Promoting Active Transportation: An Opportunity for Public Health

SAFE ROUTES to School
NATIONAL PARTNERSHIP

APHA

American Public Health Association

Preface

The connection between transportation and health is indisputable — as a science, discipline and matter of policy. Transportation systems impact health for better or worse. Historically, they have been designed to accommodate nonactive modes of transportation, namely the car. Our communities are sprawling and built in a way that it makes it very difficult for an individual to get to work, home, school or play without driving. There are limited opportunities to get out of the car to walk or bicycle. Unnecessary congestion and air pollution have become customary and our waistlines are growing. Obesity could edge out tobacco as public enemy No. 1 in our lifetime.

Luckily, a small but passionate movement in the United States is happening to create healthier, more connected communities — where there are safe places to walk, bicycle and play, and public transit is within walking distance of home or work. This movement is aiming to ensure that the healthy choice is also the easiest one.

In many of these communities, public health practitioners are leading the way to ensure health is considered in transportation and land-use planning and decision making. Public health workers are uniquely poised to bring improved transportation systems to the communities that need them most.

It is our hope that we can build upon this important movement towards a more active, safer and healthier country. With the help of our public health colleagues, we can create a ripple effect across all communities. This primer is one of many tools that will help this work. With the growing rate of obesity, the high cost of gas and climate change, we must rethink and reshape our transportation systems and networks to promote active transportation.

Georges C. Benjamin, MD, FACP, FNAPA, FACEP (E), Hon FRSPH, is the executive director of the American Public Health Association

Deborah Hubsmith is the founding director of the Safe Routes to School National Partnership

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Health and Transportation

If there's one message this primer should leave you — the public health practitioner — with, it's this: **Everyone travels**. Whether it is for work, school or play, how we as individuals and as a society travel has impacts that go far beyond the seemingly simple and routine act of going from one place to another.

This common trait provides an ideal intervention point for public health practitioners. In fact, it may be one of the few intervention points with the potential to transform individual health, community health and environmental conditions all at the same time. In other words, in a time of tight budgets, limited resources, declining workforce numbers and growing health problems, creating opportunities for safe bicycling and walking can literally provide public health practitioners with one of the biggest bangs for their already-stretched buck.

Increased physical activity rates and the opportunity to positively impact obesity and traffic-related death and injury rates may immediately come to mind. For example, street-scale improvements such as sidewalks, safer street crossing configurations, multi-use pathways and bike lanes can dramatically increase rates of physical activity and reduce injury risk. As noted in the Centers for Disease Control and Prevention's Guide to Community Preventive Services, street-scale improvements such as these have resulted in a median increase in some aspects of physical activity of 35 percent.[1]

More bicycling and walking can also mean less air pollution in the community to aggravate and trigger respiratory illness, as well as more opportunities for social interaction and community cohesion that have positive impacts for mental health. (Of course, officials should take note that bicycling and walking infrastructure created near high-traffic areas could increase residents' exposure to pollution.) Improved walkability and bikeability also act as economic drivers, which can have a trickle-down effect for health. For example, street improvements that increase pedestrian traffic can help attract new businesses, revitalize neighborhoods and bring healthy opportunities to entire communities, such as more stores that sell fresh, affordable and nutritious foods.

Active transportation is an incredible opportunity for public health practitioners to leverage limited resources to produce multiple health benefits, direct progress toward long-held public health goals and curb health care spending.

It's home to the Great Smoky Mountains, Elvis Presley's final resting place and is considered by many to be the birthplace of the blues. Sadly, Tennessee is also home to one of the nation's highest obesity rates, with an adult obesity rate of nearly 32 percent as of 2011 and the sixth highest rate of childhood obesity.

To make a dent in the state's growing waistline, public health workers in Nashville, Davidson County, tapped into an intervention point that everyone has in common: the need to travel. Armed with the knowledge that residents who use public transit are more likely to meet daily recommendations for physical activity, workers with the Metro Public Health Department partnered with staff at Nashville's Metro Transit Authority to promote public transit and help local employers incorporate policies that encourage employees to engage in active transportation.

Bicycling is also a centerpiece of the department's active transportation plans. Thanks to its efforts, more bicycles are now available for use — free of charge — in the city's parks and greenways, and an urban bikeshare program is under development. To make it safer for pedestrians and bicyclists, the public health department also launched its educational Moving in Harmony campaign in March 2012.

So, why should a public health department get involved in the active transportation conversation? Because it's the right thing to do, says Tracy Buck, who directs health promotion activities at the Metro Public Health Department. "It's all about what the health department is responsible for and that's protecting and promoting the health of the community," Buck says. "So, how can we not be involved in these conversations?"

In addition to work at the Metro Public Health Department, the Nashville Area Metropolitan Planning Organization has raised awareness and increased funding levels for the Safe Routes to School program to improve the built environments around schools.

