Public Health Working Group

January 21, 2016

Rye Baerg
Active Transportation &
Special Programs

Agenda

- 2016 RTP/SCS Public Health Appendix
- Social Determinants of Health for Planners
- Active Transportation Health and Economic Impact Study Update

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2016 RTP/SCS Public Health Appendix

January 21, 2016

Rye Baerg
Active Transportation &
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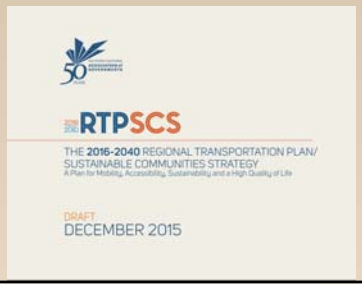
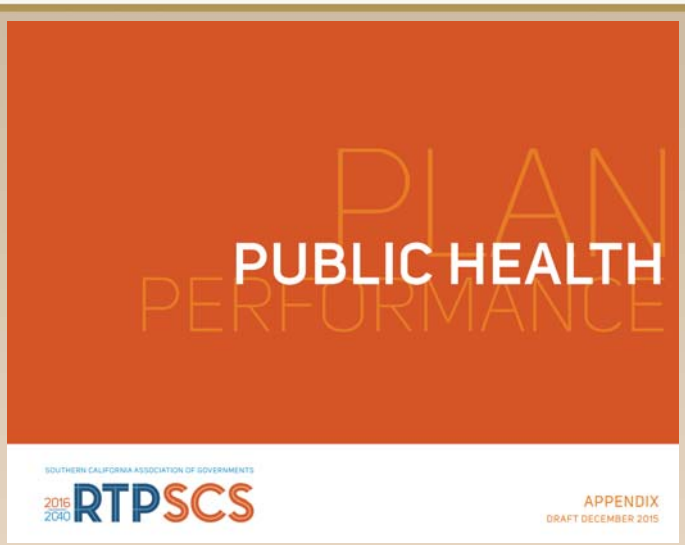
Regional Transportation Plan/Sustainable Communities Strategy (RTP/SCS)

- Integrated Land-Use and Transportation Plan
- Developed through "bottoms-up" process that respects city control
- Aims to meet state-adopted GHG reduction targets for 2020, 2035
- First RTP/SCS adopted April 2012
- Draft 2016 RTP/SCS available for public comment until February 1, 2016.



2016 RTP/SCS



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Public Health and the 2016 RTP

Plan Goal

- Protect the environment and health of our residents by improving air quality and encouraging active transportation

Policy Direction

- Provide robust data to inform regional policy
- Incorporate expanded public health analysis in 2016-2040 RTP/SCS, as feasible
- Support public health stakeholder participation

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How did we get here?

- Public Health Subcommittee Recommendations
- 2014-15 Public Health Work Program
- 2016 RTP/SCS Public Health Analysis Framework
- DRAFT 2016 RTP/SCS Public Health Strategies and Actions

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Outreach

- Public Health Subcommittee
- Technical Working Group
- Public Health Working Group
- Policy Committees
  - Regional Council
  - Energy and Environment Committee
- RTP/SCS Workshops

