

## Health Assessments

Transportation decisions affect our individual lives, economy and health. Everyone needs to use various modes of transportation to get to work or school, to get medical attention, to access healthy foods at grocery stores and markets, and to participate in countless other activities every day. However, too many people are negatively impacted by inequitable transportation decisions that are detrimental to public health.

The resources below provide additional information on the links between public health, equity and transportation and advocacy efforts to ensure that transportation policy helps, rather than hinders, public health.

Our nation's transportation system has a direct and costly effect upon human health, by way of traffic accidents, mobile source air pollution, and influence on physical activity. These effects run into the hundreds of billions of dollars each year. Yet health is typically not considered in transportation policy and planning. Opportunities abound to increase alternative transportation options that support healthy activities like walking and cycling. ***The National Prevention Strategy and Action Plan*** is working to boost Americans' health in part through encouraging the development of livable, walkable communities, bike lanes, and other healthy transit options. This snapshot, published online in October 2012, examines the health impacts and costs that should be factored into decisions about transportation and community development at all levels.



### PUBLIC HEALTH AND EQUITY PRINCIPLES FOR TRANSPORTATION

Research increasingly indicates that current transportation investments can have a profound impact on public health, particularly for the poor, the elderly, people with disabilities and other vulnerable populations. These impacts may include increased risk of obesity, cancer, mental health disorders, asthma and heart disease. The public health community is strongly supportive of transportation investments that support the growth and establishment of health and equity in all communities; this is critical to the nation's economic revival and health.

“The public health community envisions a transportation system that is carefully designed to support and improve community health. We must ensure that the billions of public dollars spent on transportation projects enhance the health, equity and well-being of communities.”

The GCLMPO has developed ten principles to be used in the review of transportation policies to ensure that health and equity are well-represented:

1. Encourage transportation and land-use planning policies, such as a Complete Streets policy, that support healthy communities.
2. Establish performance measures to promote safe, affordable and equitable public transit and alternative modes of transportation such as walking and cycling.
3. Conduct Health Impact Assessments (HIA) to inform and guide transportation policy, projects and planning.
4. Foster the participation of local communities and underserved populations in all stages of the transportation planning and development process.
5. Expand funding of community-based transportation programs and services that promote healthy lifestyles and provide access to healthy food and water, affordable housing, employment, schools, health care and recreation.
6. Fund programs that expand transportation options for disadvantaged populations and people with disabilities, and that promote safe, convenient transportation options for children and seniors.
7. Design and construct multi-modal transportation systems to meet the needs of users of all ages and abilities, including those in rural areas.
8. Collect data and fund research to evaluate how transportation and planning policies affect public health and health equity.
9. Support reductions in transportation-related emissions and greenhouse gases.
10. Increase vehicle, motorist, passenger, cyclist and pedestrian safety.

### PHYSICAL ACTIVITY IN THE BUILT ENVIRONMENT POLICY INITIATIVE

The GCLMPO is highly involved with the Gaston County Healthcare Commission's Walkability and Obesity Policy Workgroup. This Workgroup is focused on issues within Gaston County, but GCLMPO hopes to mirror this effort in Cleveland and Lincoln counties as well. The Walkability and Obesity Policy Workgroup is currently comprised of county and municipal planners and parks and recreation staff, health educators from the Gaston County Department of Health and Human Services, and representatives from CaroMont Health, Carolina Thread Trail, Gaston County Cooperative Extension, Gaston County Schools, and Gaston Together. As excitement for the work that the group is doing grows, participation will continue to expand.



The highest priority of the Walkability and Obesity Policy Workgroup is to encourage local governments, businesses, and nonprofits to adopt a Health in All Policies (HiAP) approach to decision making. HiAP is a collaborative approach that integrates health considerations into traditionally non-health/public health policy-making and program areas. HiAP improves personal health while contributing to community wellbeing and prosperity, with the goal of health equity.