*The CDC defines active transportation as "any self propelled, human-powered mode of transportation, such as walking or bicycling" (**www.cdc.gov/healthyplaces/transportation/promote_strategy.htm**). Active transportation has proven health benefits, can reduce vehicle miles traveled and benefit the environment as well as provide substantial economic benefit to communities.*

Recent findings from a nonmotorized transportation pilot program conducted by the Federal Highway Administration (FHWA) to gather statistical information on mode share shifts when new infrastructure and education programs were implemented in four communities showed that:

- *Roughly, 16 million miles were walked or bicycled that otherwise would have been traveled by driving; bicycling increased by 36 percent and walking increased by 14 percent.*
- *Emissions decreased by more than 7,700 tons of CO_2; this is equal to saving one gallon of gas per person in the four communities or 1.7 million gallons of gas overall.*
- *Injuries were reduced: Even with the increased rates of walking and bicycling, fatal crashes remained the same or decreased.*
- *The communities reduced the economic cost of mortality by $6.8 million.*

Similarly, Safe Routes to School infrastructure has been shown to increase physical activity in children by 20 to 200 percent; also, the safety benefit generates up to a 49 percent decrease in childhood bicycle and pedestrian collision rates.

This primer is intended to give an introduction and orientation to as to why and how health should be considered in transportation planning and decision-making — in particular through active transportation — and the role that public health practitioners can play. In it you will find:

- ✓ Examples of how to become involved with transportation, land use and built environment decisions at various levels in your community, region or state.
- ✓ Common ways in which public health professionals can become leaders in the development of active transportation policies.
- ✓ A brief overview of how transportation programs are organized and funded.
- ✓ Suggestions for ways to engage.

You also will find a variety of resources, ideas and additional information listed throughout this document to help you dig deeper into particular aspects and to connect with other partners and experts.

The Transportation Planning Process

In recent years, transportation and public health practitioners have begun to find ways to work collaboratively in a variety of capacities. With the passage of the latest federal transportation bill, Moving Ahead for Progress in the 21st Century (MAP-21), now in effect for two years beginning October 2012, the role of public health professionals has become even more important. Working together, public health practitioners, state departments of transportation (DOTs), metropolitan planning organizations (MPOs), local governments, and walking and bicycling supporters such as Safe Routes to School volunteers can maximize the new and flexible MAP-21 funding streams. Whether encouraging the inclusion of a sidewalk on a new road or conducting a health impact assessment on a massive highway project, the public health community can play a vital role in creating active transportation systems that benefit the nation's health and limit health spending.

Who are the Stakeholders?

The following overview provides the basic building blocks of the transportation planning process, relevant players and funding processes for active transportation initiatives.

Transportation agencies, such as MPOs and state DOTs, work together closely and routinely, given the multi-jurisdictional and ever-growing nature of transportation networks. The connections between and across transportation organizations – whether at the **federal, state, regional or local** level – are intricate and potentially bring additional interagency collaboration. For example, a smaller-scale transportation project that is funded with federal dollars and planned at the state level might also involve a local department of public works; many players can

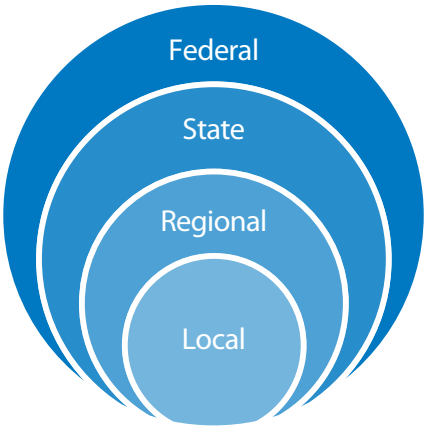


Figure 1. Overlapping relationships within the transportation planning process.

be involved on any given project. Much of transportation planning and its funding varies from state to state and is nuanced even further among counties and cities.

Knowing in advance which transportation agency is responsible for which kinds of projects and initiatives will save you time and effort as you get more involved in the planning process.

Before understanding the different agencies that are involved, it helps to understand how transportation projects are planned. The Federal Highway Administration (FHWA) lists five major phases for highway projects: planning, project development, final design, right of way and construction.[2] Routine maintenance and operations will follow the construction of the transportation project. These phases can apply to many other kinds of transportation projects, such as transit facility development or trail expansion. The number of phases and their nuances will differ slightly across the states, but most transportation projects will go through some variation of these phases.

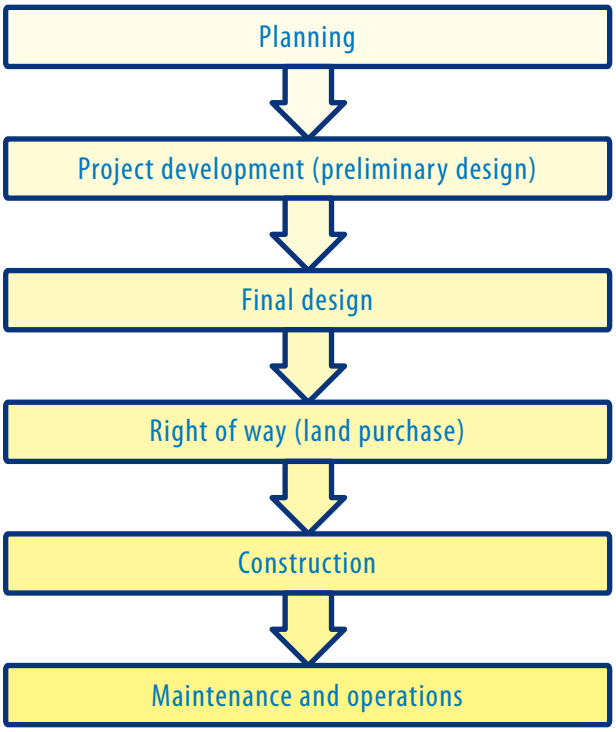


Figure 2. Phases of a transportation project.

