



MEETING HIGHLIGHTS



JUST STREETS: THE INTERSECTION OF CRASHES, EQUITY, AND HEALTH

Friday, September 28, 2018

9:00 AM – Noon

DVRPC Offices

190 N. Independence Mall West, 8th Floor
Philadelphia, PA 19106

Welcome and Introductions

Executive Director Barry Seymour, DVRPC, opened the meeting with remarks that identified traffic safety as a public health epidemic. While someone dies, on average, nearly every day in the DVRPC region, Mr. Seymour noted that certain groups—including bicyclists and pedestrians, as well as people living in areas of greater disadvantage in the region—are at a greater risk of sustaining serious injuries or fatalities from crashes. After opening remarks, Bill Ragozine, CCCTMA and co-chair of the RSTF, introduced Marco Gorini, DVRPC.

Keynote Presentation

Mr. Gorini gave the keynote presentation about *Crashes and Communities of Concern*, a FY2018 project that sought to determine whether communities of concern in the DVRPC region are disproportionately affected by severe traffic crashes and, if so, which federally protected classes are at the greatest risk. Using a correlation analysis, the project team found a correlation between the rate of killed and serious injury (KSI) crashes and certain [Indicators of Potential Disadvantage](#) (IPD) – DVRPC’s analysis that identifies populations of interest under Title VI of the Civil Rights Act and the Executive Order on Environmental Justice – specifically the percentage of racial minorities, ethnic minorities, disabled, and low-income population within a census tract. The project team also found a correlation between the rate of vulnerable user KSI crashes (defined as any KSI crash that involves a pedestrian or bicyclist) and the percentage of racial minorities and low-income population within a census tract. To further investigate the results of the correlation analysis, the team mapped the data to illustrate the spatial relationship between crash rates and IPDs. The team also conducted case studies to better understand the built environment factors that may be contributing to high crash rates. The team chose six census tracts that experienced above average crash rates and above average rates of certain IPD measures and two comparison census tracts with above average IPD and low crash rates. The project team identified wide roads with fast moving traffic to be the key issue, especially near residential areas where car ownership rates are lower, meaning people are more likely to walk. As a result, their main recommendations are to consider systemic safety measures, such as installing flexible delineator posts along street centerlines to calm left turning traffic, providing leading pedestrian intervals at signalized intersections, and developing a network of protected bicycle and pedestrian infrastructure, to slow traffic in communities of concern and to prioritize safety investments that benefit communities of concern.

KEYNOTE Q&A

Q: Jana Hirsch, MES, PhD, Drexel University, asked about the use of census tracts to identify high crash locations in the region and what drawbacks are inherent to this unit of analysis.

A: Mr. Gorini agreed that there are inherent drawbacks to using census tracts as the unit of analysis, given that census tracts are based on population and may have vastly different geographic areas; as such, crash hot spots

may locate relatively far away from residential concentrations. Crashes that bordered census tracts were assigned to both tracts, which prevented one census tract from having an artificially low crash rate compared to the other. Despite these inherent drawbacks, census tracts were chosen as the unit of analysis to align with the IPD analysis.

Q: Charles Brown, Rutgers University, asked if disaggregating the racial minority indicator was considered. He also asked if non-KSI injury crashes were considered as an additional unit of measurement. Finally, he asked how the policy recommendations might be pursued politically.

A: Mr. Gorini said that disaggregating the racial minority indicator was not considered since this would not align with the IPD analysis, but agreed that it would be an interesting avenue to pursue. Using KSI was consistent with similar safety analyses, but it would be interesting to see what all injury crashes would result in. Hopefully, the analysis performed here will help to inform political leaders about the best policy actions to take in support of safety in communities of concern.

Q: An audience member made the point that it is important for this work to influence policy and project implementation so that more projects are implemented in communities of concern, where they are most needed, rather than the existing framework in which projects like the Chestnut Street protected bike lane end when they are about to leave a more affluent neighborhood like University City. Michael Carroll, PE, OTIS, commented on the Chestnut Street bike lanes by saying that the project's limit was influenced by the perceptions that residents had in the neighborhood west of 45th Street, further noting that they were not interested in the bike lanes. It is important to consider local context and local opinion in every project.

Q: An audience member asked if the study will be made public and if the methodology is replicable for other areas.

A: Mr. Gorini responded that it is in the publication process and that the methodology is replicable.

Q: Sarah Clark Stuart, Bicycle Coalition of Greater Philadelphia, asked if the census tracts identified through the analysis were also analyzed for historical safety spending patterns.

A: Mr. Gorini said that a cursory analysis of Transportation Improvement Program (TIP) projects related to safety in identified census tracts was performed, but found that a more in-depth analysis was necessary.

Q: Jerry Foster, Greater Mercer Transportation Management Association, noted that existing transportation projects are perpetuating the issues identified through the case study analysis. It is critical to incorporate equity into the analysis of every project.

