

Policy Recommendations for Transportation and Health

Surface Transportation Policy Project National Alliance for Nutrition and Activity Environmental Defense

Our transportation system should provide a secure travel environment, protect all users, use all available methods to reduce deaths and injuries from crashes, promote cleaner air and water quality, provide access to essential destinations, encourage healthy physical activity, and have the capability to maintain operations during emergencies.

-From the Alliance for a New Transportation Charter, 2001

Issue

Few people realize how broadly transportation affects Americans' health. Some modes of transportation can promote health: for example, walking and bicycling, by increasing physical activity, reduce the risk of life-threatening diseases such as heart disease and diabetes. Over-reliance on private motor vehicles and poorly-planned roadways, on the other hand, damage health by increasing motor vehicle-related air pollution and causing injuries and deaths from crashes. The reauthorization of the federal transportation law, the Transportation Equity Act for the 21st Century (TEA-21), provides an important opportunity to ensure that transportation planning and programs enhance health rather than impair it. Rising obesity, diabetes and asthma rates and the strain that health-care costs are putting on federal and state budgets (from Medicare, Medicaid, and government employee health insurance costs) make it all the more urgent that the transportation sector supports the public's health.

Background

- **Imbalanced Travel Modes.** The use of private motor vehicles for surface transportation continues to increase, resulting in many unintended, negative health and safety effects. This is due to a long-standing pattern of investment that has almost exclusively supported this single mode. Because of this imbalance, other modes of transportation, such as public transit, walking and bicycling, are either not available or are unsafe and inconvenient for most people. Mandatory performance measures in the new law (nicknamed TEA-3) should include both the provision of good, alternative mode choices and a decrease in the proportion of personal trips made by private motor vehicles.
- **Traffic Safety.** Though safety has been a stated priority for the US Department of Transportation for over a decade, transport-related fatalities remain relatively constant with well over 40,000 people killed and hundreds of thousands hospitalized due to motor vehicle crashes each year. Traffic crashes reduce Americans' life expectancy more than any other single cause except coronary heart disease. Safety is especially a concern for vulnerable road users such as pedestrians, bicyclists, persons with disabilities, seniors and children. Bicycling and walking represent 5.4% of all trips and 14% of traffic fatalities, yet less than 1% of federal transportation funds go to biking or walking facilities or safety. TEA-3 should ensure that safety is a priority by setting specific targets for reducing all transport-related fatalities and holding agencies and officials accountable for attaining them.

- ***Physical Inactivity and Obesity.*** The nation’s increasing reliance on personal motor vehicles coincides with a growing epidemic of obesity and diabetes, which are related to high rates of physical inactivity. Rates of obesity are skyrocketing in both adults and children. Two-thirds of adults are now overweight enough that they are at increased risk of heart disease, cancer, stroke, diabetes, and other serious and costly diseases. Increased funding for modes that promote physical activity, such as walking, bicycling and transit, should be a high priority in TEA-3.
- ***Air Pollution.*** Road transportation is a major contributor to air pollution, particularly ozone (through emissions of ozone precursors like nitrogen oxides and volatile organic compounds) and particulates. This air pollution impairs the health of everyone, but particularly people with asthma, whose numbers have increased dramatically over the past twenty years. Between 1980 and the mid 1990’s, the rate of people with asthma increased 75%, while the rate in children under age four increased 160%. Exposure to high levels of ozone and particulates may cause asthma to develop, and makes people with asthma sicker, leading to emergency room visits, hospitalization, and even death. Long-term exposure to these air pollutants is associated with premature death, cardiovascular disease, lung cancer, asthma and other diseases. These health concerns underscore a critical need to preserve and enhance air pollution control measures in TEA-3.
- ***Poor Access for Health.*** Millions of Americans, especially people with low incomes, the elderly, persons with disabilities, and other transit-dependent populations, lack ready access to destinations essential for health, such as medical centers, recreational sites and trails, and places of employment. In particular, many communities lack easy access to sources of fresh, nutritious food. Food insecurity and hunger have stubbornly persisted, even through periods of economic growth. Limited food choices contribute to poor diets, which in turn contribute to the rising rates of diabetes and obesity. Transportation planning should place priority on providing access to destinations that promote and support health.
- ***Poor Information.*** Federal transportation agencies collect very little data on travel patterns associated with walking, bicycling, or transit. More importantly, almost no national data is available on how people combine use of different modes or on how well transportation is serving community needs. In addition, current monitoring and surveillance of chronic diseases, including those linked with transportation, is surprisingly poor. Of the 10 states with the worst air quality, nine do not track asthma, one of the fastest growing chronic diseases in the United States. In order to ensure improved program performance and appropriate accountability, TEA-3 must require improved data collection, and must shift away from narrow mode-based research in order to give more attention to answering questions about how the transportation system as a whole is serving all users.
- ***Lack of Coordination.*** Conflicts among transportation, land-use planning, and health policies will continue to increase unless action is taken now to ensure better coordination. National policies must lead to cooperative and closely coordinated planning and decision-making among the transportation, land-use, environment, and health sectors. TEA-3 should require this cooperation and coordination among these different sectors in federal, state and local governments, as well as between different levels of government. An improved planning process would speed the approval and construction of better, more beneficial transportation projects.