The **planning phase offers the best opportunity** for public health professionals to make an impact. Planning is normally led by either the state DOT or an MPO and often uses federal funding. How transportation funds flow is critical in understanding what is — and what is not — feasible in terms of informing transportation planning to improve health. While funding for transportation projects may come from federal, state or local sources, many times it is made possible by a combination of these sources. This overview covers the federal, state, regional and local stakeholders and shares ideas with public health practitioners on ways to get involved on all levels.

Federal

Approximately every five years, transportation bills are passed by the U.S. Congress that authorize the use of funds for various transportation programs. The FHWA is the lead agency within the U.S. Department of Transportation (U.S. DOT) that oversees highway program administration and provides financial and technical support to state and tribal governments that administer the programs locally. In late June 2012, Congress passed a new federal transportation bill, MAP-21, which makes significant changes to funding for bicycling and

walking in communities across the country. The Safe Routes to School program, the Recreational Trails program and Transportation Enhancements are combined under this law into a new program, "Transportation Alternatives." The funding level for Transportation Alternatives, as well as other new eligible uses such as environmental mitigation, totals approximately $800 million a year, which is a 30 percent reduction from the previous year. State, regional and local transportation agencies will receive federal support under the new law in other ways, such as through technical assistance, grant funding and guidance.

In addition, the federal transportation bill clearly states that the public will have access to and may be involved in the transportation planning process. According to the FHWA, **public involvement** "needs to be an early and continuing part of the transportation and project development process. It is essential that the project sponsor knows the community's values in order to avoid, minimize, and mitigate impacts."[3] Public participation offers public health professionals a way to provide health-related insights on planned projects. While deeper and more formal relationships (e.g., serving on an MPO's board) should be fostered when possible with transportation agencies, the public involvement process can be an important first step to participating in planning activities.

Additionally, there are a few other **federally-funded transportation programs** through which stakeholders may be able to secure funding for bicycling and walking. The Congestion Mitigation and Air Quality Improvement Program (CMAQ) funds transportation projects that improve air quality and reduce traffic congestion; this program helps meet requirements under the nation's Clean Air Act. Secondly, the Highway Safety Improvement Program (HSIP) funds projects that aim to significantly reduce transportation fatalities and injuries. Eligible HSIP projects are listed in a state's Strategic Highway Safety Plan (SHSP) and can be implemented on any public road. In addition, the Surface Transportation Program (STP) provides flexibility for a wide variety of transportation projects, including pedestrian, bicycle and Safe Routes to School projects. Finally, the U.S. DOT periodically offers grant-funded opportunities that support bicycling and walking in communities.

The **Conclusion section** of this primer lists several suggested ways that public health practitioners can and have made an impact at all levels – federal, state, regional and local. The Case Studies further highlight real-world examples of ways to get involved. A sampling of ways for public health professionals to make an impact is provided below and in other sub-sections moving forward.

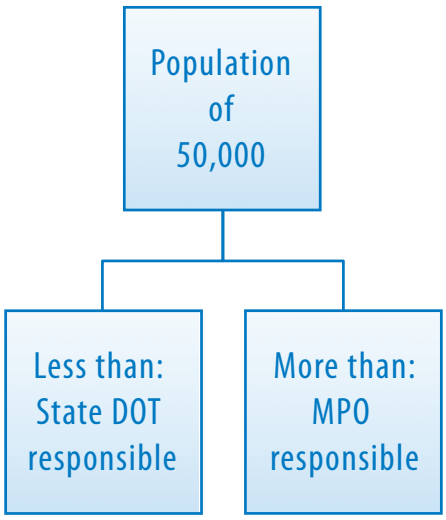
Next steps at the national level:

- ✓ Inform your elected officials about the importance of active transportation options in your community.
- ✓ Recruit other interested parties (e.g., parents, teachers, doctors, nurses, business owners) and public health professionals to educate your elected officials about transportation and health issues.

State

The state DOT builds and manages roads, streets, bridges and other transportation assets, such as pedestrian and bicycle facilities. This is the state agency responsible for statewide transportation programs and projects. The statewide **long-range transportation plan** (LRTP) and the **statewide transportation improvement program** (STIP) are the main planning tools created and used at a state DOT, usually for areas with less than 50,000 residents. [For areas with greater than 50,000 residents, the regional MPO is responsible for the regional long-range transportation plan and the transportation improvement program (TIP). Note that the federal law calls for the state DOT and MPO to work together in developing these tools, wherever the tools may be housed.]

Figure 3. Which organization typically develops the long-range plans and the capital programs? It depends on the size of the community.



Broad transportation goals, policies and objectives are usually determined by the state DOT, and these are detailed in the LRTP, which is developed with a 20-year time horizon but is updated every four to five years. The open meetings and processes of developing and implementing both the LRTP and the STIP are a prime engagement opportunity for public health practitioners, as shown in the Case Study example from the Los Angeles County Department of Public Health.

As a part of the LRTP's implementation, analyses and travel forecasts are conducted to determine which projects will be developed in a given timeframe. The full list of state projects slated for funding is in the STIP; this program guides the design, construction and maintenance of transportation systems. Again, these programs conform to legislation on public involvement and provide public health professionals with one way to engage.

