Agenda

- Cycle 3 Regional Guidelines
- Go Human Update – Events
- Go Human Update – Toolkits and Trainings
- Health and Economic Impact Study Preliminary Results
- Active Transportation Leadership Symposium
- Regional Updates
Active Transportation Program

- 3 Funding Programs
- Cycle 3 total funds ≈ $240 M
- Funding Breakdown:

  - **MPO** 40%
  - **Statewide** 50%
  - **Small Urban and Rural** 10%

**SCAG Regional Program**

- $50 million
- Fiscal Years 2019-2020, 2020-2021
Active Transportation Program

Goals

- Increase trips by biking and walking.
- Increase the safety
- Achieve greenhouse gas reduction goals
- Enhance public health
- Ensure disadvantaged communities fully share in benefits
- Provide a broad spectrum of projects
Eligible Projects

Planning
Community-wide plans that benefit disadvantaged communities

Non-Infrastructure
Education
Encouragement
Enforcement

Infrastructure
Bike Lanes
Cycle Tracks
Crosswalks
Etc...
Cycle 1, 2 Approach

- SCAG deferred to state application and evaluation process
  - 1 application for all categories
- No Supplemental Call
- Population-based funding targets
- County Transportation Commissions supplemented state scores
- 3-5% Set Aside for Planning Projects
Cycle 3: Key Issues

- Alignment of process with regional and countywide plans
- Application complexity
- “One-size-fits all” application
- 50%+ SCAG jurisdictions don’t have plans
- Significant Delay in Funding Availability (July 2019)
Alternative Approach

- Use CTC application/project selection for Capital Projects (No change from Cycle 1,2)
- Issue Supplemental Call for Projects for “Planning” and “Non-infrastructure” projects
- Make supplemental applications simple to encourage greater participation
- Incorporate population-based funding targets
- < 10% funds Planning and Non-Infrastructure
- Explore opportunities to supplement Planning funds to expand eligibility to all communities
Complementary Activities

Legislative Proposal
- Project sponsors may initiate project in advance of programming year
- Seek reimbursement after allocation

Sustainability Call for Projects
- Exploring synergies between programs
Guideline Development Process

- Statewide Guidelines Approved – March 17
- Outreach – April
  - County Transportation Committee Working Group
  - TC update
  - Active Transportation Working Group
  - Technical Working Group
- Staff Recommendation to RC – May 5
- County Transportation Commission CEO approval—May
- RC Approval – June 2
- California Transp Commission adoption – June
Contact Information

Stephen Patchan
Patchan@scag.ca.gov
213-236-1923
Open Streets & Demonstration Projects

- Re-imagine streets for walking and biking
- 17 cities selected to host events
**Updated Schedule**

**Upcoming Events!**
- City of Palm Desert - May 7, 2016
- City of Los Angeles - Southeast Cities CicLAvia May 15, 2016
- City of Westminster - May 21, 2016
- City of Fontana – July 30, 2016

**Phase 2 October 2016 (Walktober):**
- City of Riverside
- City of Rialto
- OC Loop
- City of Brea
- City of Garden Grove
- City of Cudahy
- City of Long Beach

**Phase 3 May 2017 (Bike Month):**
- City of Fullerton
- City of Rancho Cucamonga
Nuestra Avenida:
Cesar Chavez Re-Imagined
Open Streets & Demonstration Projects

The street is the place where we come together.
Open Streets & Demonstration Projects
Get Involved!
More information:

Open Streets & Temporary Events
Stephen Patchan
lippe-klein@scag.ca.gov
Overview

- Project Update
- Go Human Toolbox
  - Approach and Framework
  - Elected Officials Toolkit
  - Case Studies Request
  - Next Steps
- Toolkits Training
  - Approach
  - Upcoming Survey
- Q & A
Project Summary: Refresher

- **Purpose**: create and empower local champions to lead education and encouragement programs in their communities