A: Mr. Gorini agreed and noted that the reevaluation of TIP criteria is considering incorporating a speed management component especially as it relates to communities of concern.

After the keynote presentation, Kelli McIntyre, Get Healthy Philly, led the group in an active stretching break.

Panel Discussion

Shoshana Akins, DVRPC, introduced Charles Brown, Rutgers University, who served as the moderator of the panel discussion. The panel of experts represented the fields of public health, community organizing, medicine, and transportation: Mr. Carroll; Ms. Hirsch; Angela Kim, MD, St. Christopher's Hospital for Children; and Erwin Figueroa, Transportation Alternatives. The panel first discussed how each of their organizations are addressing structural/institutional racism in pursuit of improved equity and health outcomes, and the challenges in doing so, such as competing priorities, limited funds, entrenched interests, and data gaps. They also discussed the role of enforcement and "eduforcement" in Philadelphia's Vision Zero Action Plan, or ensuring that enforcement efforts are led first by public education campaigns. Philadelphia's bike share program was held up as a model for how to take an equity-conscious approach to community engagement.

PANEL Q&A

Q: An audience member attending from the North Jersey Transportation Planning Authority noted the organization's efforts around Crime Prevention through Environmental Design (CPTED) in Newark, NJ, and asked if this was a consideration in Vision Zero efforts in Philadelphia.

A: Mr. Carroll said that he was not familiar with the specifics of CPTED, but noted the challenge of implementing projects in neighborhoods that see them as the leading edge of gentrification (such as the West Philadelphia residents who opposed the Chestnut Street bike lane). Ms. Hirsch stressed that equity comes in different forms (spatial, social, financial, etc.).

Q: Mr. Brown asked panelists about whether "justice" is a better term than "equity" to describe what is needed to address disparities in traffic violence in the region.

A: Ms. Hirsch noted that equity is not about addressing being inherently disadvantaged but addressing being *put* at a disadvantage. Mr. Carroll agreed that the role of the City is to provide a leg up to people who have been historically disadvantaged and that part of this is building "infrastructure between the ears," or working to build support for a shared vision. David Saunders, Pennsylvania Department of Public Health, noted that equity is easier to discuss than justice, which frequently runs up against a lack of political will.

A: In response to a question about access points for advocacy groups to influence the process, Mr. Carroll noted the strong resistance to bike lanes in many communities and the need to engage people to learn about local perceptions and priorities and bring the public along with you.

Q: Eric Dobson, Fair Share House Center, emphasized the need for restorative justice, noting that we do not know what justice looks like for communities of concern. We should not assume these communities accept conditions as they are. They do want to see improvements.

Q: Mr. Ragozine asked about the breakdown of crash victim data at St. Christopher's Hospital.

A: Ms. Kim said 11 percent of trauma patients are pedestrian crash victims, while 3 percent are bike crash victims. Gun violence, for comparison, contributes to between 15 and 20 percent of trauma intakes.

Q: Bob Previdi, Bicycle Coalition of Greater Philadelphia, asked if any of these crashes were underreported.

A: Ms. Kim said the majority of crashes are unreported, particularly when low speed crashes are included where the victim does not go straight to the hospital.

Q: Mr. Brown asked the panelists for examples of authentic community engagement.

A: Mr. Figueroa suggested looking at projects to institute traffic calming on Queens Boulevard and on the Grand Concourse, which are both recent redesign projects in New York, NY.

Small Group Breakouts

Kevin Murphy, DVRPC, then introduced the small group breakout activity, during which attendees volunteered to take action to address inequities in transportation safety. Actions included studying the feasibility of closing streets in large parks, sharing toolkits and resources from the Better Bike Share Partnership (BBSP) with both task forces, and connecting CCCTMA with Camden Health Elements partners to explore potential collaboration.

Mr. Murphy closed the breakout session period of the program by noting some key themes that arose in the many conversations happening around the room. In particular, a key element was that *place matters*, meaning traffic violence is context specific and requires place-based solutions that involve communities through robust engagement.

Closing Remarks

Amy Verbofsky, DVRPC, closed the meeting by thanking attendees, panelists, and presenters for their time and insights during this important discussion. She noted that DVRPC had entered into a contract with the Ladipo Group to provide a series of racial equity trainings to the HCTF and that the next meeting would be the first Racial Equity Workshop. She encouraged attendees and members to stay tuned for more details.

The next RSTF meeting will be on Thursday, December 13, 2018 and the topic will be safe senior mobility.

The HCTF will offer two rounds of Racial Equity Workshops in 2019:

- **Workshop 1:** The Impact of Racism and Trauma and Learning How to Work with People Who Have Been Traumatized to be held on both **January 30, 2019 & February 26, 2019.**
- **Workshop 2:** Communication Strategies for Discussions about Race, Microaggressions, and Unconscious Bias to be delivered on both **March 26, 2019 & April 10, 2019.**