

# REGIONAL TRANSPORTATION ADVISORY COUNCIL



## Regional Transportation Advisory Council Meeting

### November 12, 2014 Meeting

3:00 PM, State Transportation Building, Conference Rooms 4, 10 Park Plaza, Boston, MA

### Draft Meeting Summary

#### Introductions

Mike Gowing, Chair (Acton) called the meeting to order at 3:00 PM. He introduced himself as the new Chair of the Advisory Council and introduced D. Montgomery (Needham) as the new Vice Chair. Members and guests attending the meeting introduced themselves. (For attendance list, see page 7)

#### Chair's Report—*Mike Gowing, Chair*

M. Gowing gave a brief review of the November 6 MPO meeting. He reported that comments from the public on TIP Amendment One were presented and that the MPO voted to endorse the amendment.

There was a review and approval of the Foxboro JARC Feasibility Study work program. MPO staff also made a presentation on the Long-Range Transportation Plan development; presented member guidebook called "Charting Progress to 2040" which is available on the MPO website; and reviewed the Draft Goals and Objectives for the LRTP. Public input on the document can be made online at the MPO website ([www.bostonmpo.org/drupal/charting\\_2040](http://www.bostonmpo.org/drupal/charting_2040)).

Dave Anderson, MassDOT and Sean Pfalzer, MPO staff, addressed TIP project cost changes and reporting.

D. Montgomery suggested that members respond to the request for input on the "Objectives and Goals and Vision Statements" on a timely basis.

#### Minutes - September 10, 2014

Minutes for the September 10 Advisory Council meeting were approved as presented after a motion from B. Steinberg was seconded by C. Porter. Minutes were approved.

## Healthy Transportation Planning Policies and Practices Panel Presentation and Discussion

*Project Selection, Performance Evaluation, and Healthy Investment Decisions – Steve Miller, Executive Director, Healthy Weight Initiative, Harvard School of Public Health; Board of Directors, Livable Streets Alliance*

Steve Miller reviewed the topics of project selection, performance evaluation, and the development of mitigation requirements in making healthy investment decisions in transportation.

Mitigation requirements are the transportation demands placed on a developer for upsetting the status quo. The selection criteria used to evaluate future investments relate to the establishment and prioritization of goals.

Resource availability and timing are important in determining the strategies for maintaining existing systems or using investments to shape or move toward desired goals. Nearly all of the top 20 MPOs spend over 50 percent of their budgets on operation and maintenance which leaves little room for new projects.

Political and public demands and other driving forces behind goal decision making are: keeping costs low, meeting policy mandates, responding to unmet user needs and incorporating state of the art designs, equipment and strategies. Policy mandates of the MassDOT Project Selection Advisory Committee (PSAC) are similar to the Boston Region MPO criteria. The top three criteria for both groups are health and environment, safety, and equity.

The difference between safety and health from a public health perspective is that safety is specific to injury; it is usually immediate, it is short-term and often individual. Health is a systemic, long-term and chronic condition. Both safety and health can be preventative. Public health is mostly preventative in nature while safety is usually aimed at preventing injury and reducing severity. Health is geared toward wellness—health in all policies.

Systemic issues that relate to transportation and health consider safety as a function of speed, separation and numbers. The greatest safety consideration for pedestrian and bicyclists is to slow driver speeds. Mortality and morbidity rates for accidents are heavily correlated with vehicle speed. The increase in the average speed from 20 to 30 mph results in 7.6 times the risk of child pedestrian injury. This correlation holds especially for poor children since lower income households tend to live where there is higher traffic, fewer sidewalks, and often, less carefully timed crossings.

Safety means slowing down. Road “diets” or lane reductions reduce all traffic crashes by an average of 29 percent, a substantial public health payoff. Safety through separation can help to improve the safety performance of roads. Many cities have introduced bike lanes and separated bike tracks which have improved the overall efficiency of the streets. The difference between vehicle speed and vehicle throughput are the factors that have the largest impact on travel times. With properly timed traffic signals, as many or more vehicles can be moved at 20 mph as at higher speeds with poor signal timing. S. Miller presented several slides of bike tracks and intersection treatments that improve safety concerns for motorists, bicyclists and pedestrians.

