public health alliance of southern california
A Partnership for Healthy Places

City of Long Beach
Department of Health
and Human Services

Los Angeles County
Department of Public Health

City of Pasadena
Public Health Department

County of Riverside
Department of Public Health

Santa Barbara County
Public Health Department

County of San Bernardino
Department of Public Health

County of San Diego
Health and Human Services
Agency

Ventura County
Public Health

February 25, 2016

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1120 N Street, MS-52
Sacramento, CA 95814

Dear California Transportation Commission Members and Staff:

The Public Health Alliance of Southern California (Alliance) is a collaboration of local health departments in Southern California working to create communities where all residents can be healthy and active. Given the important health benefits associated with increased physical activity[1], and the potential of active transportation to help our population meet Federal physical activity guidelines[2] while accessing essential destinations, Health Departments are supportive of the Active Transportation Program (ATP) and its ongoing funding. Far more projects applied for Active Transportation Program Funding in the previous two cycles than were awarded (estimated 1 billion in funding applications each cycle, with only 360 million funded each cycle). In recognition of the significant public health and greenhouse gas reduction benefits that accrue from active transportation investments, we encourage increased and ongoing investment in the program, including future investment of Greenhouse Gas Reduction fund dollars.

Local Health Departments were pleased to participate in Cycle 1 and 2 of the Active Transportation Program, in partnership with other jurisdictions, as funding applicants, and as reviewers of applications in both the Statewide and the Local funding competitions.

Based on our experience, we have the following recommendations for improving Cycle 3 of the program:

Prioritize Disadvantaged Communities and the Social Determinants of Health:
As public health professionals engaged in efforts to reduce the stark disparities in health that exist across California, an important focus of our work is identifying and improving conditions in health disadvantaged communities. Evidence suggests that social factors, which include income, unemployment, education and rent burden are among the most significant drivers of health and wellbeing[3].

[1] Increasing median time spent walking and biking in the Bay area to 22 minutes carried substantial health improvements, including offer significant co-benefits in terms of health, with projected reductions in cardiovascular disease and diabetes of 14% and 6-7%, respectively, and colon and breast cancer reductions of 5%.
[2] The US Surgeon General recommends 150 minutes of moderate intensity aerobic physical activity each week. http://health.gov/paguidelines/guidelines/chapter4.aspx
[3] US Burden of Disease Collaborators. The state of US health, 1990-2010: burden of diseases, injuries, and risk factors. *JAMA*. 2013 Aug 14; 310(6):591-608.

We commend the efforts of CTC staff to have an open discourse about how the Active Transportation Program Guidelines can be adjusted to ensure that disadvantaged communities can share equally in the benefits of the Active Transportation Program and attendant health co-benefits can be targeted to these areas of greatest health need.

- **We strongly support the proposal to award 10 points to disadvantaged communities based on a more rigorous tiered scale.** We recommend that these ten points be awarded as suggested in the letter provided in the SRTS/ Bicycle coalition/ California walks letter to the CTC dated 2/5/16 (refer to Attachment 1, page 6).
- **We recommend that the Free and Reduced Price Lunch standard for identifying disadvantaged communities be allowable *only* for Safe Routes to School Projects directly serving the school used to qualify.** School catchment/attendance area boundaries do not necessarily align with the 2 mile radius currently being proposed. In order to use this criteria the project must be a Safe Routes to School project with infrastructure improvements located within the attendance boundary of the school being used to qualify.
- **We recommend that the disadvantaged community question be the first question on the application.** Applicants claiming points for benefitting disadvantaged communities in the first question should then be required to demonstrate how their project will specifically benefit disadvantaged communities per the criteria in the subsequent application questions. As a guideline for measuring direct benefit, we recommend the framing provided in the SRTS/ Bicycle coalition/ California walks letter to the CTC dated 2/5/16 and attached, which established guidelines for direct benefit (refer to Attachment 1, page 3).