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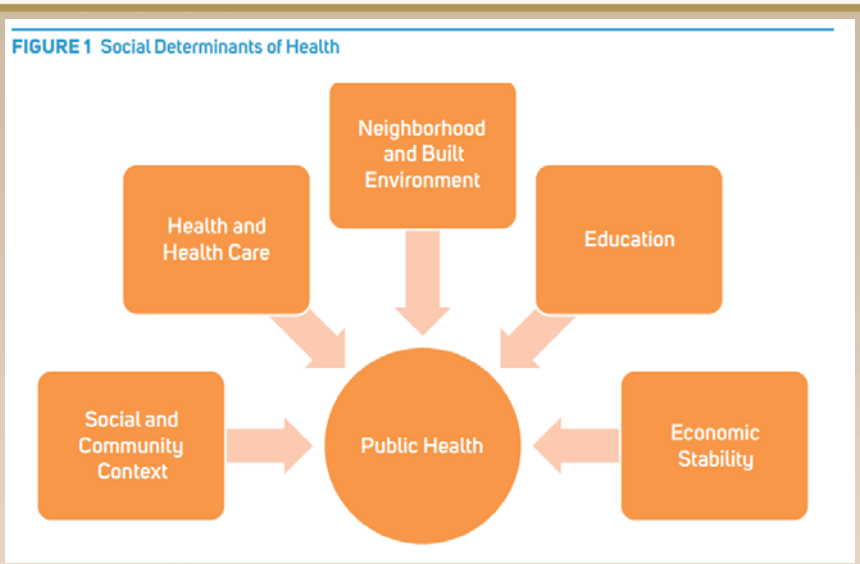
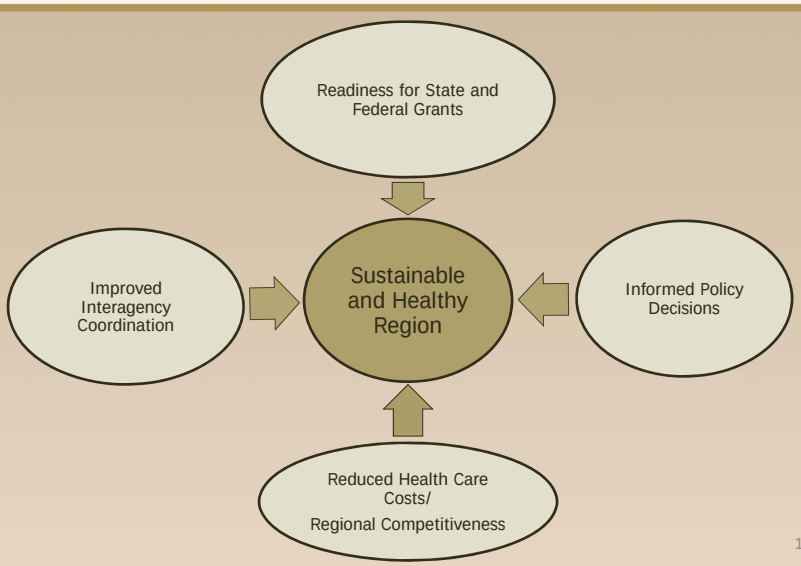
Social Determinants of Health



Health In All Policies

Benefits to the Region



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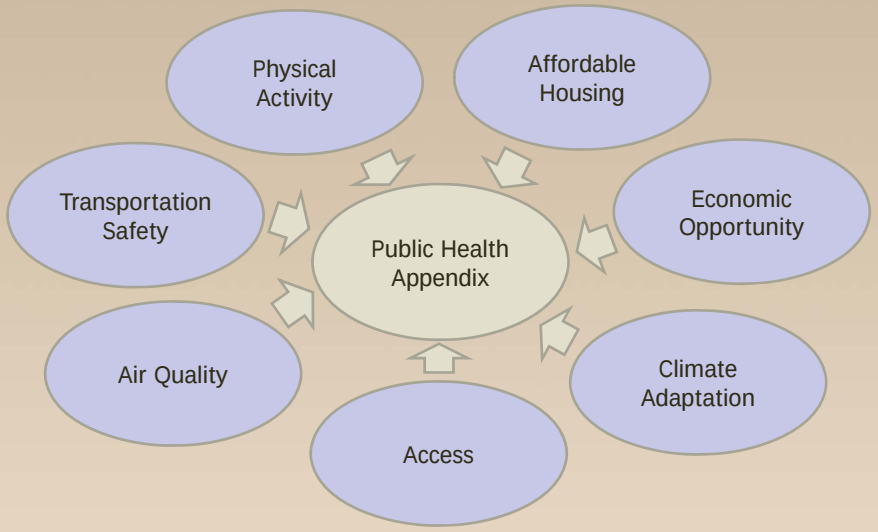
2016 RTP/SCS: Public Health Plan Analysis Focus Areas



