Public Health and Transportation Webinar Series

Part 1: Collaborating Together for Community Health
Launched in 2013

Funded through the U.S. DOT, Federal Transit Administration

Goal of the Center: Promoting customer-centered mobility strategies to advance good health, economic vitality, self-sufficiency, and community integration.

Operated through a partnership of:
Promoting Customer-Centered Mobility Strategies

that advance good health, economic vitality, self-sufficiency, and community
The Transportation - Public Health Link

- Improves Quality of Life
- Provides Mobility, Accessibility, Equity, and Sustainability
- Impacts Safety and Health
How Transportation Touches Health

ITE Supports National Public Health Week, April 3–9, 2017

Clean Air
Air pollution has been linked with heart disease and respiratory illnesses, including asthma. Alternative transportation modes and the programs that incentivize their use both lead to improved air quality. The Club Rider Commuter Program 2010 Year-end Report showed that participants endured carbon monoxide deposits by 72 tons and greenhouse gases by 3,946 tons.\(^{1}\)

Bike Infrastructure for All Ages
Building safe and protected bike routes designed for people of all ages and abilities encourages more people to get active, from families with children to senior citizens.

Well-maintained Built Infrastructure
From well-fit streets to clear, clear sidewalks, a well-maintained built infrastructure promotes safety and well-being for people living in a community.

Safety Measures for All
The World Health Organization estimates there were 1.25 million road traffic deaths globally in 2013. Vision Zero strategies such as speed management and street redesign focus on reducing and ultimately eliminating all motor vehicle-related deaths and serious injuries. Pedestrian crossing signs, and signals protect people’s lives when they are most vulnerable. Safe Routes to School programs help children safely walk to school while promoting daily exercise.

Walkable, Connected Neighborhoods
Green, vibrant, walkable public spaces improve social ties within a community, which is key for both mental and physical health. Liveable communities also allow residents to age in place without needing to travel far for basic services.

Transit
Walking to transit helps people meet daily recommended physical activity goals, while transit itself contributes to better air quality. A well-connected, multimodal transportation network increases people’s ability to access destinations that can influence their health, such as jobs, fresh food, health care services, and parks.\(^{1}\)

Grocery Store Zoning and Access
Creating zoning proposals that reserve small supermarkets from having to supply parking spaces encourages more fresh food stores to open in dense urban areas. This provides healthier food options within reach of those without vehicles, especially in low-income areas.

References

Source: https://www.ite.org/technical-resources/topics/transportation-and-health/resources/
Why Transportation and Public Health?

PATIENT CARE ACCESS NEWS

How Medicaid Agencies Tackle the Social Determinants of Health
State Medicaid programs show interest in addressing social determinants of health, but challenges lay ahead.

Why Utah leaders are recommending active transportation as an alternative to driving
By Kim Bojarquez. KSL | Posted - Sep 27th, 2019 @ 7:22am

Reducing Diesel Emissions Could Improve City Mortality
NEWS © Oct 07, 2019 | Original story from Cornell University.

NEWS

Evansville’s TED Trolley transporting to grocery

Program Allows All Sacramento K-12 Students To Ride Public Transportation For Free
By Shirin Rajaei September 30, 2019 at 11:15 pm Filed Under: public transport

Why Public Health is About Far More than Diet and Exercise
EHS | EHS News
Public Transportation: a Health Intervention

Wendy Heaps, MPH
Population Health and Healthcare Office
Office of the Associate Director for Policy and Strategy
Centers for Disease Control and Prevention

October 10, 2019
INVEST IN YOUR COMMUNITY
4 Considerations to Improve Health & Well-Being for All

WHAT
Know What Affects Health

40% SOCIOECONOMIC FACTORS
30% HEALTH BEHAVIORS
20% CLINICAL CARE
10% PHYSICAL ENVIRONMENT

www.countyhealthrankings.org

HOW
Use a Balanced Portfolio

- Action in one area may provide positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.
How was the **HI-5** List Developed

**STEP 1**

**Earned the highest evidence rating from:**
- The Guide to Community Preventive Services
- Robert Wood Johnson Foundation/ U of Wisconsin County Health Rankings/ Roadmaps What Works for Health
- CDC Experts

**STEP 2**

Excluded Bucket 1 & 2 interventions and those with evidence of potential harm

**STEP 3**

Excluded those without evidence reporting:
- Measurable impact on health in five years
- Cost effectiveness and/or savings over the lifetime of the population or earlier
- Those not implemented in more than 85% of states

**STEP 4**

Excluded those not implemented at policy level

**Result:** 14 interventions that earned the highest evidence ratings, show positive health impact within 5 years, and report cost effectiveness/saving over the lifetime of the population or earlier.
HI-5

