A Research Roadmap for Transportation and Public Health

Laura Sandt, PhD

Conference on Health and Active Transportation

December 12, 2019

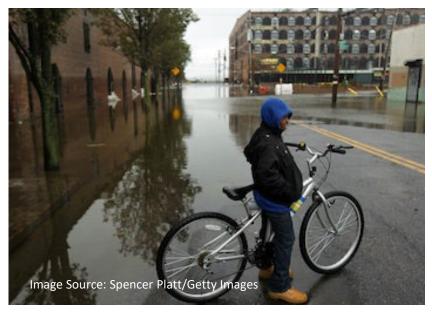


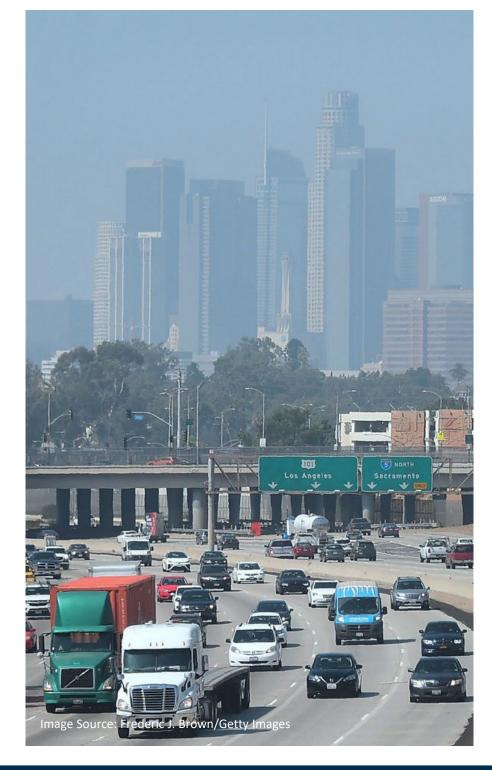
www.hsrc.unc.edu

Motivation











Project scope

- Objectives:
 - Develop a holistic and strategic research roadmap
 - Identify evidence to support practical and useful information, and implementable tools, for state DOTs and partners
- Research products:
 - 10-year strategic roadmap
 - Six specific Research Problem Statements
 - Communications/implementation plan
 - PowerPoint slides
 - Technical report
 - Excel file of studies reviewed (bonus)

NCHRP Research Report 932 Pre-Publication Draft— Subject to Revision

A Research Roadmap for Transportation and Public Health Management

Alyson West
Sarah Johnson
Kristen Brookshire
Kelly Evenson
Highway Safety Research Center and Injury Prevention Research Center
University of North Carolina

Lauren Blackburn Kara Peach Margaret Tartala VHB Raleigh, NC

Anna Ricklin Sagar Shah American Planning Association Washington, DC

Daniel A. Rodriguez Jason Corburn Independent Consultant Berkeley, CA

June 2019

DISCLAIMER

The opinions and conclusions expressed or implied in this document are those of the researchers who performed the research. They are not necessarily those of the program sponsors; the Transportation Research Board; or the National Academies of Sciences, Engineering, and Medicine. The information contained in this document was taken directly from the submission of the authors. This material has not been edited by the Transportation Research Board.

SPECIAL NOTE: This document IS NOT an official publication of the Transportation Research Board or the National Academies of Sciences, Engineering, and Medicine. A final, edited version of this document will be released at a later date.

> The National Academies of SCIENCES • ENGINEERING • MEDICINE

> > TEAMSPORTATION RESEARCH BOARD



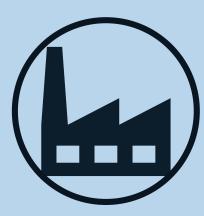
Many pathways to health in which transportation agencies play a role



Improving access to opportunities and services



Providing opportunities for physical activity



Mitigating human exposure to environmental risks (air and noise pollution)