Plan Goals

TABLE 1 Public Health Focus Areas and Plan Goals

RTP Goals	Access to Essential Destinations	Affordable Housing	Air Quality	Climate Adaptation	Economic Opportunities	Physical Activity	Transportation Safety
Maximize mobility and accessibility for all people and goods in the region.	✓	✓			✓	✓	✓
Ensure travel safety and reliability for all people and goods in the region.	✓						✓
Preserve and ensure a sustainable regional transportation system.			✓	✓	✓	✓	
Maximize the productivity of our transportation system.	✓	✓			✓		
Protect the environment and health of our residents by improving air quality and encouraging active transportation.		✓	✓	✓		✓	✓
Actively encourage and create incentives for energy efficiency, where possible.			✓	✓	✓		
Encourage land use and growth patterns that facilitate transit and non-motorized transportation.	✓	✓	✓	✓		✓	
Maximize the security of the regional transportation system through improved system monitoring, rapid recovery planning, and coordination with other security agencies.							✓

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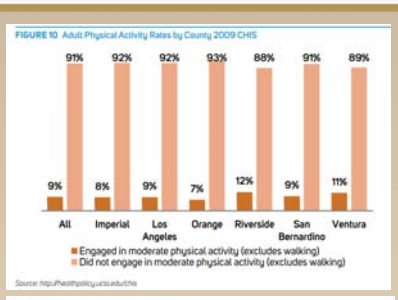
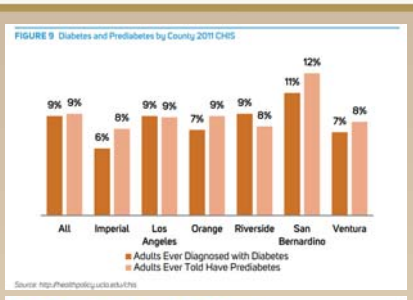
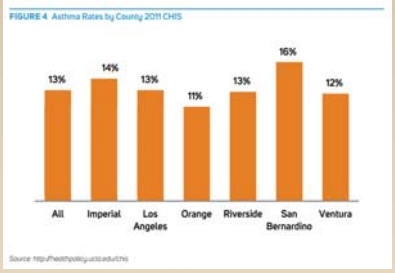
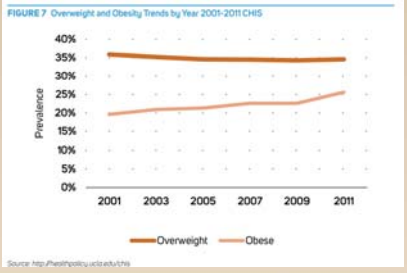
Current Trends









Focus Areas and Plan Performance Measures

TABLE 3 Performance Measures per Focus Area

Relevant Performance Measures		Public Health Focus Areas						
Metric	Data Source	Accessibility	Affordable Housing	Air Quality	Climate Adaptation	Economic Wellbeing	Physical Activity	Safety
Additional jobs supported by improving competitiveness	Regional Economic Model REMI					x		
Additional jobs supported by transportation investments	Regional Economic Model REMI					x		
Net contribution to Gross Regional Product	Regional Economic Model REMI					x		
Criteria pollutant and greenhouse gas emissions	Travel Demand Model/ARB EMFAC Model			x	x			
Share of growth in High Quality Transit Areas(HQTAs)	RTP/SCS socio-economic small area data	x	x					
Average distance for work or non-work trips	Travel Demand Model	x						
Percent of trips less than 3 miles	Travel Demand Model	x					x	
Work Trip Length Duration	Travel Demand Model	x						
Land Consumption	Scenario Planning Model				x			
Mode share of walking and bicycling	Travel Demand Model						x	

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Access to Essential Destinations