Our Vision

The public health community envisions a transportation system that is carefully designed to improve community health, rather than the current approach, which in general does not consider potential health impacts and often produces adverse health consequences. We must ensure that the billions of public dollars spent on transportation projects enhance the health and well-being of communities. Such assurance will require changes in policies, planning, design, data collection and evaluation for transportation projects.

Implementing the following recommendations will begin to align our transportation system with national health goals. TEA-3 should not only maintain and strengthen current programs but also introduce new programs and procedures to support and enhance health.

Specific Policy recommendations

1. **Sustain and expand the Enhancements, Congestions Mitigation and Air Quality Improvement (CMAQ), and Recreational Trails programs.** These programs have been of significant benefit for community health by providing means to reduce air pollution and support physical activity. With a growing number of areas in non-attainment of air quality standards, these programs will need additional, assured funding, and must not be cut back or weakened.
2. **Support transit funding.** Transit is a crucial part of the transportation system, and needs a secure financial future to serve populations as well as possible. Transit creates multiple health benefits: most transit trips entail walking on either end; transit provides an extremely safe ride as compared to automobile travel; and riders who would otherwise be driving avoid contributing to air pollution. The parity in matching requirements for federal transit and highway projects (currently 20% of the total funding) should be maintained. The transit share in the current 1:4 ratio between transit and highway funding at the federal level should be increased or at least maintained. In addition, the inclusion of "New Freedom" demonstration and community grants are critical to ensure transit access for persons with disabilities.
3. **Establish dedicated funding for Safe Routes to School.** TEA-3 should set aside at least \$250 million, assuming current funding levels, for Safe Routes to School programs. Similar programs, such as California's use of 1/3 of its federal safety set-aside for Safe Routes to School, have succeeded in creating safe routes for tens of thousands of children walking or biking to school. The funds should be made available for both construction and non-construction projects.
4. **Design all roads to be safe and convenient for bicycling and walking.** TEA-3 should ensure that all streets and highways (on which bicycles and pedestrians are permitted) include appropriate accommodations for bicycling and walking to make these modes safe, easy, and convenient choices for all people, including those with disabilities. Routine accommodation of persons with disabilities is already required of the DOT under the Americans with Disabilities Act (ADA), when facilities for pedestrians are provided. TEA-3 should explicitly acknowledge this.
5. **Make the planning process work better.** Getting projects right from the start will speed up the process and ensure that transportation funds are well spent on projects that serve community needs without harming the community's health. TEA-3 should include measures that encourage innovative, inclusive, and democratic planning and visioning programs. To ensure projects meet community needs, formal involvement of local or regional public health officials should be required. In addition, specific indicators that help assess performance related to health and safety should be developed and adopted. This could be done through a congressionally mandated study (perhaps by the National Academy of Sciences) and subsequent rule-making. A focus on outcomes – including indicators, benchmarking, tracking requirements, etc. – would help to build more accountability into the transportation program. This provision could be included in the bill in the planning section or as part of a "stand alone" section on "performance measurement and accountability."
6. **Improve accountability by improving data collection.** Establish data collection and reporting standards that include documentation of travel by all modes, for different types of trips, and for all segments of the population (including children and seniors). Require data collection on the

transportation infrastructure so that performance measures for “accommodating bicyclists and pedestrians” can be adequately assessed. To assist better tracking of health impacts, TEA-3 should provide \$100 million to the Centers for Disease Control and Prevention (CDC) on an annual basis to help underwrite the cost of a nationwide tracking system for chronic diseases. This money should be linked to provisions to improve coordination between the federal agencies responsible for health and transportation (HHS, DOT, EPA). This coordination could take the form of an official interagency task force.

7. **Support transportation choices that improve access to healthy destinations.** TEA-3 should encourage programs and planning processes that connect low-income and transit-dependent consumers to quality food sources and other destinations essential for health. Funding could come through a new food access grant program or through existing transit funding sources such as urban area formula grants and rural transportation access incentive programs. TEA-21 Research and Planning program funds should supplement existing programs such as federal Senior Nutrition programs, Meals on Wheels, farmers markets, and Assistance to Community Food Projects. In addition, the Jobs Access Reverse Commute (JARC) program should be expanded to include emphasis on access for low-income people to "healthy places" such as medical services, housing services, quality food sources, social services, public parks, recreation centers, and trails.
8. **Improve road safety through better design.** TEA-3 should emphasize improving safety and preventing crashes by directing safety funds toward designing roads to reduce inappropriate speed, while supporting speed enforcement and vehicle technology innovations. In addition, funding for bicycle and pedestrian safety programs should be increased to more closely match the percentage of traffic deaths among bicyclists and pedestrians.
9. **Establish a system of Health Impact Evaluations (HIEs).** A HIE process should be piloted that would, initially, function as a transportation-funded, independent “scan” of proposed plan and project alternatives. The HIE would identify and compare the likely health and safety related impacts – positive and negative – associated with each alternative and suggest actions that would improve on overall performance. Additionally, funding should be provided for research on HIE procedures and implementation, dissemination and training, and data collection and tracking.
10. **Restore and revise the *Preamble*.** Make improved health and safety expected, required outcomes of transportation system development and management. The bill should clearly establish that the transportation sector has a responsibility to support health and safety outcomes.

For more information contact Linda Bailey, STPP (202-974-5129) or Brian Williams, American Heart Association (202-785-7908)