State-derived revenues for transportation vary widely. Fortunately, there are many opportunities to focus these funding streams on walking, bicycling and public transit improvements. In Illinois, for example, there is a long-standing, annual dedication from the car title transfer tax to support trail and bicycle/pedestrian improvements in local communities. In June 2012, the state of Hawaii passed a new law that "assesses a surcharge of $25 for violations of speeding in a school zone and a $10 surcharge on various traffic violations and deposits these surcharges into a Safe Routes to School program special fund." The law creates county Safe Routes to School program coordinators who will provide "...school-based and community-based workshops and infrastructure and non-infrastructure projects that will reduce vehicular traffic and congestion, encourage walking and bicycling, and promote health and safety around Hawaii's schools."

Next steps at the state level:

- ✓ Get educated about state-scale planning processes and how plans can include active transportation components.
- ✓ Build relationships with state-level transportation professionals and connect them with other active transportation practitioners and professional organizations.

- ✓ Join committees of the state DOT that are working on goals and priorities — such as those in the LRTP or SHSP — that are related to transportation and safety and ensure that active transportation and equitable access are included.
- ✓ Gather and provide data on the impact of transportation decisions on vulnerable populations or on health in general.
- ✓ Encourage health impact assessments — conducted by state or county public health organizations — on transportation projects.

Regional

An MPO is an agency created and designed to carry out the federally mandated metropolitan planning process, normally for urban areas with a population greater than 50,000; it is required by law to conduct inclusive transportation planning activities, such as holding public meetings. While public involvement is a federal requirement, a transportation agency's effectiveness in engaging and encouraging the public to participate in the transportation planning process varies tremendously across communities.

MPOs may focus exclusively on transportation or on both transportation and land use. As previously noted, in smaller communities and rural areas, either the state DOT, a Rural Planning Organization (RPO) or a local government body may be responsible for conducting planning activities.[4] When the population in a region exceeds 50,000, the MPO is the organization that develops the **regional LRTP** and the **regional TIP**.

The importance of regional **public transit** systems and transit planning should not be overlooked, especially since people who live in communities with public transit tend to drive less and exercise more than those who live in communities that lack quality public transit. Public transit offers a lot of opportunity for improved health outcomes given that it is less polluting, safer and far more supportive of active transportation when compared to private automobile use. The array of options for public transportation — whether bus lines, paratransit or rideshare — also offer many opportunities for safe travel, improved access and increased physical activity. For example, one study found that men who commute to work via public transit are 44.6 percent less likely to be overweight or obese due to increased active commuting than those who do not commute to work via public transit.[5]

At the regional level, the development of **bicycle and pedestrian master plans**, which aim to increase opportunities for active transportation, is flourishing. Bicycle and pedestrian master plans typically outline policies, street classifications, design guidelines and projects. These plans provide a long-range vision for active travel infrastructure and policies. While often produced at the regional level, they may also be produced at the state, county or city level. The development of a bicycle and pedestrian master plan provides an ideal way for public health practitioners to identify and support evidence-based policy changes that improve health outcomes and address related environmental and equity issues, such as increased physical activity, reduced obesity, improved air quality and lower rates of roadway-related death and injury. Complete Street policies, which define how transportation planning, design, construction and maintenance will serve all users, can also be included in bicycle and pedestrian master plans.

Next steps at the regional level:

- ✓ Attend committee meetings at your MPO to get educated on the issues and to build relationships with the MPO's leaders.
- ✓ Work with other interested parties (e.g., underserved communities, faith-based organizations, bicycling and pedestrian groups) to ensure routine representation at MPO meetings on key projects and planning processes; this will keep you informed and will provide representation at these events.
- ✓ Supply data and analyses to inform decision-makers at MPO meetings or regional public transit meetings about the connections between transportation and health.
- ✓ Encourage a community health director or public health professional to serve on your region's MPO board.

Local

At the local level, planning for active transportation is focused on various land use and community design regulations, such as street-scale design guidelines, zoning codes, subdivision regulations and other comprehensive city or county plans. At this level, agencies are beginning to institutionalize public health review processes for new development and zoning approvals, providing for wider sidewalks, traffic calming, space for canopy street trees and other street-scale improvements that create safe opportunities for physical activity. For example, in Columbus, Ohio,

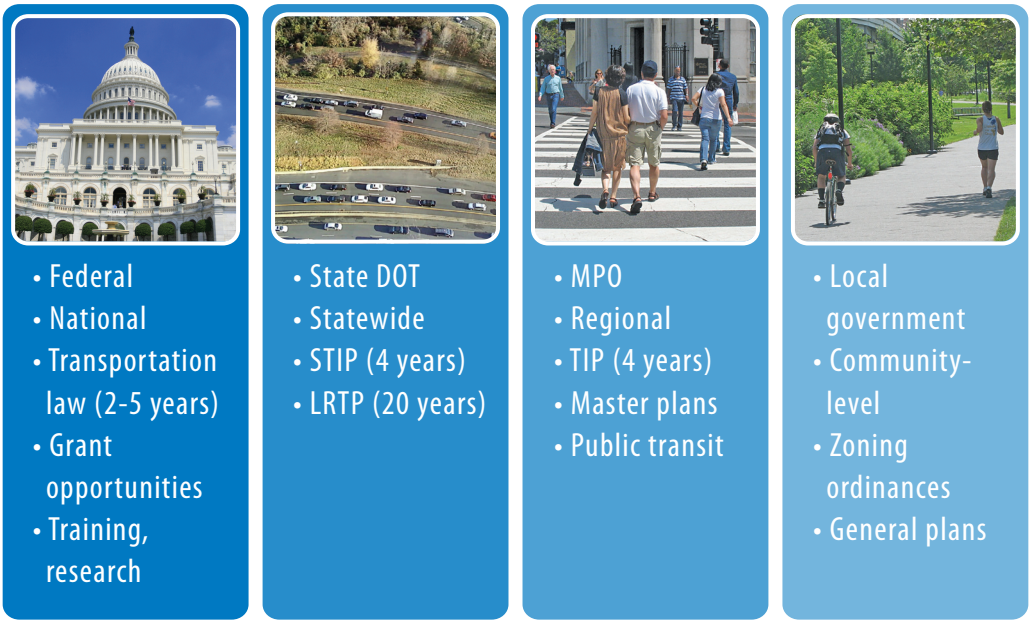


Figure 4. A range of ways to get involved, with many connections across activities, programs and agencies.