TABLE 4 Plan Performance - Accessibility

Metric	Result of Plan	
	2040 Baseline	2040 Plan
Share of growth in High Quality Transit Areas(HQTAs) from Base Year (% of Households in in HQTAs)	36%	47%
Jobs/Housing Balance in HQTAs	36% Housing 44% Employment	47% Housing 56% Employment
Average distance for work trips (miles)	15.1	15.2
Average distance for non-work trips (miles)	7.8	7.8
Percent of work trips less than 3 miles	19.6%	20.4%
Percent of non-work trips less than 3 miles	40.7%	42.0%
Work Trip Length Duration	28.4 min	25.9 min
Percentage of PM Peak transit trips <45 min	22%	26%
Percentage of PM Peak HOV Trips <45 min	73%	81%
Percentage of PM Peak SOV Trips <45 min	82%	89%

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2016 RTP/SCS Public Health Work Program

Strategies	Actions					
Leadership and Collaboration	Increase regional engagement and collaboration	Facilitate information exchange	Develop and sustain partnerships	Support Policy Adoption		
Policy and Analysis	Integrate public health in SCAG's activities	Develop information on a broad spectrum of health issues	Integrate public health into Joint Work Programs	Support local agency policy initiatives	Policy identification with regional partners	Data sharing and resource pooling
Regional Support	Provide technical assistance to local agencies	Develop informational resources	Seek funding to support demonstration programs			

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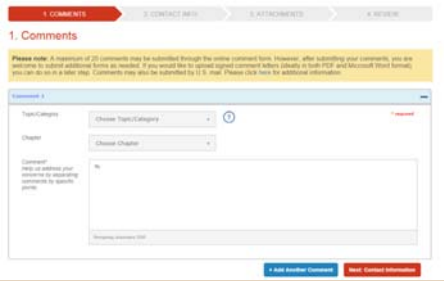
Submitting Public Comments

- Public Comment Cards
- Website:http://scagrtpscs.net/Pages/Draft2016RTPSCS.aspx



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More Information:

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www.scag.ca.gov

http://scagrtpscs.net/Pages/Draft2016RTPSCS.aspx

Riverside University HEALTH SYSTEM

Riverside County Public Health

The Social Determinants of Health for Planners: Live, Work, Play, Learn!

Miguel A. Vazquez, AICP
Healthy Communities Urban/Regional Planner

Southern California Association of Government
PUBLIC HEALTH
WORKING GROUP

SOUTHERN CALIFORNIA ASSOCIATION of GOVERNMENTS

California Planning Roundtable

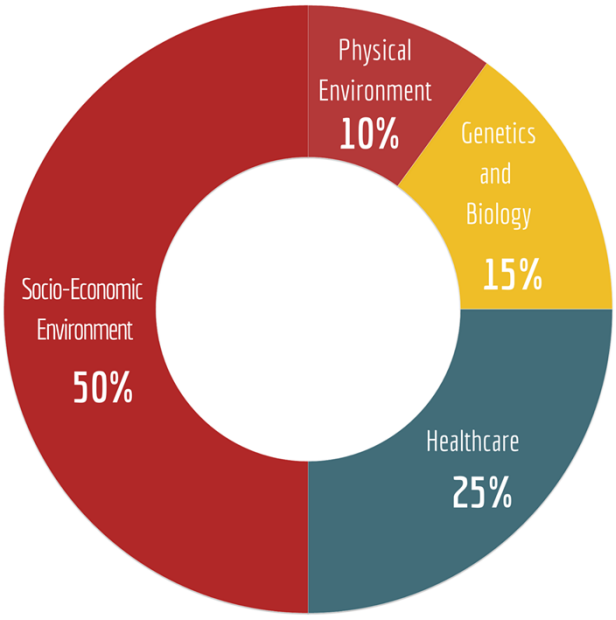
Paper's Background

- The California Planning Roundtable
  - Healthy Communities Work Group
    - Healthy Communities Definition
    - The Social Determinants of Health for Planners paper