- **Approach**: identify strategies, messaging and resources to enable that leadership

- **Deliverables**: a toolkit and training sessions for each of the four target audiences
Project Update

- Completed literature review and research for materials and resources
- Completed four User Group Panels for each audience: Elected Officials, Professionals, Community Groups, and Workplaces
- Completed a workshop for transportation and health advocacy groups
- Developed a ‘Toolbox’ framework and narrative for each audience-specific toolkit
- Completed first draft of Elected Officials Toolkit
Project Update: Schedule

Planning & Stakeholder Identification
Nov-Dec 2015

Targeted Training Strategy & Toolkits Planning
Jan-Apr 2016

Release of Targeted Toolkits & Training Activities
May-Jun 2016

Monitoring, Effectiveness & Final Reporting
Jul-Aug 2016
Go Human Toolkit: Approach

Key Toolbox themes:
- Why is active transportation important?
- What is Go Human?
- What is the purpose of the Toolbox?
- What is in the Toolbox?
Go Human Toolkit: Narratives

- Elected Officials
  - Increasing quality of life through active transportation

- Professionals
  - Information is the key to successful projects

- Community Groups
  - Active communities increase livability

- Workplaces
  - The business case for healthy companies
Elected Officials Toolkit

- Toolkit resources:
  - Making the Case for Active Transportation
  - The Mayor’s Challenge for Safer People, Safer Streets
  - Quick Facts and Figures
  - Active Transportation FAQ
  - Best Practices: Bike Friendly Long Beach, Santa Ana Partnerships for Funding, SGV Bike Master Plan, NYC Streets for Seniors.
Case Studies

- Seeking a few more best practice case studies, specifically:
  - Complete streets application within circulation element (and project implementation if possible)
  - Law enforcement partnership to promote walk/bike safety
  - Infrastructure project where the media was used to successfully raise awareness and positive sentiment in the community
  - Smaller employer (25-100 staff) commuter program
  - Case studies from Ventura, San Bernardino and Imperial Counties
Next Steps

Completing the draft toolkits and graphic design (Apr-May)

Seeking toolkit feedback and training input via a survey and User Panel (Apr-May)

Delivering Elected Officials training (May 4) and planning other trainings (May-Jun)
Toolkits Training: Approach

- Deliver one in-person training in each County across Professionals, Community Groups, and Workplaces audiences (x6 total)

- Deliver up to four remote training sessions (potentially webinar) on specific topics such as creating effective partnerships, using data, effective engagement, or open streets events.

- Look for opportunities to partner with existing events (e.g. tactical urbanism or Great Streets events, conferences, regional meetings)
Questions for the Working Group

- Do you have any comments or concerns with the audience-specific narratives?

- Do you have any suggestions for additional case studies
  - Re: Complete streets, law enforcement partnership, media engagement, smaller employer commuter program
  - Case studies from Ventura, San Bernardino and Imperial Counties

- Do you have any comments regarding the approach to training?
  - Combined training in each County, separate training region-wide

- Do you have any suggestions for events we could partner training with?
Active Transportation Health and Economic Impact Study
Contract No. 15-018-C1

Preliminary Results Prepared for SCAG – Active Transportation Working Group

Dr. Nicole Iroz-Elardo, Project Manager
Urban Design 4 Health
April 12, 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 – May 2016
Conceptual Model

**CHARACTERIZE**
- Infrastructure
  - Sidewalks
  - Crosswalks
  - Bike Facilities
  - Trails

**MODEL & MONETIZE**
- Consumer Behavior
  - Recreational Equipment
  - Local Bike Shops
  - Spending in Mixed Use Small Businesses
  - Tourism
  - Special Events (CicLAvia)
  - Housing Prices
  - Avoided Vehicle Ownership Costs

**ECONOMIC MODELS**
- REMI (Input-Output) to understand the Active Transportation System’s contribution to the regional economy