While we expect that the tighter scoring criteria will reduce the chance that communities will be awarded unmerited points in this section, a number of other changes could further ensure that projects optimize benefits to truly disadvantaged communities:

- **Streamline the application and application process.** The labor intensiveness of the current application favors applicants with greater resources/ access to technical assistance. We recommend a simplification of the application, possibly based on the Caltrans Office of Traffic Safety (OTS) Bicycle and Pedestrian Safety Program guidelines as shown in attachment 2. Even the application in its current form could be streamlined by utilizing an online format, with auto-calculator forms for elements of the plan including the disadvantaged community status question. A variety of open source, low cost resources (i.e., Google forms), could be utilized to achieve this result.
- **Invest in Active Transportation Planning in Disadvantaged Communities.** No amount of tweaking and modifying the ATP application process or point allocations will ensure that the projects needed by disadvantaged communities are consistently proposed and awarded in a statewide competition. This is especially true when many disadvantaged communities do not have active transportation plans in place. By encouraging disadvantaged communities to apply for funding to complete active transportation plans, the ATP program will cultivate the future success of active transportation projects in these communities. In support of this, we also recommend returning the funding set-aside for the planning in disadvantaged communities to 3% in the statewide competition, and granting MPOs discretion for awarding up to 5% of regional funds to planning.
- **Dedicate funding for technical assistance to disadvantaged communities.** Funding should be set aside to provide technical assistance to the most disadvantaged jurisdictions (those cities

where the majority of census tracts are the top-most disadvantaged census tracts[4] statewide) to help them successfully complete ATP applications. We recommend that the CTC identify and conduct outreach to these jurisdictions in advance of issuing the call for projects, and work to promote genuine public engagement processes that encourage these jurisdictions to elevate ATP planning and project applications for their disadvantaged community neighborhoods.

- **Consider using the California Health Disadvantage Index as a screening tool for identifying communities most in need of technical assistance**. The California Health Disadvantage Index ranks census tracts statewide based on social determinants of health criteria. We feel that the components of this tool have a direct nexus with the goals of the Active Transportation Program, and would recommend its use as an additional tool for defining disadvantaged communities. More information about this tool is available on the web http://phasocal.org/ca-hdi/
- **Remove the stipulation in Section 7 that states that requests for non-infrastructure and planning project funding cannot be combined.** Non-infrastructure Safe Routes to School (SRTS) projects are often an important component of active transportation planning, and can help elevate projects of vital importance from the community level into the type of disadvantaged community-benefitting pipeline described above. Allowing flexibility to applicants to use funding for both planning *and* non-infrastructure acknowledges the important role that SRTS programs play in engaging the community in planning processes.

Develop a process that is more supportive of non-infrastructure projects:
Local Health Departments have been longstanding partners in efforts to encourage transportation-related physical activity, partnering with jurisdictions on Safe Routes to School assessments and projects, recommending physical activity as a 'prescription for health,' and seeking to help communities with concerns about crime by implementing *Crime Prevention Through Environmental Design* strategies. We see non-infrastructure projects as laying the groundwork for communities where everyone can connect and have access to opportunities by means other than a motorized vehicle while creating a culture of health through active living. As such, the criteria should not only focus on infrastructure, but on developing programming and education to help residents feel safe and connected while walking of biking to destinations.

ATP non-infrastructure grants also help finance the ongoing collaboration of health and planning at a local level, helping not only to increase the effectiveness of active transportation infrastructure improvements, but also to create a broad understanding of how individual transportation choices can improve health.

The structure of ATP Cycles 1-2 has made it difficult for excellent non-infrastructure projects to receive funding. Many of these issues have not been addressed in the Cycle 3 guidelines. The following recommendations are designed to ensure a fairer process for non-infrastructure projects:

- **Develop separate guidelines and application pathway for non-infrastructure and planning projects in ATP.**
- **Make programming to create "a culture of health" around physical activity an eligible program expenditure.**
- **Do not require non-infrastructure projects to demonstrate access to a sustainable funding source. (Section 11, bullet 3)** Many of the non-infrastructure projects will not be able to meet

[4] Those census tracts meeting the 'Severely Disadvantaged' criteria of: <60% MHI, top 15% CES, or top 15% HDI.

this threshold, given that funding for this type of work is generally cobbled together from other (non-ATP) grant sources with clear end dates.

