<td>An HIA to assess the potential health impacts of open air burning policy restrictions in La Crosse County, Wisconsin.</td>
</tr>
<tr>
<td>Rock County CAFO</td>
<td>Wisconsin Department of Health Services</td>
<td>Agriculture, Food and Drug</td>
<td>Rock County</td>
<td>Government Agency</td>
<td>2011</td>
<td>A rapid HIA to assess the potential health impacts of a proposed dairy in Rock County, Wisconsin.</td>
</tr>
<tr>
<td>Transitional Jobs Program HIA</td>
<td>University of Wisconsin, Population Health Institute</td>
<td>Labor and Employment</td>
<td>Educational Institution</td>
<td>2013</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Treatment Alternatives to Prison</td>
<td>WISDOM, Human Impact Partners</td>
<td>Criminal Justice</td>
<td>Nonprofit</td>
<td>2012</td>
<td>An HIA that projected the potential health impact of increased funding for treatment and other programs as alternatives in incarceration in Wisconsin.</td>
<td></td>
</tr>
</tbody>
</table>
Recent HIA Resource

Free Report from APA (July 2016)

The State of Health Impact Assessment in Planning

Transportation Research Record (2014)

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

Formed 5 Years ago
Co-Chairs
Ed Christopher
Vacant

Co-Sponsoring Committees
- Urban Data and Information Systems (ABJ30)
- 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
Casey McAndrews
Elisa Raymond

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

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.

http://www.trbhealth.org/highlights

http://www.trbhealth.org
Sampling of articles
Setting the Stage: Why Health and Transportation
Health Impact Assessment. What is it? When, where and why do they?
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

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
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
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.

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

Are you doing anything with Population/Public Health? Let me know. Let’s talk.

Ed Christopher
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708-369-5237
edc@berwyned.com

Slides are posted at edthefed.com
http://www.edthefed.com/presentations/WI%20MPO%20health.ppt

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