Preventing injuries and improving safety



Supporting resiliency to disaster and extreme weather events



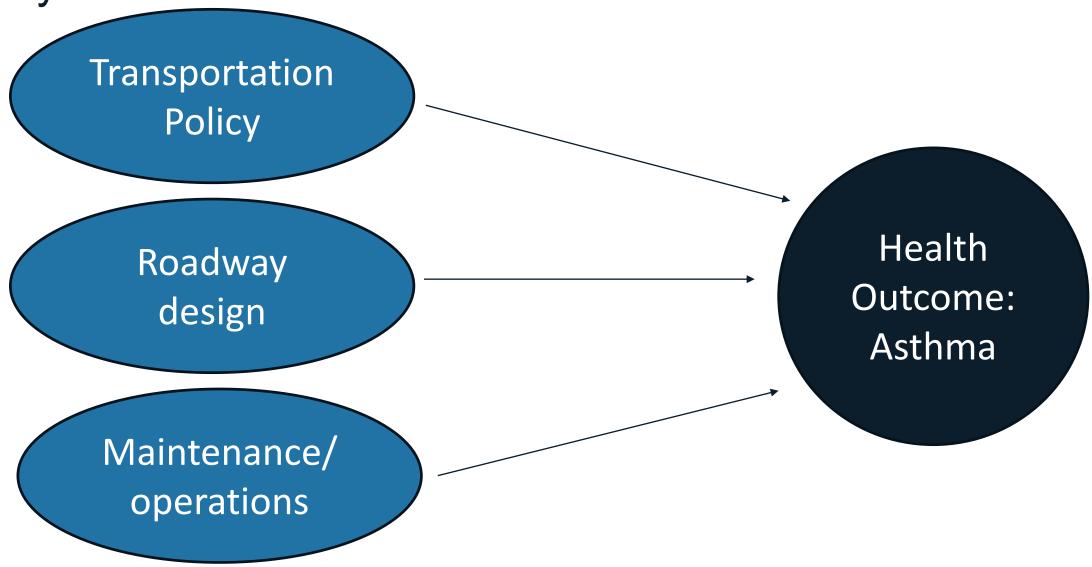
Promoting community connectedness and vitality