**Routine Travel Behavior**
in SCAG Region (Walking & Biking)

**Public Health Benefits**
- Physical Activity
- Better Air Quality

**Cost-Benefit Analysis**
using per mile costs and benefits
Status

• Task 1: Project Management
• Task 2: Public Outreach
• Task 3: Data Collection & Approach
• Task 4: Transportation Cost Analysis
  – finalizing
• Task 5: Health Benefits
  – 5a: Monetizing Active Transportation infrastructure – finalizing
  – 5b: Draft RTP/SCS – finished
• Task 6: Economic Benefits
  – Run through REMI – in process
• Task 7: Final Report
Understanding Cost of Illness (COI)
Task 5: Cost of Illness – What is it?

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct</td>
<td>• Money exchanged for healthcare (doctor visits &amp; hospitals) and pharmaceuticals</td>
</tr>
<tr>
<td>Indirect</td>
<td>• Absenteeism, reduced productivity, early disability</td>
</tr>
<tr>
<td></td>
<td>• In some studies, early death</td>
</tr>
<tr>
<td></td>
<td>• Does NOT include pain and suffering</td>
</tr>
</tbody>
</table>
Task 5: Annual Cost of Illness

### Health Outcome

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>Per Case (2011$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$7,774&lt;sup&gt;2,4&lt;/sup&gt;</td>
</tr>
<tr>
<td>Hypertension</td>
<td>$551&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>$4,005&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

1 2012 California Health Interview Survey – Combined results for Imperial, Los Angeles, Orange, Riverside, San Bernardino, and Ventura Counties; Counts as reported by California Health Interview Survey with a reported 11,660,000 adults ages 18-64.

2 American Diabetes Association (2013)

3 Mozaffarian et al (2015). Note hypertension was limited to cases without other types of heart disease, and is therefore additive with minimal double counting.

4 California specific estimate
Task 5: Calculating Annual Regional Cost

(# of cases) x COI = SCAG Annual Cost

Example: Diabetes
6.5% Prevalence (18-64 years) = 754,000 cases

Direct: 754,000 x $7774 = $5.861 billion
Indirect: 754,000 x $3,311 = $2.497 billion
Total: = $8.358 billion
Task 5: What is the current annual economic drag on SCAG’s economy from ill 18-64 year olds?

Total Annual Regional Costs
(18-64 Year Olds)

Direct: $10.4 billion
Indirect: $.8 billion
Total: $12.7 billion
Example #1:
Monetizing Active Transportation Infrastructure
What are the economic benefits from physical activity due to our current active transportation network?
Task 5: Current Levels of Active Travel

<table>
<thead>
<tr>
<th>% of Active Travel Min Attributable to Infrastructure</th>
<th>Minutes per person per week from</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Walk for Travel</td>
</tr>
<tr>
<td></td>
<td>Biking (Moderate PA)</td>
</tr>
<tr>
<td>0%</td>
<td>-</td>
</tr>
<tr>
<td>25%</td>
<td>9.18</td>
</tr>
<tr>
<td></td>
<td>1.22</td>
</tr>
<tr>
<td>40%</td>
<td>14.69</td>
</tr>
<tr>
<td></td>
<td>1.95</td>
</tr>
<tr>
<td>50%</td>
<td>18.36</td>
</tr>
<tr>
<td></td>
<td>2.44</td>
</tr>
<tr>
<td>60%</td>
<td>22.04</td>
</tr>
<tr>
<td></td>
<td>2.92</td>
</tr>
<tr>
<td>75%</td>
<td>27.55</td>
</tr>
<tr>
<td></td>
<td>3.65</td>
</tr>
<tr>
<td>100%</td>
<td>36.73</td>
</tr>
<tr>
<td></td>
<td>4.87</td>
</tr>
</tbody>
</table>
### Task 5: Physical Activity Benefit of Active Transportation Infrastructure

