Welcome, Patty Elkis

Patty Elkis introduced the topic of the meeting – Equity and active transportation. She mentioned that Dr. Valerie Arkoosh will be the new co-chair of the Healthy Communities Task Force going forward. The next Task Force Meeting will be in April and the focus will be age friendly communities.

Presentation, Amy Auchincloss, MPH, PhD, Associate Professor at Dornsife School of Public Health, Drexel University.

Dr. Amy Auchincloss shared statistics about activity levels and transportation choices in Philadelphia. Physical activity levels are low in Philadelphia - 48% less than meet 2008 national activity guidelines. Physical activity can be recreational (for leisure activities) or active transportation (use of public transit, biking). Overall, recreation is more prevalent than utilitarian activity.

Dr. Auchincloss went on to explain why physical activity is so low, specifically in active transportation. At the population level, cost is a determinant of transit, as is access/proximity to a destination, and residential density. Individual level factors include socio-cultural habits such as lack of motivation and perception of crime.

She added that it is difficult to collect valid data for research in this subject area. There are currently three ways to measure active transportation: systematic observations, wearable GPS devices, or self-reporting. Self-reporting is the most common form of measurement and does not

Dr. Auchincloss concluded by sharing two studies conducted at the Drexel Dornsife School of Public Health – the 58th Street Greenway study and a longitudinal study of Indego Bike Share members. The 58th Street Greenway study returned null results. The activity increased in both the control and test sites. The Indego study is still in its initial phase, but the researchers are focusing on social equity among users. If you would like to support the study contact Stephen Melly – sjm389@drexel.edu.

Presentations and Panel Discussion

Complete Streets and Safe Routes to School Policy - Keith Benjamin, Street Scale Campaign Manager for the Safe Routes to School National Partnership

Who is missing from our definition of “for all”? The focus of Keith Benjamin’s presentation was “keepingitreal” in active transportation by adopting a social justice lens. Keith provided data about a multitude of factors that communities face that make it difficult to succeed at getting to and through
school. He provided many recommendations to combat these injustices, including coalition building. He specifically mentioned the National Active Transportation Diversity Task Force.

Keith shared the following recommendations when building a coalition in other communities:

- Take strategic account of the assets within your coalition.
  - Develop an equity asset map.
- Check for existing community builders before stepping into a community.
- Empower non-transportation oriented organizations to take the movement to their constituents.
- Every collaborative effort doesn’t need your org in the front of the picture – lift up local orgs.
- Policy wins don’t guarantee equitable implementation.
- Don’t be intimidated by the inhibiting factors a community is facing.
- Just because YOU don’t see the work doesn’t mean it isn’t happening.
- Acknowledge things that are challenges in order to push further.

Indego & Equity - Aaron Ritz, Complete Streets Implementation Manager, Mayor’s Office of Transportation

Aaron Ritz’s presentation centered around reflections on Philadelphia’s efforts to build an inclusive bike share program. Indego launched in April of 2015. There are currently 73 stations, 700 bikes, and 19 stations in places at or below poverty level.

Indego was primarily designed as a transportation or commuting resource. Indego staff worked hard to ensure that bike share was accessible to many people throughout Philadelphia, and that its users reflected the overall population of Philadelphia. One of the main mottos of the program is: “bike share is for people like me” – “me” being anyone in Philadelphia. One way that Indego reflects this goal is through its marketing. Many of the people used in Indego marketing represent Philadelphia’s diverse population. Aaron also noted that almost all, if not all, of the photos that they use to promote Indego show riders wearing bicycle helmets.

Indego faced a number of challenges initially. People had many questions about access, convenience, and the desirability of bike share.

- Access – Are there stations in my neighborhood? Can I afford a membership? Do I know how to ride a bike?
- Convenience – Can bike share take me where I need to go? Is my commute a bikeable distance?
- Desirability – Do I feel safe at stations and riding a bike? Do I see my peers and role models using the system? Is biking a respected activity in my community?

Indego staff put a lot of time into bike station planning, research, and evaluation. After holding multiple focus groups, Indego developed a community ambassadors program and developed community outreach partnerships.

Some early program data reveals that the between April 23 and September 30, 2015, over 362,000 rides were taken on Indego. The system had registered 4,800 30-day members, including cash memberships.
There were over 40,000 unique walk-up users. Cash users for the Indego 30 membership are only 1% of payments, but 4% of total rides.

Indego’s next steps include revising marketing materials, expanding stations (24 additional stations), and working to serve very low and no-income residents.

Reflecting on the first phase of Indego, Aaron reinforced the importance of a grant-funded program manager as key to Indego’s success. He also reinforced the need for patience and preparation to avoid avoidable missteps, as well as the importance of continuously documenting outcomes when testing new strategies so that you can keep learning and refining the program. Finally, Aaron highlighted the importance of capitalizing on existing community partnerships, resources, and knowledge.

The Pursuit of Equity - Charles Brown, Senior Research Specialist, NJ Bicycle & Pedestrian Resource Center

Charles Brown presented the disparities that exist in vehicle-pedestrian crashes in communities throughout New Jersey. He noted that there are almost 9 million residents in New Jersey, with an average of 150 pedestrian fatalities per year. Over a 10 year period, 1,514 pedestrian deaths cost the state 6.5 billion dollars. This has served as an impetus for the adoption of complete streets policies in New Jersey. New Jersey leads the nation in complete streets policy including 122 municipal policies and 7 county policies. Specifically efforts are strongest in the Northern NJ counties.

Having adopted so many complete streets policies, the state is entering a critical point that requires more work and funding: the move from policy adoption to implementation.

Charles’s research focused on indicators of potential disadvantage in Communities of Concern (COCs) and Racially Concentrated Areas of Poverty (RCAPs). COCs are defined as having two or more non-environmental justice disadvantaged populations equal to or exceeding the regional threshold (low-income, minority). Brown’s primary research questions were: “Do more vehicle-pedestrian crashes take place in these areas more than in other areas?” and “Are the physical conditions of pedestrians involved in these crashes more severe?”

To answer these questions Brown collected data on pedestrian-vehicle crashes from 2008-2013, mapped the results for each of the 13 counties in the study. Brown found that COCs experienced nearly 10 times higher crash rates. In Essex County, he found that 11% of the crashes occurred in non-communities of concern, whereas the remainder – 89% of crashes – occurred in communities of concern. These findings where echoed in communities throughout the state, and occurred both when the communities were defined as COC or RCAP. The results show that the crash-rate is non-equitable and that race matters.

Brown concedes that the research is not perfect and there is a need to look at other proxy variables such as walk scores, pedestrian activity, and additional risk factors.