Equifinality

A given outcome can be reached from any number of different

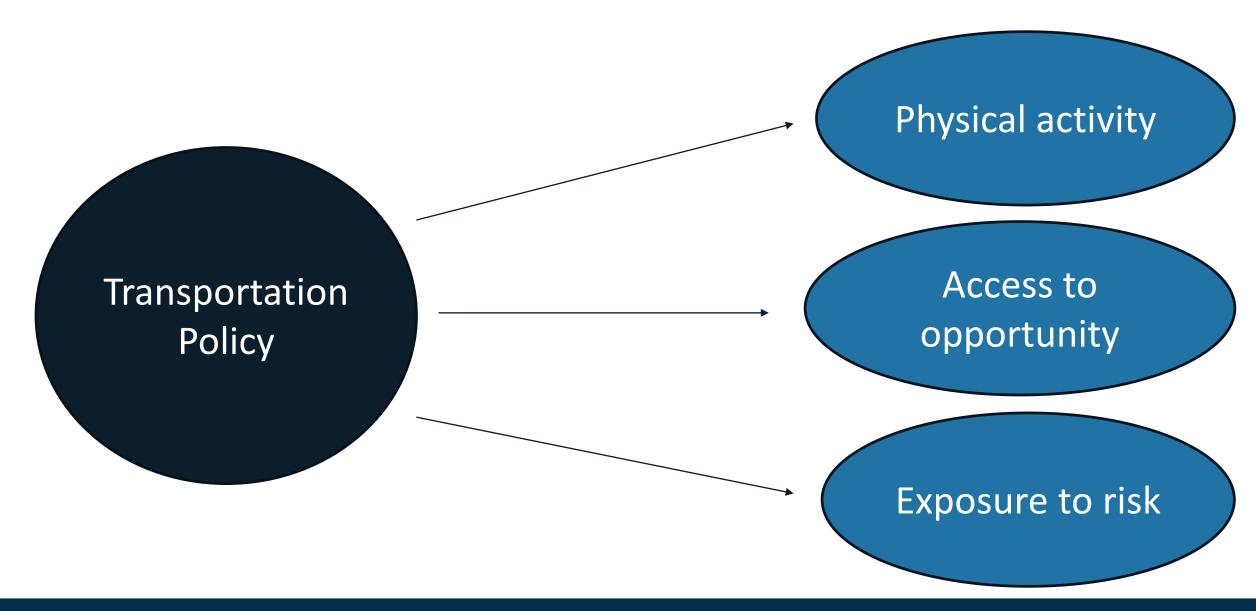
pathways





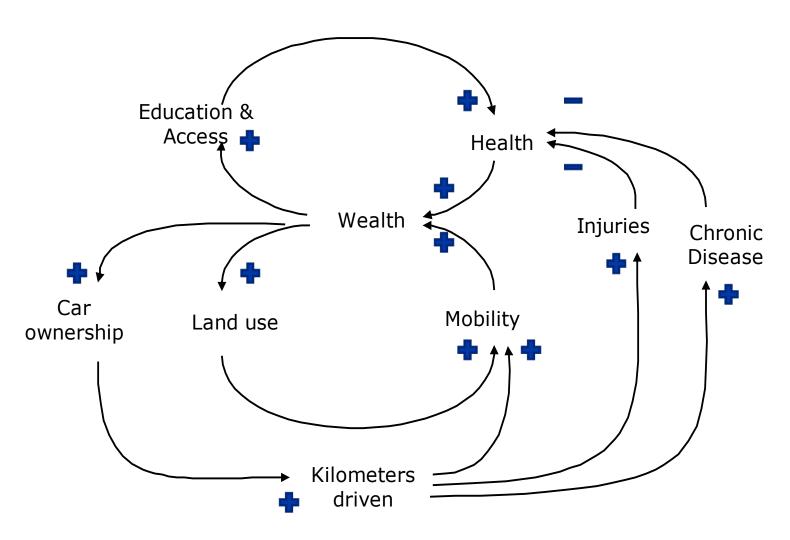
Multifinality

Similar initial action or conditions may lead to dissimilar outcomes





Inherent complexity and interconnections between health determinants and health outcomes







Iterative literature review + stakeholder engagement

- 300+ research articles referenced in Final Report
- 42+ Institutional and agency reports and strategic plans
 - Including committee/task force reports
 - State of practice/case studies and other gray literature
- 42+ TRB Research Needs Statements and Research in Progress records
- 22 interviews with federal, state, and local stakeholders
 - Rural and urban states and cities
 - Planning, engineering, transit, maintenance/ops, public health
 - TRB, FHWA, and CDC



Literature reviewed in relation to health issues/outcomes

Physical activity/active travel

Noise

Chronic disease

Access/accessibility

Safety

Stress/comfort/mental health

Resiliency

Equity

Crime/security



Literature reviewed in relation to DOT agency process

Planning/policies

Prioritization

Data/monitoring

Health impact analyses

Maintenance/operations

Interagency coordination

Project design

Public engagement

Performance measures



Findings: existing resources and guidance

Many reports and case studies have shown discrete examples of transportation and health agency collaborations, policies, and practices





Findings: existing tools

Table 1

Comparison of Commonly Employed Tools for Assessing the Health Impacts of Transportation Plans

