

## Overview: Health, Equity & Transportation

Transportation is more than a means to move people and goods farther and faster. It's a means to achieve communities that are healthy and support equity. Transportation policy should prioritize investments in public transportation and walking and bicycling; and communities with the greatest need for affordable, safe and reliable linkages to jobs and essential goods and services –mainly low-income communities, communities of color, disabled populations and the older Americans.

Approximately every five years, Congress passes a new surface transportation bill and authorizes the U.S. Department of Transportation (DOT) to implement it. This bill sets federal transportation policy and designates transportation funding to states directly through formulas or through competitive grant programs for which states can apply. The programs and projects in the bill are funded through the Highway Trust Fund, which draws on a nationwide 18-cent per gallon tax on gas. The Safe, Accountable, Flexible, Efficient, Transportation Equity: A Legacy for Users, or SAFETEA-LU was passed in 2005 and expired on September 30, 2009. It represented a \$244.1 billion federal investment in transportation infrastructure. Due to competing legislative priorities in the 2009 legislative cycle Congress has postponed authorization of a new bill through extension of SAFETEA-LU.

SAFETEA-LU includes 108 programs, each with distinct funding allocations and eligible activities for which funding may be used. The federal pot of money for highway projects is far bigger than the pot available for public transportation. Currently, approximately 80 percent of federal transportation dollars go to the Federal Highway Administration (FHWA) as part of highway programs, while merely one-fifth, or 20 percent, goes to the Federal Transit Agency (FTA) to be used for public transportation infrastructure. Only a very small portion (~2%) of overall transportation funds are used for walking and biking infrastructure.

### How does transportation impact health and equity?

Nearly 1/3 of the U.S. population is transportation disadvantaged – meaning they cannot easily access basic needs such as foods, medical care, jobs and education. Conventional transportation policy and planning generally overlooks or undervalues the impacts of transportation on health and equity. Yet research shows that when properly designed, transportation systems can provide physical activity opportunities, improve safety, lower emotional stress, link poor people to opportunity, connect isolated disabled and older Americans to crucial services and social support, and stimulate economic development.

#### **An automobile-centered transportation system leaves many with limited options.**

- People of color have limited access to cars: 19% of African Americans, 13.7% of Latinos, and 4.6% of whites lack access to automobiles.
- Poverty compounds the problem: 33% of poor African Americans, 25% of poor Latinos, and 12.1% of poor whites lack automobile access. Cars owned by low-income people tend to be older, less reliable, and less fuel-efficient –making commuting to work and getting to appointments unpredictable and expensive.
- Elderly and disabled populations drive less and therefore must rely more on other transportation options to get around: More than 1 in 5 Americans age 65 and older do not drive.

More than 50% of elderly non-drivers (3.6 million Americans) stay home on any given day in part due to lack of transportation options and more than half of this group (1.9 million) is disabled. Older non-drivers take 15% fewer trips to the doctor; 59% fewer trips to shops and restaurants; and 65% fewer trips for family, social and religious activities than their counterparts who drive.

- Transportation costs create a barrier for many: U.S. households earning 20K to 35K and living far from employment centers, spend approximately 37% of their income on transportation, while the average U.S. household spends about 18% of its income on transportation. The more a household spends on transportation, the less it has left over for food, medical expenses, childcare, housing and other essential costs.

***Physical activity levels are associated with obesity and diabetes and other chronic diseases –which impact low-income communities and communities of color disproportionately.***

- A 2004 study found that for every additional hour spent commuting by car there was a 6% increase in the likelihood of obesity.
- In contrast, walking and biking are associated with lower rates of obesity. For every additional kilometer walked there was an approximate 5% reduction in obesity.
- African Americans and Latinos are less likely than whites to get enough daily exercise. They also have higher rates of obesity than their white counterparts.

***Traffic safety is an issue in every neighborhood, yet low-income neighborhoods and people of color are particularly impacted.***

- Traffic crashes are the leading cause of death and injury for Americans in the prime of life.
- Traffic crashes impact people of color at alarming rates. Native Americans die in traffic crashes at more than 1.5 times the rate of other racial groups. African Americans drive less than whites but die at higher rates in car crashes.
- Walking is also more dangerous for people of color. For example, CDC data from the mid 1990's revealed that pedestrian death rate for Latino males in Atlanta metropolitan area was 6 times greater than for whites. Also, while African Americans make up 12% of all the U.S. population, they account for 20% of pedestrian deaths.
- Although only a quarter of all driving in the US takes place in rural settings, more than half of all car crashes occur here.

***Air Pollution, and related health impacts are particularly prominent in low-income communities and communities of color.***

- The American Lung Association found that 61.3% of African American children, 67.7% of Asian American children, 69.2% of Latino children, and 50.8% of white children live in areas that exceed air-quality standards for ozone. Ground-level ozone, a gas, can chemically burn the lining of the respiratory tract.
- Air pollution is one of the most underappreciated triggers of asthma according to the CDC. Nearly 7% of adults and 9% of children have experienced asthma. The rate is considerably higher in low-income and minority communities. For example, in predominantly African American and Latino Harlem and Washington Heights, nearly 25% of children suffer from asthma.