the local public health department hired an urban planner to help facilitate work between the public health department and planning and zoning officials.

In addition, cities and counties may develop general plans, also known as comprehensive plans. This is a policy document that establishes a vision of what a smaller community wants to look like in the future and outlines the goals and strategies to achieve that vision. Some areas are using "health in all policies" strategies as a theme for their general plan updates. Sometimes, bicycle and pedestrian master plans and Complete Street policies are adopted as stand-alone documents or within a general plan.

Local municipalities may supplement their transportation project dollars by issuing local bonds or levying taxes. Also, local funding streams often fund active transportation at its highest levels in urbanized areas. For example, in the San Francisco Bay Area, just one-third of its region's transportation funding comes from federal and state dollars. In spring 2012, strong local efforts involving public health leaders in San Francisco were successful in including policy language that any city or county that receives funding as part of the One Bay Area Grant funding program for transportation must have a Complete Streets policy that meets nine minimum criteria. Local funding examples also can be initiated by cities, counties or school districts and may include user fees, sales and property tax investments, as well as bond initiatives. For example, in Pinellas County, Florida, much of the Pinellas Trail system was built using a portion of a 1-cent sales tax increase approved by voters.

Next steps at the local level:

- ✓ Stay informed about what's happening in your community.
- ✓ Start a local task force or coalition if one does not exist.
- ✓ Partner with a local bicycle or pedestrian group.
- ✓ Ensure that a health perspective is included in the development of any transportation and land use plans and key projects.
- ✓ Provide evidence for zoning ordinance options that support healthy communities.

In summary, there are many ways for public health practitioners to support active transportation in their communities, regions, states and throughout the nation. The new federal transportation legislation offers some flexibility for using specific funds for a range of project types. The Safe Routes to School National Partnership's MAP-21 Resource Center will contain updated information throughout the two-year bill, which goes into effect in October 2012.

Case Study Success Stories

Whether you are working as a public health practitioner in a small town or in the largest metropolitan areas of the country, your involvement in transportation planning can be transformative to the process of active transportation planning and funding, as demonstrated by three select case study success stories.

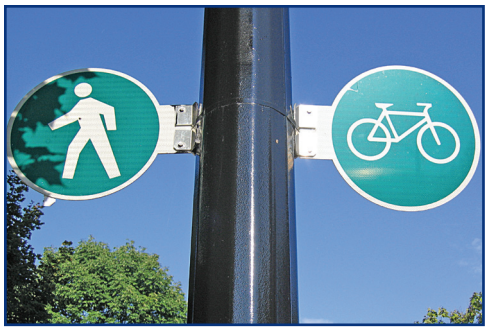
The Role of Public Health in Informing Long-Range Transportation Planning in the Southern California Region

In southern California, long-range transportation planning affects the lives of millions of people. The Southern California Association of Governments (SCAG) serves as the MPO for the six-county region in southern California. Encompassing more than 18 million people, 191 cities and six counties, SCAG produces a 25-year long-range transportation plan (RTP) every four years for funding levels that top $500 billion.

In this region, 21 percent of all trips are made by people walking and bicycling and 25 percent of all roadway fatalities involve bicyclists and pedestrians. Obesity rates for residents within the SCAG region have climbed to nearly 24 percent, with adult obesity rates for some racial and ethnic groups in Los Angeles County reporting rates of nearly 30 percent. However, funding levels for walking and bicycling barely equaled a fraction of a percent in the last Regional Transportation Plan.

As SCAG began its public review process in mid-2011, it quickly became clear to community leaders in public health and with Safe Routes to School that SCAG had proposed its initial funding recommendation to increase active transportation funding from 0.46 percent in 2008 to 1.3 percent before developing a comprehensive methodology to understand the need and calculate the cost for building walkable and bikeable communities throughout the southern California region. SCAG had looked only at a limited number of plans and datasets. For example, in Los Angeles County — a county comprised of 88 cities — only four of those cities have pedestrian plans that had been approved from October 2001 to October 2011.

Due to their involvement with the Safe Routes to School National Partnership's network in the Southern California region, the Los Angeles County Department of Public Health (LACDPH) became involved in the SCAG RTP project and determined that it could assist SCAG's planning process by providing a realistic cost for building walkable and bikeable communities in the SCAG region.



"We saw an excellent role for our public health department to play: collecting data," said Jean Armbruster, director of the Policies for Livable, Active Communities and Environments Program within LACDPH'S Division of Chronic Disease and Injury Prevention.