Trucks are involved in a disproportionate share of pedestrian and bicycle accidents. S. Miller described several truck safety improvements that have demonstrated success. Some of these accident prevention techniques include pavement marking and striping, the addition of vehicle sensors to monitor potential conflict activity, and the installation of side-guards on trucks with exposed rear wheels. Boston, Cambridge and many cities around the US have enacted rear-wheel safeguard regulations.

Combustion caused particulates are many times more dangerous than accidents. People living less than 300 feet of a highway have enormously increased rates of pollution borne illness. Pollution takes two years off the life of the average person. The proximity to schools and vulnerable populations should be addressed in planning and expanding roadways. Ways to reduce localized health impacts include routing restrictions, ride-sharing, use of alternative energy vehicles, cleaner vehicles and more inspections, better parking policies and mode shift.

As travel mode changes toward higher occupancy vehicles, more land becomes available for other improvements, which can result in an aesthetic bonus; a demonstrated positive economic impact resulting from gravitation to nice or more attractive locations. S. Miller discussed ways that community and personal connections resulting from mode shift can contribute to healthy transportation. The immediate street environment will impact the desirability of social interaction and activity. Putting too much traffic through a region (business and residential) reduces the social cohesion and the neighborhood’s ability to work together on common goals.

In summation, S. Miller stated there are three things to think about in making healthy transportation choice a reality: mitigation requirements and the design of projects; performance evaluation; and project selection. Primary considerations from a transportation safety and health perspective are mode shift, roadway design features, and the livability of our neighborhoods and businesses.

The overall impact of selected public health projects must be measured by the combination of both the degree of improvement and size of the affected population. S.

Miller encouraged planners and decision makers to prioritize long-term over short-term choices and to set goals high.

*DISCUSSION:*

S. Miller stated that emotions are more powerful than the rational decider; it does help to have facts and data on your side. He stated that it is difficult to advocate change as peoples' perspective is based on the past which results in people march forward facing the rear. (B. McGaw)

In response to a member's question, S. Miller said that noise pollution was not studied as a part of the setting of air pollution standards. Noise pollution standards and their impact on community health have been largely unaddressed, and not much good research exists on the subject. (M. Wellons)

*Transportation and Health – Barry Keppard, Public Health Manager,  
Metropolitan Area Planning Council*

Barry Keppard expressed a need to continue on the theme of "health on all policies" and the continued relationship between health and transportation. Health starts at home. Sixty percent of what makes us healthy is based on where people live and their behaviors and the choice they have. Research indicates that one's zip code is more important to health than one's genetic code. An example of the life expectancy among zip codes in New Orleans supports these outcomes.

The Health Impact Assessment (HIA) tool helps to consider how a proposed project, plan, or policy might affect a given area of public involvement and potentially lead to changes in health outcomes. Steps of an HIA include screening, scoping, assessment, recommendations, reporting, and monitoring.

At the state level, an HIA assessed the policy of reducing speed on local roads from 30 to 25 mph. The positive impacts of this assessment estimated the total annual savings to be \$210 million as measured by the value of crashes, fatalities and medical savings. These savings were \$60 million greater than the costs of the negative impacts of the policy due to congestion, increased fuel consumption and health degradation due to poor air quality.

A regional policy analysis based HIA was made in conjunction with the study of MBTA service cuts and fare increases. Lost physical activity was a key factor in terms of impacts.

At the project level, MAPC worked with MHIC (Massachusetts Housing Investment Corporation) and CLF (Conservation Law Foundation) on an HIA of the proposed Healthy Neighborhoods Equity Fund (HNEF), which focused transit-oriented

development. The HIA addressed health issues that can be monitored and improved through this development to gain a positive health outcome.

Three Boston transit oriented developments were studied to determine the impact factors involved and what changes ought to happen. Twelve pathways were developed as a framework to assess the various factors associated with these developments. A system-wide review of changes associated with multi-modal investments (based on a number of the studies) showed a 35 percent increase in the number of bicyclists and pedestrians.