	Integrated Transport and Health Impact Model (ITHIM)	Health Economic Assessment Tool (HEAT)	California Public Health Assessment Model (C- PHAM)/UrbanFootprint public health module	Urban and TranspOrt Planning Health Impact Assessment (UTOPHIA)	Environmental Benefits Mapping and Analysis Program Community Edition (BenMAP-CE)
Typical spatial scale	County/region	Project/plan	150 m gridcell	Census tract	User-specified
Developer/ Sponsor	Medical Research Council, others	World Health Organization	Urban Design 4 Health	Centre for Research in Environmental Epidemiology (CREAL)	US Environmental Protection Agency
Exposure pathways considered	Physical activity from walking and cycling, traffic injuries, air pollution	Physical activity from walking and cycling	Urban form variables (indirectly linked to physical activity), earlier versions included change in injury rates and air pollution	Physical activity, air pollution, noise, heat, access to green space	Air pollution (particulate matter and ozone)
User Input	Changes in travel activity by mode (aspirational, off- model literature-based estimates, or from travel demand model outputs)	Active travel estimates can be input data from various sources (e.g. travel surveys, observed counts, predictive estimates).	Changes in built environment and transportation characteristics via the UrbanFootpring sketch planning tool	Aspirational (compliance with international exposure level recommendations) for all exposure pathways	Changes in air quality (aspirational or based on modeling) Option to modify demographics, baseline health incidence, and to add health and economic relationships.
Built-in data and relationships	Health impacts of physical activity, air pollution (in some calibrations), and collision risks are based on research literature. Region-specific calibrations include baseline health, traffic injury, air quality, and travel behavior data.	Relative risk data are from published studies. Value of a statistical life.	Directly estimated from land use and transportation characteristics, demographics, California Household Travel Survey, California Health Interview Survey	Heath impacts of physical activity, air pollution, noise, heat, and access to green space based on research literature. Includes baseline data drawn from the Barcelona Health Survey (PA), land use regression (air quality), Barcelona strategic noise map, central temperature monitor, Urban Atlas (green space)	Built-in health and economic impacts of air pollution are based on research literature. Region-specific calibrations include baseline health incidence, demographics (via the pop-grid tool), and air quality monitoring data.



Source: National Center for Sustainable Transportation, https://regionalchange.ucdavis.edu/sites/g/files/dgvnsk986/files/inline-files/NCST-TO-033.3-London_ITHIM_Final-Report_OCT-2017.pdf



Findings: existing practices

Many innovative approaches to institutionalize health considerations in transportation agency processes and practices:

- Executive or legislative mandates and policy approaches
- Intra-department and intra-agency collaboration and staffing agreements
- Data integration and sharing
- Applying health decision-making tools in various transportation processes
- Setting health performance targets and measuring outcomes
- Pilot-testing new technologies in transit projects
- Health and physical activity data collection, including ped/bike counts and travel surveys as well as qualitative methods



Findings: emerging issues

Few studies related to health impacts and transportation best practices regarding:

- Micromobility travel modes
- Highly-automated vehicles
- Practices accounting for demographic shifts and related changes in travel behaviors
- Incidence of opioid use/abuse and mental health
- New technology related to transit and shared mobility services
- Access to healthcare and physical activity opportunities in rural settings
- Big data access, management, and analytics to support decision-making



Electric scooter use results in 20 injuries per 100,000 trips, CDC finds

Fast, cheap, and out of control

By Andrew J. Hawkins | @andyjayhawk | May 2, 2019, 1:11pm EDT











oto by Nick Statt / The Verge





Stakeholder/interviewee perspectives on research gaps

Many transportation staff have the right intention [to design for active travel] but struggle to communicate the specific benefits from specific projects or approaches.

The conversation and the results is the gap, not the tools available.

What gets measured gets done.

Data [sharing/integration] is a good place to bring people to the table to begin relationship building.

The research community doesn't always talk to practitioners. We need a better way to make studies more practical and to capture and communicate best practices.



Findings: research gaps

- General knowledge and data gaps, such as:
 - Lack of data fundamental for understanding health costs and benefits
- Topic specific gaps, such as:
 - Lack on research on mental health, homelessness, and transportation policies
 - Lack of research to support performance measures related to equity and accessibility
- Research implementation gaps, such as:
 - Lack of knowledge on how states are institutionalizing practices for collection and integration of active travel data
 - Lack of documentation of current practices and examples from diverse contexts (e.g., rural area



Research roadmap

Framed around key transportation agency processes and practices

Community Engagement / Data Integration

Public involvement

Data Collection

Coordination with local, regional, and tribal governments

Performance metrics



Policy-making

- Vision and/or Mission
- Statewide multimodal transportation plan
- Agency guidance



- Long-range plans
- Mode-specific plans
- Corridor studies
- Scenario plans
- Small area plans



Capital programs, projects and implementation

- Project evaluation
- Project selection
- Environmental assessment



Monitoring and Evaluation

- Design review and comparison
- Construction
- Operation
- Maintenance



Research problem statement topic identification

- 1. Panel ranked all "gaps" based on urgency and magnitude
- 2. Project team scored all "needs" based on:
 - Practicality
 - Innovation
 - Scalability
 - Potential to address health disparities/advance equity
 - Multifinality (could one project examine/address multiple health outcomes and/or forms of travel)
- 3. Highest scoring "needs" within highest ranked "gaps" selected