With a quick turnaround — and knowing the RTP would be adopted in the spring of 2012 — LACDPH developed a methodology for calculating the costs of building active transportation networks based on broader data and brought it to SCAG staff, policymakers and partners in the fall of 2011. (A link to the Policies for Livable, Active Communities and Environments Program is provided in the **Resources section**.) LACDPH analyzed data from a variety of sources to estimate the per capita costs to develop and maintain pedestrian and bicyclist infrastructure; these per capita costs were then applied to the entire population of the SCAG region.

LACDPH compiled data from bicycle and pedestrian master plans, bike facility maintenance costs, costs to close gaps in bikeway networks, sidewalk maintenance, Safe Routes to School funding, and Transit-Oriented Development costs. Their work found that the total costs needed to create an active transportation system for the six county region would be an estimated $37-$60 billion or approximately 7-11 percent of the overall funding in the plan, versus the recommended level of 1.3 percent in increased active transportation funding.

Now equipped to be able to communicate the true needs of a broader, more equitable cross-section of SCAG communities — and not just limited to data provided by communities that already had active transportation master plans — LACDPH, Safe Routes to School supporters and others have been able to shift the emphasis of the conversation from what funds could be made available to what is actually required to create safer active transportation for millions of people already walking and bicycling and millions more who would do so if it were safer and more accessible.

Throughout the process, public health department staff and Safe Routes to School National Partnership policy staff met with SCAG leadership for feedback on their methodology. This feedback was instrumental in adding transportation system maintenance calculations to the data collection and helped to build a collaborative working relationship among staff.

During public hearings, public health practitioners and health care providers delivered messages to decision-makers based on the new LACDPH data, educating on the need and benefits of active transportation. In addition, several public health departments joined as signers on the official comment letter provided for review by the regional commissioners.

While funding in the 2012 RTP for southern California will not reach the needed levels that active transportation supporters had hoped for, this new need-driven data has provided a framework for continued conversations. In the current plan, funding for active transportation triples above the 2008 numbers to $6.7 billion.

Equally important to the data have been the relationships built between public health practitioners and the MPO staff. This has led not only to continued discussions about funding adequate active transportation infrastructures, but has helped to prioritize planning and

evaluation differently in the implementation process, such as developing and tracking health and equity metrics to better understand transportation-related health outcomes. In addition, the work led to the creation of three regional active transportation plans to increase SCAG's technical and policy leadership by 2014, including Complete Streets, strategic finance and Safe Routes to School plans.

The Role of Public Health in Encouragement and Policy Support for Active Transportation in Columbus, Ohio

Public health professionals can have a major impact on local projects, and good policies and processes that consider health effects can have a dramatic influence on a community's walkability and bikeability. Take, for example, Columbus, Ohio.

Research recognizing the link between health and the design of the built environment prompted Columbus Public Health (CPH) to create the Healthy Places Program in 2006. The mission of the Healthy Places Program is to enhance healthy and active living by establishing development policies and practices that reduce negative health impacts, as well as to create places that foster physical activity as part of everyday life. The program, which is funded by CPH and staffed by a full-time urban planner, works with individual neighborhoods, schools and school districts on Safe Routes to School travel plans and across city departments in myriad ways resulting in unique public health partnerships that change the environment in support of active transportation.

Development Policies & Practices

Rezoning Review

The Healthy Places coordinator provides educational recommendations on development applications to increase active living features in private development through the city's rezoning (or land use change) process. From 2006 through 2011, Healthy Places was involved in the review of 159 rezoning applications. Through this process, 55 percent of private developers voluntarily adopted and implemented one or more of the active transportation elements that were recommended — but not required — by the zoning code.

Parking Code Changes

A new parking code was passed in May 2010 requiring parking lots to incorporate walking and bicycling infrastructure recommended by Healthy Places, such as bicycle racks, sidewalk connections from the street to front doors and trees to provide shade. The Board of Health adopted a Resolution of Support for the code due to the increased opportunities for safe and active transportation. Since passage of this new code, private developers voluntarily adopted 43 percent of the rezoning recommendations for substantial active transportation elements, such as wider sidewalks, enhanced crosswalks and more walking paths.

Health Impact Assessment (HIA)

In an effort to incorporate HIAs throughout the city decision-making process, the program established relationships with each City of Columbus division responsible for land use development and transportation decisions. Checklists were developed for decision-makers to guide them in including health considerations. Decision points that used the checklists include preliminary design review for new developments and sites undergoing redevelopment, as well as initial review and project scoping for transportation planning projects, such as sidewalks, bike lanes and roads. In the 2011 pilot phase, 65 percent of the recommendations from the HIA process were voluntarily accepted by project managers.

Healthy Places specifically notes neighborhoods with socio economic vulnerability in the rezoning and HIA processes to focus attention on building an equitable built environment. Healthy Places credits its success to being able to participate in existing community development processes, establishing good relationships with neighborhood and city agency leadership, as well as staying in regular contact with people at each agency to proactively address concerns. Finally, the role of an urban planner — as the key liaison between public health and planning and as someone fluent in both cultures — was one of the most critical elements to Columbus' success.

How the Safe Routes to School Program Engaged Public Health in Active Transportation in Houghton, Michigan

The school has been the center of small towns and cities for decades, and Safe Routes to School programming and travel planning are often catalysts for involving public health professionals in school siting and active transportation issues.

Building on its involvement in programs such as Healthy Kids, Healthy Communities, the Western Upper Peninsula Health Department, which serves Houghton, Michigan, became a champion of active transportation policies and programs in 2010 and has made quick progress in several areas. Houghton, a city of 8,000 residents located near Lake Superior, faces many challenges and barriers to prioritizing active community design, including a long-stagnant economy, extremely hilly terrain and long winters.