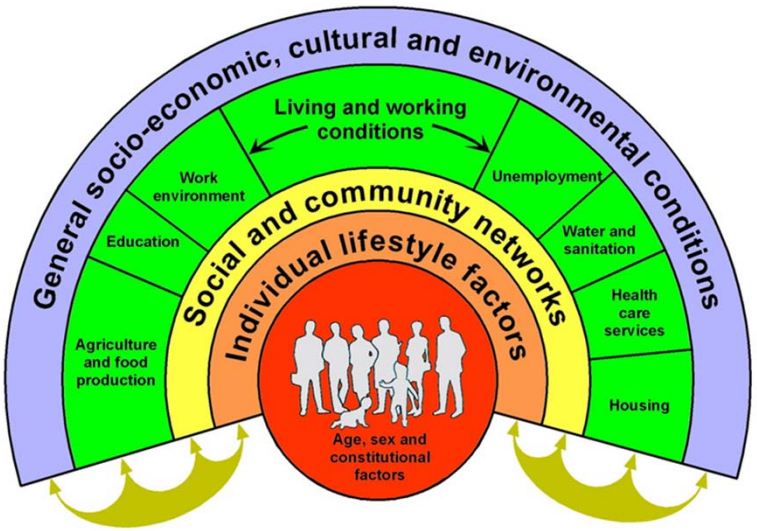
"We have traditionally thought about health in a very narrow context. Health is far more broad than what hospitals and doctors and nurses do. So how do we improve health across America? We need to go into the communities and think about the factors that drive health."

-Vice Admiral (VADM) Vivek H. Murthy, M.D., M.B.A.
United States Surgeon General
Quote from the 2015 Aspen Ideas Festival

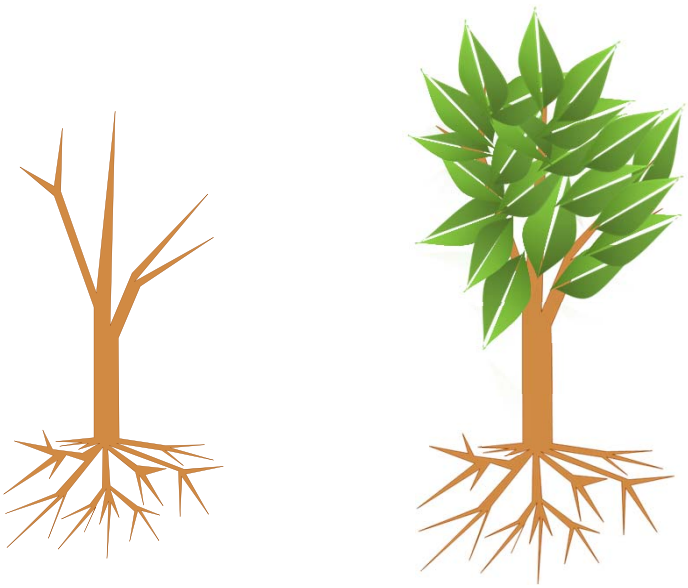
Source: http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health

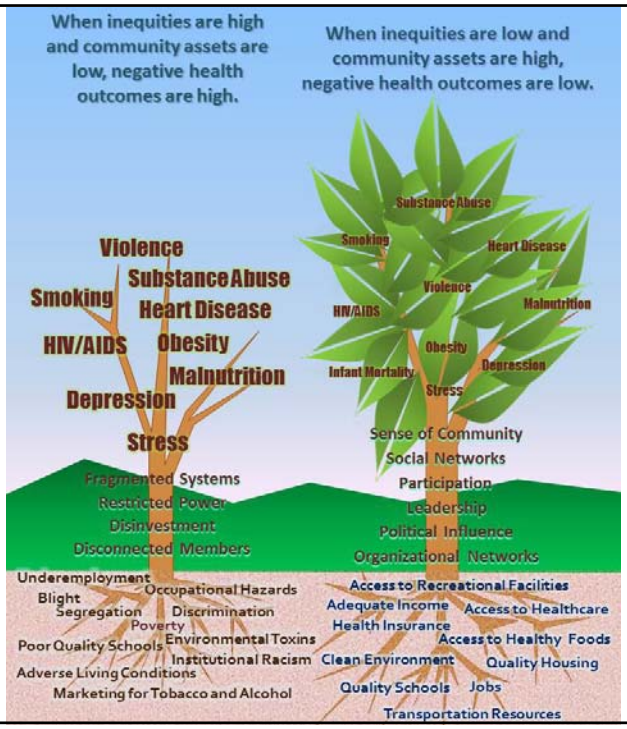


Source: Canadian Institute for Advanced Research, Health Canada, Population and Public Health Branch AB/NWT 2002