Social Determinants of Health

Changing the Context
Making the healthy choice the easy choice

→ School-Based Programs to Increase Physical Activity
→ School-Based Violence Prevention
→ Safe Routes to School
→ Motorcycle Injury Prevention
→ Tobacco Interventions
→ Access to Clean Syringes
→ Pricing Strategies for Alcohol Products
→ Multi-Component Worksite Obesity Prevention

→ Early Childhood Education
→ Clean Diesel Bus Fleets
→ Public Transportation System
→ Home Improvement Loans and Grants
→ Earned Income Tax Credits
→ Water Fluoridation

HEALTH IMPACT IN 5 YEARS

www.cdc.gov/hi5
Inadequate Physical Activity and Obesity Costs Lives And Dollars

Inactivity contributes to 1 in 10 premature deaths.

Inadequate levels of physical activity are associated with $117 billion in annual healthcare costs.
Six in ten adults in the US have a chronic disease and four in ten adults have two or more.
Public Transportation System Introduction or Expansion

Description
• Includes a variety of transit options such as buses, light rail, and subways
• Increases both access to and use of public transit and to reduce traffic

Health Impact
• Reductions in health risk factors such as motor vehicle crashes, air pollution, and physical inactivity
• Increases in 8 to 33 minutes of walking per day

Economic Impact
• Typical American public transit service improved to high quality urban rail or bus rapid transit service would result in annual health benefits of $354.86 per person
Clean Diesel Bus Fleets

Breathing easier

https://www.cdc.gov/asthma/default.htm
Access = Frequency = Ridership

Ten-Minute Network Stop

Ten-minute or better service available at this stop from 6 a.m. to 1 a.m., six days a week (8 a.m. on Sundays)
Acknowledgements

- Kenneth Rose, CDC
  Senior Advisor, Physical Activity and Health Branch, Division of Nutrition, Physical Activity, and Obesity.

- Christopher Kochtitzky, CDC
  Senior Advisor, Physical Activity and Health Branch, Division of Nutrition, Physical Activity, and Obesity.

- Elizabeth Skillen, CDC
  Health Impact in 5 Years (HI-5) Lead
  Population Health and Healthcare Office, Office of the Associate Director of Policy and Strategy.

- Danielle Nelson, FTA
  Office of Program Management, Rural and Targeted Programs Coordinating Council on Access and Mobility Lead.
Thank you!

https://www.cdc.gov/policy/index.html
www.cdc.gov/hi5

Email: Wheaps@cdc.gov

For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Oregon Health and Transportation Partnership

Lillian Shirley, BSN, MPH, MPA
Director of Public Health
Oregon Health Authority
History Of the Partnership
Oregon Department of Transportation and Health Authority
Memorandum of Understanding

• Goals
  – Improve Traffic Safety
  – Increase Active Transportation Options
  – Improve Air Quality and Reduce Exposure to Air Pollution
  – Improve Equitable Access
  – Improve Preparedness to Emergencies
Partnership Goals and Activities

• Coordinate Policy and Planning
  – Convening of Partnership Decision-Making Bodies
  – Transportation System Plan Guidelines
  – Plan Statewide Planning Database
  – State Health Assessment (SHA) and State Health Improvement Plan (SHIP)
  – Safe Routes to School
Partnership Goals and Activities

• Foster Alignment of Health and Transportation Goals at State and Local Levels
  – Advisory Committee Participate
  – Convening Public Health and Transportation Practitioners
  – Public Health Active Transportation Accountability Measures
Partnership Goals and Activities

• Collaborate on Research and Data Analysis
  – Oregon Household Activity Survey
  – Oregon Avenue Protected Bicycle Lane Case Study
  – Linking Crash with Emergency Medical Service Data
  – Non-Emergency Medical Transportation Trip Optimization Pilot Project
  – Bicycle Travel Activity Study
Moving Forward

• Building the Relationship Between Transportation, Public Health and Social Equity
• Statewide Policy Development
• Climate Change Adaptation Framework
• Continuing Current Efforts
Transportation and Public Health Partnerships: 
*Building Healthy and Resilient Communities*

*Mary Ann Cooney ASTHO*

October 2, 2019
Association of State and Territorial Health Officials

**Vision:** State and territorial health agencies advancing health equity and optimal health for all

**Strategic Priorities:**
- Develop Strong and Effective State and Territorial Health Officials
- Improve Public Health through Capacity Building, Technical Assistance and Thought Leadership
- Advocate for Resources and Policies that Improve the Public’s Health and Well Being
POPULATION HEALTH?
And what makes it different from PUBLIC HEALTH?