The workgroup seeks to make physical activity an integrated part of daily life by identifying policy barriers, publicizing and educating officials about the barriers, and encouraging policy changes that will result in transportation decisions that include all types of transportation users.

For most of the history of the United States, cities were designed and built in ways that made physical activity a normal part of daily life. Houses were built near workplaces, and sidewalks or paths were a standard part of street systems. People walked to work, to school, to church, and to the store. Various land uses were located in close proximity to each other, so people could satisfy their daily needs on foot. With the advent of the automobile, this changed. As narrow, walkable city streets designed and scaled for horses and people changed into wide roads built for automobiles, walking became dangerous.

In the post-World War II era, federal and state transportation policies were dominated by the push to build new highways and freeways so people could quickly travel from the city center to areas outside of the city. People began living farther from work, school, church, and stores in large properties that were increasingly spread out. This suburbanization gave people more freedom to travel around their cities and regions, but reduced the opportunity for physical activity in their daily lives. Physical activity changed from a routine and incidental part of life to an intended part of life.



Walking or riding a bicycle switched from being a transportation choice to an exercise plan.

While land use decisions are generally made by local governments, transportation policies and decisions are made by state governments. North Carolina has made improvements in linking land use and transportation policies and in seeking local and regional government input into state transportation policies, but state transportation policies still focus on highways and automotive transportation. NCDOT adopted a “Complete Streets” policy in 2009 that outlined a policy of including all transportation users in street design and building projects. This was an important step in designing incidental physical activity back into our daily lives, but how the Complete Streets policy is implemented is crucial if the policy is to be successful.

Since street rights-of-way are often the largest public space in cities, how streets are designed and built makes a tremendous difference in the amount of incidental physical activity a person gets each day. If streets are designed and built with pedestrians and bicyclists in mind – and include sidewalks, bicycle lanes, narrow vehicle travel lanes, street trees, street furniture, and safe intersection crossings – then physical activity can again become an incidental part of life. This can only be accomplished by making policy changes at the state level at NCDOT and on the local level by making zoning changes to allow and promote walkable, mixed-use communities with an urban design.

The Eat Smart, Move More NC website provides staggering statistics on the results of a more sedentary lifestyle common to North Carolinians. According to the NC Division of Public Health, an estimated five million North Carolina adults (66%) are either overweight or obese. According to the 2015 NC Behavioral Risk Factor Surveillance System (BRFSS) survey, over half (52%) of adults do not get the recommended 150 minutes per week of moderate-intensity aerobic physical activity and almost three out of four (71%) do not meet the weekly muscle-strengthening exercise recommendations.

In addition, the NC Division of Public Health reports that North Carolina has the 23rd highest overweight and obesity rates among children age 10 to 17 in the nation, with about one in three (32.3%) high school students in North Carolina are either overweight or obese.

According to the Burden of Obesity in NC report, the total cost of unhealthy lifestyles in North Carolina was estimated to be \$57 billion in 2008. Making transportation and land use decisions that promote incidental physical activity will result in healthier North Carolinians and will reduce cost of unhealthy lifestyles.

There are specific characteristics of a healthy built urban environment that should be addressed by policy:



1. Location of Development
  - Transit Oriented
  - Downtowns
  - Along Corridors
  - Mixed Use Centers
2. Urban Form and Character
  - Building Relationship to Street
  - Design and Aesthetics
3. Transit Access and Availability
  - Proximity
  - Frequency
  - Comfortable pedestrian environment
4. Connectivity of Streets
5. Roadway Design/Complete Streets
  - Width of Street and travel lanes
  - Speed design
  - Availability of on street parking
  - Street trees
  - Pedestrian signals, refuge islands, crosswalks
  - Flexibility in standards for retrofits within existing right of way
  - Sidewalks set back from curb on all streets
6. Bicycle Facilities
  - Proximity
  - Design
  - Completeness of Network
7. Access to Parks and Open Space
  - Proximity
  - Quality
  - Perceived Safety