But with the right resources, committed supporters and public engagement, Houghton is now home to supportive active transportation policies and programs. Ray Sharp, manager of community health and preparedness with the Western Upper Peninsula Health Department, began working with an existing, volunteer-based Bike Task Force and the local planning commission to adopt a bicycle parking ordinance. The result was a new provision in the zoning code to require adequate parking facilities for bicycles, with specifications based on the size of the business or apartment building.

Next, the health department worked with the Bike Task Force and other city departments to complete the League of American Bicyclists' Bicycle Friendly Community Survey, which led to encouraging the city to pass a Bicycle Friendly City resolution. A few months later, Houghton was awarded a bronze-level Bicycle Friendly Community designation. As these collaborations gained momentum, Sharp secured training resources and a matching grant from the state department of health to work with Houghton officials to promote a Complete Streets policy.

Complete Streets trainings took place in September 2010 and by December of that year, public hearings had taken place, the policy had been brought before city council officials, and a comprehensive Complete Streets ordinance was approved. The move made Houghton the sixth Michigan city and the first in the Upper Peninsula region to adopt such a policy. In addition to its Complete Streets work, the public health department is actively involved in Safe Routes to School travel planning. At a recent meeting of local health, safety and education officials, including teachers, students and parents, participants began prioritizing safe routes to school. Attendees identified three intersections in need of better crosswalks, established a plan for adopting the upgrades into the city's Bicycle and Pedestrian Master Plan, and the city manager pledged to find funding.

In Houghton, having public health at the table was key. It helped community members and city officials understand that community designs that support safe and active transportation are not only good for residents' health, they can help curb long-term health spending as well. According to Sharp, the experience taught him how to "pivot from health and safety to discussions of tourism, economic development, job creation and increased property values." In other words, Sharp is a perfect example of a public health practitioner who successfully employed the language of transportation to engage decision-makers and make a difference. "All policy work is local," Sharp said. "And because our pond is small, we can accomplish a lot in a one-hour meeting."

Communication Strategies to Build Relationships

Active transportation success stories are often built on relationships that took a considerable amount of time and effort to cultivate. Like any new relationship, public health practitioners and transportation planners should first take the time to learn each other's languages, values and goals — it's an effort that undoubtedly creates more meaningful collaborations and sustained positive outcomes. For example, when the urban planner leading the Columbus (Ohio) Healthy Places Program shifted from focusing on the benefits of the program for walking and bicycling to the benefits of reducing vehicle miles traveled, new lines of communication opened up with transportation officials.

Key Communications Strategies for Opening New Avenues of Dialogue

Below are a few highlights from the comprehensive communications toolkit, Public Health Talks Transportation, which was developed by the American Public Health Association; a link to talking points and key messages can be found in the **Resources section**.

Meet Them Where They Are. Transportation decision-makers need to understand that the public health community recognizes the day-to-day challenges they face. Right or wrong, the focus of most transportation agencies is overwhelmingly on keeping cars moving. Acknowledging this reality is important – and the fact is that many of the same options that improve public health cut traffic congestion and keep roads safe and in good shape.

Talk in Terms They Understand. The transportation decision-making process is driven by money, doing a lot with a little on ever-shrinking budgets. Where possible, the economic component of public health benefits should be part of our communication.

Become An Expert Transportation Planners Can Rely Upon. By providing data, expertise and the best information about how decisions can increase opportunities for physical activity, improve road safety, reduce air pollution and more, you can often support transportation planners and decision-makers. By presenting these arguments in a context that validates the core concerns of transportation decision-makers, you are far more likely to be heard.

Conclusion

Creating healthy communities and a good quality of life for people is a central tenet of public health work. Promoting health in transportation is an upstream public health intervention and can benefit health, the environment and the economy in many ways. Who better to promote health in transportation planning and decision-making than public health practitioners?

Public health practitioners across the country are leading the way in promoting health in transportation and planning. Although progress has been made and success has been achieved in several communities, such work is just beginning or is not happening at all in many other communities. And with the recent passage of a federal transportation bill that de-invests in health-promoting transportation programs, the role that public health practitioners can play is more important than ever.

Here are suggested ways that public health practitioners can and have made an impact. Some of these ideas were provided in the section about the federal, state, regional and local levels, but the best strategy is to use a combination of these methods to promote health in transportation.

Get Educated

- Learn about the connections between transportation and health and the evidence that exists.
- Understand how transportation and planning decisions are made, particularly in your state and community.
- Learn details about upcoming large-scale planning processes and specific street design improvement plans that could — and often should — include active transportation components.

Stay Informed

- Keep abreast of what's happening in your community when it comes to transportation planning and be on the alert for opportunities to improve health.
- Be aware of any specific activities, such as those connected to federal Community Transformation Grants, that may be opportunities to promote active transportation.
- Routinely identify other stakeholders and engage with them.

Build Relationships

- Get to know and work with transportation and land use planners and decision-makers. Fill them in on how their work can have a direct impact on the health and health equity of entire communities.
- Meet with your MPO or RPO and build those relationships.
- Invite transportation professionals to speak on panels or at meetings and work to get invited to speak at their meetings.

Join or Create the Movement

- Join one of the many task forces and coalitions that are focused on active transportation across the country.
- Start a local task force or coalition if one does not exist.