Source: Dahlgren and Whitehead, 1993
http://hiaconnect.edu.au/wp-content/uploads/2012/09/Dahlgren-and-Whitehead1.jpg



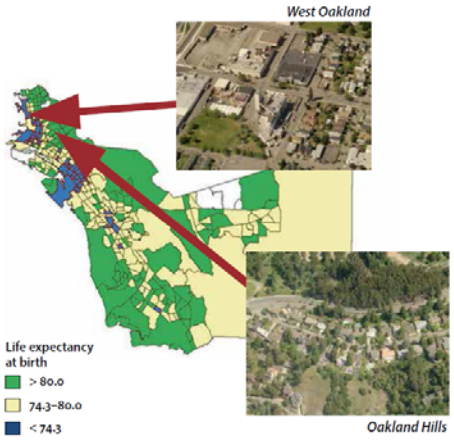


Source:http://www.odh.ohio.gov/~/media/ODH/ASSETS/Files/cfhs/Infant%20Mortality/Gator%20Boards/Social%20Determinants%20of%20Health-IB.pdf

Upstream-Downstream? A Tale of Two Terms

Video Link

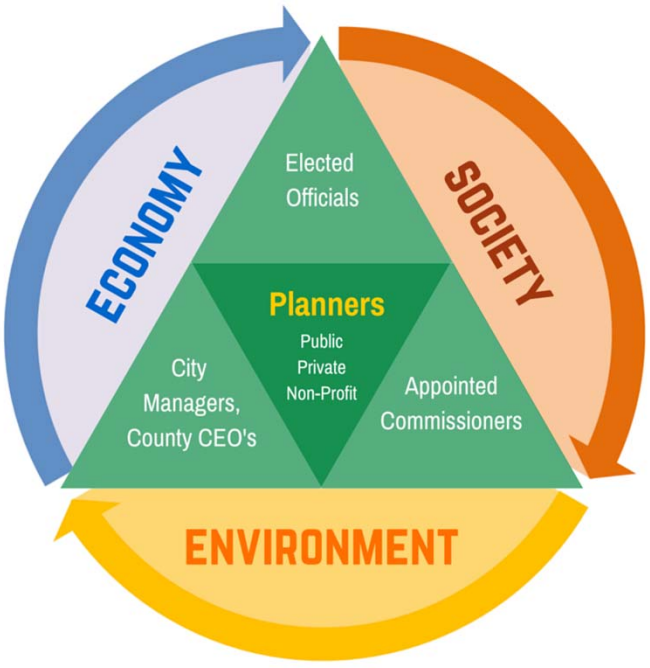
A white child from the Oakland Hills can expect to live to 85 years old, whereas an African American child living in West Oakland—just a few miles away—can only expect to live to 70.



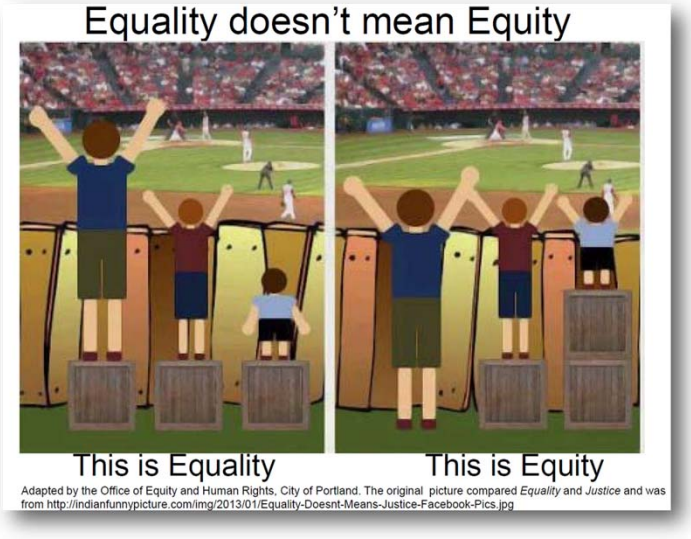
		West Oakland	Oakland Hills
Percent	High school grads	65%	90%
	Unemployment	12	4
	Poverty	25	7
	Home ownership	38	64
	Non-White	89	49