- **Remove the stipulation barring the use of ATP funds to support ongoing efforts. (Section 11, bullet 3).** The goal of non-infrastructure programming should be sustained improvements to active transportation mode share and safety. These types of improvements often require sustained effort and program development over multiple years, however there are few revenue streams available to support successful programs. Rather than barring the possibility of ongoing or repeat funding of the same project, the ATP should support applicants that have the initiative to seek ongoing funding for non-infrastructure project that has demonstrated success in prior cycles.
- Should separate guidelines and application pathways for non-infrastructure and planning projects not be developed, **move the construction readiness element of the tiebreaker criteria, or include an additional criteria that is favorable to non-infrastructure projects so long as infrastructure and non-infrastructure projects continue to compete within the same process. (Section 19)** The current inclusion of construction readiness for infrastructure projects would unfairly favor those projects in a tie situation.

In addition to challenges with the guidelines themselves, the review process for the previous two ATP cycles were unfavorable to non-infrastructure projects. Reviewers often lack the experience/knowledge base to judge non-infrastructure projects, and are not provided adequate guidelines for judging non-infrastructure projects. Establishing a separate review process for non-infrastructure projects, with dedicated reviewers with a background in community engagement and outreach would be helpful in identifying these excellent projects. If dedicated non-infrastructure reviewers are not available, we recommend establishing training for all reviewers designed to provide guidance on non-infrastructure projects. This training should be offered through the Technical Assistance Resource Center and include a primer on the social determinants of health. We would be pleased to participate in/conduct this training.

Recommendation for Question 4: Improved Public Health

Experience suggests that location within health disadvantaged communities, culturally sensitive project design, and supportive safety/encouragement promotion efforts can help projects optimize public health co-benefits. The public health question is an opportunity for applicants to consider these elements of project design, and to collaborate with public health professionals to maximize their project's health benefit. Our proposed revision to this question is intended to solicit more meaningful responses to this question, while also providing more guidance to applicants. Our revision consists of three parts, each of which would contribute to the question's 10 allowable points: 1) existing health-related disparities (HDI score), 2) projects that are designed to improve conditions that contribute to health and 3) local partnership with public health.

1) Health-Related Disparities (HDI Score)--5 points awarded based on project location within, or directly benefiting, census tracts as ranked by their level of community health inequity using the California Health Disadvantage Index. Since its inception, the ATP Guidelines have focused the public health section on "targeting of populations with high risk factors." To make this section easier on applicants and more objective, we strongly support the use of the California Health Disadvantage Index (HDI) (see http://phasocal.org/ca-hdi/) for the public health section, which we believe would help prioritize projects that address health disparities. The HDI tool was developed in collaboration with California local

health departments, and ranks California Census tracts according to public health disadvantage as indicated by the social determinants of health.[5]

We recommend using the 'directly benefitting' criteria proposed on pages 3-4 of Attachment 1 2/5/16 letter on Disadvantaged Communities Recommendations. The following tiered structure is proposed (below). Applicants may use the highest HDI score in the project/service area to determine points.

Table 1: HDI score (percentile ranking) correlated with proposed Question 4 points awarded (out of 5)

0-25% HDI	25-50% HDI	50-75% HDI	75-85% HDI	85-100% HDI
1	2	3	4	5

2) Projects that are designed to improve conditions that contribute to health--3 points for addressing health challenges as determined by HDI component indicators. The HDI has five domains and twenty seven component indicators (list here: http://phasocal.org/wp-content/uploads/2016/02/HDI-component-indicators.pdf), including areas such as percent in poverty, no auto ownership, and supermarket access. Applicants must provide a structured response demonstrating how their project will improve these components of public health. One point will be awarded for each separate indicator addressed for a maximum of 3 points.