Research in traffic related emissions show there are more and more associated health impacts. Issues of traffic placement, volume, and exposure warrant protection of homes and businesses when development is undertaken.

Another HIA was undertaken with regard to school building planning process in Massachusetts. The local case study was the Plymouth South High School where transportation to the site, site design, and the building campus were considered among a number of pathways. There is not a lot of site level information on best practices. Some positive recommendations included adding buffered bike lanes and support for a proposed new trail to connect to the school and a non-central bus drop-off which will encourage physical activity.

B. Keppard summarized by saying that when conducting an HIA process, one activity to do is a 'root cause exercise'. A survey of the health issues is made; associated behavior with health issues is analyzed; and the question of why people are left with unhealthy choices or why they are being seen is investigated. Invariably, transportation policy surfaces as the major factor.

In summation, B. Keppard stated that health begins where we live, learn, work, and play and in the transportation system that brings us together.

*DISCUSSION:*

In response to a question on the effectiveness of HIAs, B. Keppard said that both school design and program changes to the healthy neighborhoods equity fund were made as a result of conducting the Health Impact Assessments. (J. McQueen)

B. Keppard said much traffic at various times of the day in the school study was not related to people wanting to drive to and from school, rather it was based on how the school was built (no windows, no ventilation) which prompts people to get away from the site quickly. Some school policies actually encourage driving even though bus service is available. (M. Gowing)

In response to a question on hidden costs to transportation projects B. Keppard explained that there were several development tools available at the Centers for

Disease Control and at the World Health Organization. These tools provide metrics for benefits and costs for planning purposes. (M. Wellons)

B. Keppard explained that there needs to be communication between the developers and those who buy the transit that would serve the expanded communities.

B. Keppard asked the group if people had changed their thinking after hearing information on the HIAs. One member stated that local health director identified lack of viable transportation as the number one negative health impact on their community. This motivated the community to start working on healthy transportation improvements.

Members questioned the exactness of costs associated with traffic accident losses but wanted to distribute these rounded costs to demonstrate the gravity of the problem of bicycle and pedestrian accidents. (R. McGaw, M. Wellons)

S. Miller attested to the benefit of bicycle helmet usage. He stated that the incident of helmet requirement actually reduces the number of people who choose to take up bicycling. The biggest health benefit by the numbers, suggest that the public health benefit of people bicycling far outweighs the cost of bicycle crashes.

In response to a member's question on Hubway bicycle helmet usage, S. Miller observed nearly 60 percent of Hubway riders bring their own helmets. The percentage of helmet usage has increased significantly as bicycling has become a more mainstream mode.

## **Member Take-Away Points; Old Business, New Business, Member Announcements**

Chris Porter reported on the activity of the LRTP Committee. He identified the committee's position on the LRPT goals and objectives.

D. Montgomery reminded members that the Membership Committee is open to all and it will be ramping up activity in the upcoming months.

## **Adjourn**

The meeting was adjourned at 4:25 PM.

## ATTENDANCE

### **Agencies (Voting)**

MassRides  
Seaport Advisory Council

### **Municipalities (Voting) \*MPO Member**

Acton  
Belmont  
Cambridge  
Needham

Quincy  
Weymouth

### **Municipalities (\*MPO & Other Non-Voting)**

Boston\*  
Westwood

### **Citizen Groups**

Association for Public Transportation  
Massachusetts Bus Association  
MassBike  
MoveMassachusetts  
Riverside Neighborhood Association  
WalkBoston

### **Guests**

Harvard School of Public Health - Presenter  
MAPC - Presenter  
Cambridge Resident  
Cambridge Resident

### **Staff**

Matt Archer  
David Fargen

### **Attendee**

Catherine Paquette  
Louis Elisa

Mike Gowing (Vice Chair)  
Robert McGaw  
Cleo Stoughton  
David Montgomery (Chair);  
Rhain Hoyland  
Susan C. Karim  
Val Sullivan

Tom Kadzis  
Steve Olanoff

Barry M. Steinberg  
Mark Sanborn  
Chris Porter  
Jon Seward  
Marilyn Wellons  
John McQueen

Steve Miller  
Barry Keppard  
Arthur Strang  
Ed Lowney