<table>
<thead>
<tr>
<th>% of Active Travel Minutes Attributable to Infrastructure</th>
<th>Difference in Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hypertension (21.7%)</td>
</tr>
<tr>
<td>0%</td>
<td>-</td>
</tr>
<tr>
<td>25%</td>
<td>0.25%</td>
</tr>
<tr>
<td>40%</td>
<td>0.44%</td>
</tr>
<tr>
<td>50%</td>
<td>0.60%</td>
</tr>
<tr>
<td>60%</td>
<td>0.80%</td>
</tr>
<tr>
<td>75%</td>
<td>1.21%</td>
</tr>
<tr>
<td>100%</td>
<td>4.71%</td>
</tr>
</tbody>
</table>
### SCAG Region Health Benefits (millions, 2011$) for Adults, ages 18+

<table>
<thead>
<tr>
<th></th>
<th>Direct (Avoided Healthcare Expenditures)</th>
<th>Indirect (Avoided Lost Productivity)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$149</td>
<td>$631</td>
<td>$212</td>
</tr>
<tr>
<td>Hypertension</td>
<td>$46</td>
<td>$4</td>
<td>$50</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>$34</td>
<td>$31</td>
<td>$64</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$228</strong></td>
<td><strong>$98</strong></td>
<td><strong>$326</strong></td>
</tr>
</tbody>
</table>

Table assumes that the last 50% of active travel minutes is attributable to infrastructure. Graph shows differences as that attributable to infrastructure assumption changes.

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**Task 5: Annual Monetized Physical Activity Benefit of Active Transportation Infrastructure**
Example #2:
Monetizing Physical Activity from Implementing SCAG’s 2016 RTP/SCS
Task 5: Initial Physical Activity Estimate for the 2016 RTP/SCS Outcomes

Existing Population

18,015,488

New Population

3,764,000
Task 5: Population Included

Existing Population

New Population

Seniors
Children
Adults

2.56 million adults ages 18-64
Results apply to the 2.5 million additional adults ages 18-64 who live in areas with built environment change.
Task 5: Annual Expected Physical Activity Savings in 2040 from Implementing the Plan

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>Avoided Cases</th>
<th>Annual Savings at Full Implementation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Total (Direct + Indirect)</td>
<td>Per Capita</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3,051</td>
<td>$33,823,709</td>
<td>$13.22</td>
</tr>
<tr>
<td>Hypertension</td>
<td>16,525</td>
<td>$9,838,099</td>
<td>$3.85</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>3,235</td>
<td>$24,710,034</td>
<td>$9.66</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$65,370,700</td>
<td>$25.56</td>
</tr>
</tbody>
</table>

Results apply to the 2.5 million additional adults ages 18-64 who live in areas with built environment change.
Task 5: Summary

• This is just the physical activity healthcare portion of active transportation

• Active Transportation is a good deal
  • ~ $326 million annually in current health benefits of AT system
  • ~$400-500 million annually in current AT system spending
  • ~ 2016 RTP/SCS AT will result in nearly an additional $1 billion in savings over the lifetime of the plan

• These are conservative estimates
  • Assumption about infrastructure minutes being last AT minutes added
  • Not capturing stroke, cancer and other morbidities
  • Only applied to the new residents of the SCAG region, existing residents will also benefit
  • Only applied to the adult population
Task 5: Next Steps

• Also looking at
  • Events
  • Consumer savings
  • Induced demand (consumption, employment)

• Next steps:
  • Local Methodology
  • Final Report
• **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
Southern California Active Transportation Safety & Encouragement Campaign

Active Transportation Working Group

April 12, 2016
Leadership Symposium

- Training for Elected Officials
  - How to support active transportation efforts in your city
  - Tools and resources for communicating the benefits of active transportation
- Site Visit to Palm Desert Demonstration Project
Leadership Symposium

• May 4th at 11:30 am for elected officials

• RSVP with Alek Bartrosouf bartrosouf@scag.ca.gov or (213) 236-1884
Regional Updates

- Have a project, plan or event you’d like to share?