1. Synthesis of best practices for including health outcomes in transportation project prioritization



- Synthesis of best practices for including health outcomes in transportation project prioritization
- 2. Data sources for establishing health outcome performance measures for transportation projects



- Synthesis of best practices for including health outcomes in transportation project prioritization
- 2. Data sources for establishing health outcome performance measures for transportation projects
- 3. Practices and recommendations in reporting and integrating pedestrian and bicycle non-fatal injury data systems



- Synthesis of best practices for including health outcomes in transportation project prioritization
- 2. Data sources for establishing health outcome performance measures for transportation projects
- 3. Practices and recommendations in reporting and integrating pedestrian and bicycle non-fatal injury data systems
- 4. A guidebook for considering the public health impacts of public transportation decisions



- Synthesis of best practices for including health outcomes in transportation project prioritization
- 2. Data sources for establishing health outcome performance measures for transportation projects
- 3. Practices and recommendations in reporting and integrating pedestrian and bicycle non-fatal injury data systems
- 4. A guidebook for considering the public health impacts of public transportation decisions
- 5. Effect of demographic change on travel behavior and health



- Synthesis of best practices for including health outcomes in transportation project prioritization
- 2. Data sources for establishing health outcome performance measures for transportation projects
- 3. Practices and recommendations in reporting and integrating pedestrian and bicycle non-fatal injury data systems
- 4. A guidebook for considering the public health impacts of public transportation decisions
- 5. Effect of demographic change on travel behavior and health
- 6. Evaluating and integrating emerging data sources to support transportation and health planning and operations



The Litmus test: are these RPS....

- Aligned with AASHTO/State DOT interests?
- Oriented towards research that is:
 - Practical
 - Innovative
 - Scalable (e.g., all states can utilize research products)
 - Oriented toward reducing disparities
 - Multimodal and addresses multiple health pathways
- Needed before other research can be performed?



Many avenues for research sponsorship

Focus Sector	s (Examples)	Implementation Steps
#	AASHTO/NCHRP Research Programs National Interest Data Planning	Coordinate through TRB committee research leads
7:1	State DOT Research Programs State-Level Interest Project Development Operations	Contact State DOT Research Unit
	State Health Department CDC-Funded Programs Policy Process	Coordinate with state health departments and CDC- approved workplans
血	MPOs/Local Governments Data Performance Measures Planning Fauity	Coordinate with local plans and regional models

Focus Sectors	(Examples)	Implementation Steps
	Private Organizations and Foundations (i.e. AARP, BCBS, RWJF, AAA) Policy Special Topics Equity	Apply for grant funding or capacity building
¥= **=	Technical Assistance (i.e. USDOT projects) Training Collaboration Process	Consider USDOT programs supporting technical assistance
	University Transportation Centers Data Safety Special Topics	Contact UTC
	Member Organizations (i.e. APA Plan4 Health) Training Collaboration Process	Apply for grant funding or technical assistance



Next steps

Share project deliverables widely:

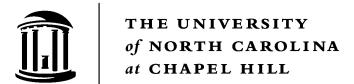
- AASHTO committee mid-year meetings
- TRB Executive Committee members
- TRB Health and Transportation Subcommittee
- Upcoming conferences related to health and transportation

Utilize TRB committees (particularly Health and Transportation Subcommittee) to regularly revisit roadmap and advance or update RPS

- Identify state-level champions involved with AASHTO committees
- Identify NGO, regional/local, and university-based supporters as well



Team acknowledgements





Laura Sandt (PI)
Alyson West
Kristen Brookshire
Meg Bryson
Sarah Johnson
Kelly Evenson
Jackie MacDonald Gibson

Lauren Blackburn Kara Peach Margaret Tartala Curtis Ostrodka



Anna Ricklin Sagar Shah

Independent Consultants

Daniel A. Rodriguez
Jason Corburn

Research Roadmap Pre-publication draft available at:

https://www.nap.edu/catalog/25644/a-research-roadmap-for-transportation-and-public-health-management