Sources: Alameda County Public Health Department, 2008, 2012

Source: Bay Area Regional Health Inequalities Initiative
Graphic extracted from Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity



Source: Scheme developed for CPR SDOH publication -Miguel A. Vazquez, AICP



Source: Office of Equity and Human Rights, City of Portland.

2016 2040 RTPSCS

EXECUTIVE SUMMARY

CHALLENGES WE FACE

MAJOR THEMES IN THE 2016 RTP/SCS

WHAT WE WILL ACCOMPLISH

BENEFITS BEYOND CLEANER AIR

Social Determinants of Health

- Includes the circumstances in which people are born, grow up, live, work, play and age. Economic opportunities, government policies and the built environment all play a role in shaping these circumstances and influencing public health outcomes.

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Active Transportation Health and Economic Impact Study

Contract No. 15-018-C1

Prepared for SCAG Public Health & Active Transportation Working Groups

Dr. Nicole Iroz-Elardo, Project Manager & Data Analyst
Urban Design 4 Health
January 21, 2016

Goal

Goal: **Estimate current annual** public health, transportation and economic **costs and benefits of bicycling and walking** on the SCAG region's economy

Key Elements:

- Build from evidence and best practices
- Use local data when available
- Identify appropriate non-local data when needed
- Develop a study process for use by local partners
- **Monetize previously modeled health benefits of RTP/SCS**

Timeline: Summer 2015 – April 2016

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Why? Physical Activity & Health Benefits

- **Health care expenditures comprise approximately 17.4 percent of GDP and outpace inflation.** (*Centers for Medicare and Medicaid Services, 2015*).
- Small changes to disease patterns could result in significant savings.
  - Diabetes
  - Cardiovascular and hypertension
  - Obesity

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Why? Annual Diabetes Prevalence & Cost of Illness in 2012

- 6.4% (~2.5 million cases) in CA
- Each costs (in CA):
  - Direct: $7,774
  - Indirect: $3,311.
- It adds up when tallied for all diabetics!

Total Annual Costs in 2012 (billions, 2011$)

	Direct	Indirect	Total
U.S.	$172.3	$67.2	$240.1
CA	$18.9	$8.1	$27.0
SCAG	$9.2	$3.9	$13.1

SCAG is based on 48% of CA's population residing within SCAG & assumes similar prevalence and cost of medical expenses throughout CA.

Source: American Diabetes Association (2013) *Economic Costs of Diabetes in the U.S. in 2012.* http://care.diabetesjournals.org/content/early/2013/03/05/dc12-2625.full.pdf+html

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Why? Transportation & Real Estate Benefits

- SGA Complete Streets Project saved **$18.1 million in collision and injury** costs within one year
- Replacing 20% of auto trips (<8km) with walking or cycling trips saves an estimated **$86M in health care costs due to reductions in PM2.5 and $3.4M from reductions in ozone**
- Bicycle-pedestrian tourism, infrastructure, and businesses resulted in **$82.7M in output and over 1,400 jobs** in Vermont in 2009
- **Multi-use paths** were associated with increased **residential property values ranging from $0.35 to $6.95 for each additional foot closer to** the access point

UD4H AECOM

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Status

- Task 1: Project Management
- Task 2: Public Outreach
- **Task 3: Data Collection Approach**
  - ***Literature & Data Identification – nearly complete***
- **Task 4: Transportation Cost Analysis**
  - ***in process***
- **Task 5: Health Benefits**
  - ***5a: Monetizing Active Transportation infrastructure – in process***
  - ***5b: Draft RTP/SCS – in process***
- Task 6: Economic Impact
- Task 7: Final Report