Supply the Data

- Gather and provide data on the impact of transportation on vulnerable populations or health in general.
- Create powerful, evidence-based arguments for active transportation.
- Encourage the use of health impact assessments (HIAs are a powerful tool to provide data and drive active transportation planning; see the Resource section).

Provide Leadership

- Recruit doctors, nurses, public health professionals and other stakeholders to participate in the public review processes of long-range transportation plans and other transportation projects.
- Educate stakeholders, elected officials and regional planning commission members about the connections between transportation and health before transportation project plans are presented to the public.
- Host transportation and health workshops and invite diverse audiences, including practitioners, media, elected officials and other stakeholders.
- Create staffing positions with transportation expertise for your public health program; and vice versa, promote a director of healthy communities in your MPO.
- Hold agencies accountable as they implement transportation projects and plans to ensure that health issues are addressed and that relevant data are collected after the project is implemented.

No matter where on the spectrum a public health practitioner sits — whether steeped in the science and the subject matter of these connections, holding an office with the authority to make funding or planning decisions, or raising awareness of how transportation impacts health — there is a role to play. Any effort, big or small, will contribute and make a difference.

Glossary of Terms

Complete Streets – Streets that provide safe, convenient, efficient and accessible use by people of all ages and abilities.

Environmental Justice – Concept focused on "identifying and addressing, as appropriate, disproportionately high and adverse human health or environmental effects of... programs, policies and activities on minority populations and low-income population."[6]

Long-Range Transportation Plans (LRTP) – A multi-year transportation plan developed by a transportation agency (normally the state DOT or an MPO) that provides a vision, improvements and goals for transportation networks.

Multimodal - Characterized by many different modes of transportation, such as automobile, public transit, walking and bicycling. Refers to the use of more than one mode of transportation to reach a destination.

Metropolitan Planning Organization (MPO) – A planning body for all urbanized areas with a population more than 50,000. Required by federal legislation to conduct inclusive transportation planning processes.

Public Involvement – The federally mandated activity by a transportation agency that encourages participation of the public in transportation planning and programming.

Statewide Transportation Improvement Program (STIP) – A federally legislated program developed at the state level that covers a period of four years and will provide "citizens, affected public agencies,…representatives of users of public transportation, representatives of users of pedestrian walkways and bicycle transportation facilities, representatives of the disabled, and other interested parties with a reasonable opportunity to comment on the proposed program."[7] Includes all of the TIPs from different regions in a state.

State Highway Safety Improvement Program (HSIP) - A program showing a state's highway safety improvement projects, activities, plans and reports carried out as part of the STIP. The aim of the program is to reduce fatalities and serious injuries on public roads through the development and implementation of Strategic Highway Safety Plans (SHSP).

Transportation Improvement Program (TIP) – A program that includes the list of projects that are slated to receive federally supported transportation funds.

Resources

Other resources provide more detail on transportation planning and health:

APHA resources:

- **At The Intersection Of Public Health And Transportation**
- **The Hidden Health Costs Of Transportation**
- **HIA Fact Sheet**
- **Webinar Series**
- **Communications Toolkit**

CDC Transportation Recommendations

Dangerous By Design, a report from Transportation for America on solving the epidemic of pedestrian deaths

Great Corridors, Great Communities, a Project for Public Spaces report on planning for corridors in communities

Integrating public health and transportation planning: Perspectives for MPOs and COGs, a publication of the National Association of Regional Councils

Introduction to Complete Streets, a website and presentation from the National Complete Streets Coalition

PLACE Program (Policies for Livable, Active Communities and Environments), a website from the Los Angeles County Department of Public Health

The Transportation Planning Process: Key Issues, a briefing book from the Federal Highway Administration

References

[1] **www.thecommunityguide.org/pa/environmental-policy/streetscale.html**

[2] **www.fhwa.dot.gov/environment/bicycle_pedestrian/ntpp/2012_report/page01.cfm**

[3] **www.fhwa.dot.gov/planning/public_involvement/**

[4] The U.S. Department of Transportation's Federal Highway Administration hosts a searchable database of MPOs throughout the country: **http://www.planning.dot.gov/mpo.asp**

[5] Zheng, Y. 2008. The benefit of public transportation: physical activity to reduce obesity and ecological footprint. Preventive Medicine; 46(1): 4-5.

[6] **www.fhwa.dot.gov/environment/environmental_justice**

[7] **thomas.loc.gov/cgi-bin/query/z?c112:h.r.4348.enr:**

Acknowledgements

The American Public Health Association is the oldest and most diverse organization of public health professionals in the world and has been working to improve public health since 1872. The Safe Routes to School National Partnership is a fast growing network of more than 600 organizations and professional groups working to set goals, share best practices, leverage infrastructure and program funding, and advance policy change to help agencies that implement Safe Routes to School programs across the nation.

These two organizations have partnered to produce this publication as a compilation of information, resources and detailed examples to assist public health professionals in becoming champions of transportation planning and funding processes that support healthy communities.

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The American Public Health Association has been working to make the connection between transportation and health in the national policy arena as well as to provide resources and information to public health practitioners. For more information, go to: **www.apha.org/transportation**. The Safe Routes to School National Partnership promotes active transportation options for children and families going to and from school and in daily life. They have made great strides in getting Safe Routes to School in more than 12,000 schools and communities in all 50 states across the country. For more information, go to: **www.saferoutespartnership.org**.

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