Examples:

Indicator	Current % score	How will project improve this health challenge?	Supporting documentation
% in Poverty	XX%	Project will have a local hire policy, requiring 25% of those employed in project construction to live within the highest HDI scored census tract of project.	Upload employment policy document for project
Linguistic Isolation	XX%	Maps, signage, wayfinding materials and project promotion in dominant language(s) for area.	Quantify and justify % of outreach funding allocation for non-English materials.
Supermarket Access	XX%	Demonstrate how project will improve safety, access and convenience of supermarket shopping using active modes.	Map demonstrating improved distance, letter of commitment from store owners regarding safety improvements, evidence of bicycle parking in plan design.
Tree Canopy	XX%	Describe how project design will increase tree canopy and heat mitigation strategies.	Project includes design and funding strategies for tree planting and

[5] More detailed information is available in the report on HDI 1.1, available here: http://phasocal.org/wp-content/uploads/2016/02/HDI1.1FinalReport2016-01-26.pdf

			maintenance incorporating sustainable water provision practices.
Park Access	XX%	Demonstrate how project will improve safe access to parks/ open space.	Maps/photographs illustrating current access challenges and distance, and strategies to address these challenges.

3) Local Partnership with Public Health: 2 points for coordination with local health department

- 1 point for inclusion of Crime Prevention for Environmental Design (CPTED) strategies in project design/plan.[6]
- 1 point for demonstrated input/review/support of the application by the local health department.

Perception of safety from violent crime is an important pre-requisite to the use of active transportation modes[7]. We appreciate the ATP program's commitment to improving safety from accident/collisions, and recommend the use of CPTED criteria as tool for ensuring that projects are also taking violence prevention into account.

The Public Health Alliance of Southern California will be glad to collaborate with staff to develop refined evaluation criteria and reviewer training materials if the CTC decides to adopt this revision to question 4.

Require applicants to collect data for project evaluation:

ATP projects represent an important opportunity to fill in some of the gaps in our knowledge about how the built environment can support active transportation. To this point, however, there has been no effort to collect before/after count data of active transportation use to evaluate the effectiveness of project design, and to inform future best practices. We recommend that awarded projects be required to conduct pre/post user counts, and the establishment of technical resources to standardize these counts to the extent possible. The resulting database should be a public resource that informs future grant cycles as well as the broader practice of promoting active transportation.

Build Evaluation into the ATP:

We recommend the CTC invest in collecting project results and accomplishments for each cycle in a publicly available evaluation document. We appreciate the components currently collected as per section IX of the Guidelines, however we feel that a more robust accounting of accomplishments would demonstrate the tremendous value being created by the ATP, while also refining future programming cycles for greatest benefit to our state.

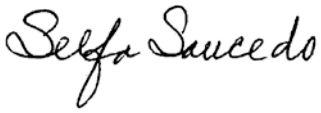
[6] As a potential resource to applicants, we recommend the Center for Problem Oriented Policing's "Using CPTED in Problem Solving", http://www.popcenter.org/tools/pdfs/cpted.pdf. We anticipate the release of further CPTED resources from the SGC's Health In All Policies Task Force this year.

[7] Loukaitou-Sideris, A. & Eck, J.E. (2007). Crime Prevention and Active Living. *American Journal of Health Promotion*, 21(4S), 380-389. Accessed online at: http://activelivingresearch.org/crime-prevention-and-active-living-0

More constructively include recommendations from the ATP-TAC:
We commend the formation of the Active Transportation Program Technical Advisory Committee (ATP-TAC), but are concerned that this group's expertise was largely underutilized in the Cycle 3 guideline revision process. While we appreciated the democratic spirit of the ATP Cycle 3 workshops, technological challenges and the complexity of the topics at hand made the workshops a difficult forum for providing feedback. We encourage you to trust in the representative process established through the ATP-TAC, and utilize the significant knowledge base of the ATP-TAC members more effectively in future guideline revision processes.

Thank you for your consideration of our suggestions for the improvement of this important program. We want to reiterate our willingness to partner with the State on the development of public health guidance, criteria, and reviewer training materials for the Active Transportation Program.

Sincerely,



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