Public health: Programs/interventions siloed by disease type.

POPULATION health: Place-based, community-wide interventions.

Public health: Measure success by overall health improvements.

POPULATION health: Success MUST include reduced disparities.

Public health: Priorities may be determined by funding streams.

POPULATION health: Priorities set by the community.
How are clinical services paid for and delivered?
Bringing clinical services to a community in a way that is accessible.

Do I have the right tools and systems to capture data that is meaningful?
Identifying disparities through reporting, data collection, and information systems.
Drive decision making through useful, high quality data.

What is the broader context?
Addressing the root cause of the issue. Making sure public health and their partners have “real world” solutions and that no one is left behind.

How are clinical services paid for and delivered?
Bringing clinical services to a community in a way that is accessible.

Advancing HEALTH EQUITY and Optimal Health For All

Three Pillar Approach to Population Health

LEADERSHIP, CAPACITY BUILDING, POLICY
ASTHO PRESIDENT’S CHALLENGE:
BUILDING HEALTHY AND RESILIENT COMMUNITIES
ASTHO’s Pulse Check on Transportation Priorities

Alabama

“improved traffic safety culture and an efficient, interconnected transportation system that supports economic development, preserves the quality of the environment, and enhances quality of life.”

Massachusetts

“connecting residents, especially low-income residents and seniors, to medical care, substance use treatment, groceries, jobs, education and other drivers of good health outcomes”

Minnesota

“Transit and Health systems...Indicators associated with supportive systems could include (and are not limited to): Access to transportation: transit, street connectivity, walking and bicycling for transportation...”

Washington

“Goal: Create communities that promote positive social connections and support health-promoting behaviors.”
## MEANINGFUL COMMUNITY ENGAGEMENT

### IAP2’S PUBLIC PARTICIPATION SPECTRUM

The IAP2 Federation has developed the Spectrum to help groups define the public’s role in any public participation process. The IAP2 Spectrum is quickly becoming an international standard.

In increasing impact on the decision:

<table>
<thead>
<tr>
<th>PUBLIC PARTICIPATION GOAL</th>
<th>INFORM</th>
<th>CONSULT</th>
<th>INVOLVE</th>
<th>COLLABORATE</th>
<th>EMPOWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>We will keep you informed.</td>
<td>We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision.</td>
<td>To obtain public feedback on analysis, alternatives and/or decisions.</td>
<td>To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.</td>
<td>To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.</td>
<td>To place final decision-making in the hands of the public.</td>
</tr>
</tbody>
</table>
Health Opportunity Index: Virginia

The bubbles represent the proportion of the population living in Census Tracts at each opportunity level. Although the individual experiences of residents will vary, **21%** of residents (1,692,207 of 8,100,331) in the selected Local Health Districts live in Census Tracts with an Average opportunity score in the Health Opportunity Index.
When a flower doesn’t bloom, you fix the environment in which it grows, not the flower.

—Alexander Den Heijer
Questions?
NCMM Resources

- 30 + “By Topic” Pages to provide resources on specific areas of interest including Health and Transportation: nc4mm.org/by-topic
- Relevant Research including a recent publication on Opportunities to Improve Community Mobility through Community Health Needs Assessments.
- Learn and connect with others. Email us to be connected with local peers or other communities doing similar work
- Receive direct detailed technical assistance

Contact us directly: info@nc4mm.org
Health and Transportation Resources

Partner Resources:
- CDC Transportation Recommendations
- CDC HI-5 Interventions
- ASTHO Transportation Policy Guidelines

Other Resources:
- CTAA’s Health Care and Transportation Resource Center
- Guidebook for Communications between Transportation and Public Health Communities
Public Health and Transportation Webinar Series
Part Two: On the Ground in Washington County, Minn.

Join us on Wednesday November 6th from 2:00 – 3:00pm ET

Part two of our public health and transportation webinar series will provide a deep dive into Washington County, Minnesota. Presenters will discuss how their community came together around health and transportation, and the outcomes of their cross-sector partnership. The presenters will also cover the role of their Community Health Needs Assessment and Community Health Improvement Plan in propelling this work forward, and offer tips for identifying relevant stakeholders, participating in transportation and health priority setting, and building and sustaining similar partnerships in your community.

Speakers:

• Stephanie Souter, MS, AICP, Public Health Program Supervisor, Washington County, MN
• Rachelle Henkel, MSW, LGSW, Senior Services Social Worker, Fairview Home Care and Hospice
• Marna Canterbury, MS, RD, Director of Community Health, Lakeview Health Foundation
• Sheila Holbrook-White, Mobility Manager, Washington County, MN

[Register Here]
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