UD4H AECOM

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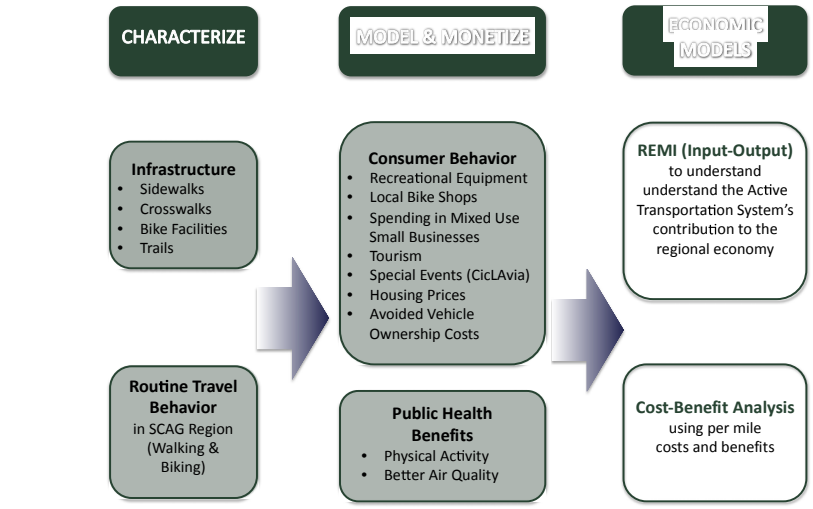
Conceptual Model



UD4H AECOM

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Task 5a: Methods

UD4H recommended method:

- use physical activity estimates (# of walking and bicycling trips, and average trip distance by mode) from a recent Active Transportation Analysis for SCAG
- as inputs to the California Public Health Assessment Model created for UrbanFootprint, and used in SCAG's RTP process, and
- apply the cost-of illness information

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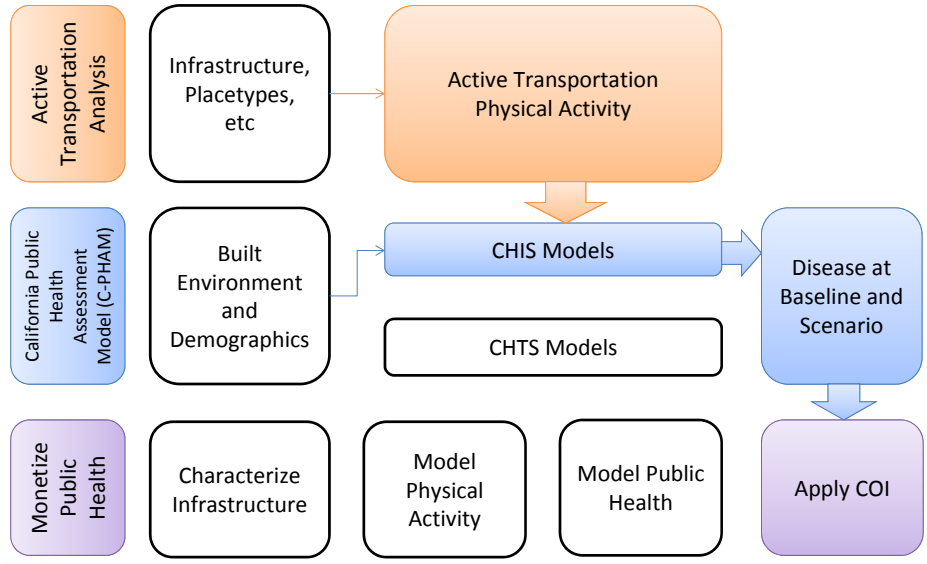
Task 5a: Proposed Approach



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- Urban Design 4 Health
  - National firm specializing in interactions between land use, built environment, transportation, air quality, behavior and public health.
  - Leader in the translation of evidence on built environment and health relationships into decision support tools
  - www.ud4h.com
- AECOM Technical Services
  - Extensive experience modeling transportation investments, economic development, real estate, tourism and culture, and sustainable development.
  - www.aecom.com

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Contact Information

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