## Policy and Program Priorities to Improve Health and Equity

1. ***Prioritize investments in public transportation***, including regional systems that connect housing and jobs as well as local services that improve access to healthy foods, medical care, and other basic services. Investments should include capital costs as well as costs for maintenance and operations. Because older diesel buses have high emission rates and because bus depots and other facilities are often concentrated in low-income and minority neighborhoods, policies must be in place to ensure that expanded public transportation does not lead to increased exposure to pollutants in these same communities.
2. ***Prioritize investments in bicycle and pedestrian infrastructure*** to make walking and biking safer and more convenient. Strategies include complete streets designed with all users in mind, not just drivers; traffic-calming measures; and safe routes to transit and Safe Routes to Schools programs, which create infrastructure and programming to support safe walking and bicycling to bus stops, rail stations, and schools. Targeted infrastructure investments should also support walking and bicycling in rural communities by, for example, improving road shoulders and building trails to town centers.
3. ***Encourage equitable transit oriented development by creating incentives for integrated land use and transportation planning***. Transit oriented development must emphasize affordability and accessibility. It also must incorporate affordable housing and commercial properties that provide jobs, services, and essential goods near people's homes. Because people of all income levels desire walkable neighborhoods and shorter commutes, displacement of longtime neighborhood residents can be an unintended consequence of transit oriented development. Policymakers must ensure that the local residents guide planning and development and that equity is a goal from day one.
4. ***Create incentives and accountability measures to ensure that transportation plans account for their impacts on health, safety, and equity***. New projects must be held accountable for better results. Government investment should support the creation of tools that more sensitively and accurately measure walking and bicycling practices and improved outcomes. The health impact assessment is an emerging methodology to evaluate the effects of policies, programs, and plans on the health of a population and should be considered an important tool. People should also have the right to sue under Title VI of the *Civil Rights Act of 1964* if they suffer disparate impacts from federal transportation investments, and the U.S. Department of Transportation should have the power to withhold dollars if investments are not made equitably.
5. ***Give state, regional, and local government agencies and organizations more flexibility to move dollars among funding categories and to target spending to meet local needs***. Greater flexibility would give communities more leeway to fund walking, bicycling, and public transportation programs. It would also enable communities to invest in fixing, maintaining, and operating local bus and rail systems. Flexibility should be strongly tied to new standards for accountability, transparency, and inclusion which ensure all people impacted by transportation decisions are equitably represented in the decision-making process.
6. ***Prioritize transportation investments in communities with high unemployment and poverty rates to stimulate economic growth and provide access to jobs***. ARRA has language to direct resources to struggling and disinvested communities. The new version of the surface transportation bill should include similar language and expand on this commitment by creating strong accountability and enforcement measures tied to achieving equitable economic benefits.

7. ***Make sure that jobs and contracts created by federal transportation investments reach low-income people and communities of color.*** A Sense of Congress amendment to SAFETEAU-LU, passed in 2005, encourages local hiring provisions for highway construction projects. Some projects aim for 30 percent of workforce hours to be filled by employees who live in the community. Local hiring should be made a requirement, not just encouraged. It should also be expanded beyond highway projects to include public and mass transit development. Capital investments should also fund workforce development programs to train local residents for jobs in the transportation sector.
8. ***Support the development of cleaner bus and truck fleets and invest in freight rail infrastructure*** to reduce greenhouse gas emissions, improve local air quality, promote health, and foster energy independence.
9. ***Advance safety for all travelers***, with particular emphasis on those at the highest risk of car injuries and death. Investments should continue advancing known vehicle safety and occupant-protection strategies as well as roadway and community design modifications to protect the safety of pedestrians, bicyclists, drivers, and passengers.
10. ***Support policies and programs that increase access to healthy foods.*** Promote public-private van and bus systems to shuttle customers to grocery stores. Expand weekend bus service to connect low-income neighborhoods to supermarkets and other food outlets. Invest in safe and affordable transportation for farm and food production workers. Promote sustainable modes of transporting foods from farms to stores as well as policies to increase the viability of local and regional farming.
11. ***Give low-income rural communities greater access to public transportation funds from the surface transportation bill providing the opportunity to access employment and education opportunities.*** Low-density and long travel distances make developing and operating conventional bus and rail systems financially challenging. Federal public transportation dollars should support economically efficient innovations, such as vanpools and voucher programs.

A report, *The Transportation Prescription: Bold new ideas for transportation reform in America*, jointly published by PolicyLink and Prevention Institute sets a framework for transportation reform examining the intersection of transportation, equity and health. The report can be found at the following site: [www.convergencepartnership.org/TransportationHealthandEquity](http://www.convergencepartnership.org/TransportationHealthandEquity). A comprehensive book detailing the latest research on the connections between transportation, health and equity title *Healthy, Equitable Transportation Policy: Recommendations and Research* is also available at the site noted above. Citations for the statistics included here are available in *Healthy, Equitable Transportation Policy*.