



MEETING HIGHLIGHTS: Traffic Safety Culture and Health

Monday, December 7, 2020

2:00 PM – 4:00 PM

Presented Via Zoom; 75 attendees

All presentations and related meeting handouts are located on the RSTF Website:

www.dvRPC.org/Committees/RSTF

Welcome Remarks

The meeting was called to order at 2:00 PM by Kelley Yemen, City of Philadelphia. Ms. Yemen reiterated the goal of the RSTF: to reduce roadway crashes and eliminate serious injuries and fatalities from crashes in the Delaware Valley. Ms. Yemen then introduced the intersection of traffic safety and public health, comparing traffic safety to other public health crises such as Covid-19 and tobacco use. She closed by emphasizing the need for a shift in traffic safety culture, especially as it pertains to speed.

Introduction to Traffic Safety Culture and Health

One keynote speaker and a local panel of three individuals addressed the meeting on traffic safety culture and health. Prior to these speakers, Kevin Murphy, DVRPC, introduced the topic. Mr. Murphy presented first on updated crash trends, including regional crash data for 2015-2019. Crash fatalities and severe injuries (KSI) have consistently increased in the DVRPC region during this time period, with a total of 371 fatalities and 1628 serious injuries in the year 2019. Mr. Murphy noted the potential influence of a terminology change on reported injury severity which resulted in a spike in serious injury crashes. In accordance with federal guidance, suburban Pennsylvania counties moved from the term 'severe' injury to 'suspected serious' injury between 2015 and 2016. The same transition was made by the City of Philadelphia and the region's New Jersey counties between 2018 and 2019.

Mr. Murphy then provided a summary of the RSTF's 2020 Traffic Safety Culture series, which is comprised of the following individual meetings: Introduction to Traffic Safety Culture (March '20), Media (June '20), Law (October '20) and Health (December '20). In the introductory meeting of the series, 'Traffic Safety Culture' was defined as the shared belief system of a group of people that influences road user behaviors and stakeholder actions that impact traffic safety. The meeting on *Traffic Safety Culture and the Media* involved discussion around how the media's portrayal of crashes shapes public opinion and the importance of intentional language to avoid unconscious blame assignment. The meeting regarding *Traffic Safety Culture and the Law* explored the concept of car supremacy that is embedded in our laws and policies at multiple scales, as well as opportunities for changing these biases in adjudication.

Following this recap, Mr. Murphy referenced the *Just Streets* meeting that occurred in September 2018 as having brought forth the concept of public health in traffic safety to the center of RSTF conversation. He then introduced the featured speaker: Sarah Shaughnessy, MPH, MCRP, Community Health Planner, Richmond City Health Department, Richmond, VA.

Featured Presentation

Ms. Shaughnessy's presentation, entitled *Getting Health in All Policies*, explored the definition of the Health in All Policies approach, as well as how it has been implemented in the City of Richmond. Ms. Shaughnessy provided background about her team at the Richmond City Health Department, which works in chronic disease prevention in conjunction with community members and organizations. She cites that the World Health Organization defines Health in All Policies as, "an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity," noting that this requires an understanding of trends, root causes, interventions and collaboration. She expands on how this differs from the traditional approach, emphasizing a focus on oppressed rather than vulnerable populations; a system focus rather than single factors; risky conditions rather than risky behavior; social responsibility rather than lifestyle; alternatives assessments rather than risk assessments; finding a cause rather than finding a cure; and systemic change as opposed to intervention and treatment.

Ms. Shaughnessy then focused on how Health in All Policies has manifested in Richmond, drawing the line between health disparities and the historic redlining that dictated their geography. Mapping factors within the health opportunity index demonstrated inequity in regards to issues such as diabetes, urban heat vulnerability and crash risk based upon where an individual lives. Ms. Shaughnessy noted that this points to the importance of environment as a social determinant of health, indicating a need to focus at a systems level (eg. policies, land use and transportation systems) to impact health outcomes.

To conclude, Ms. Shaughnessy emphasized that social policy is synonymous with health policy, there is a need to address the cause rather than the symptoms and that one must work for health in each policy to achieve health in all policies.

Speaker Q&A

Andrew Besold: Could you please clarify the takeaways from the Crash Risk and Health Opportunity Map?

Ms. Shaughnessy: Fatality and injury rates are higher in very low HOI areas (Health Opportunity Index).

Jeevanjot Singh: After the annual parking conversion events, is there a re-evaluation of the need for fewer parking spaces, and revision of the development area to parking spaces ratio?

Ms. Shaughnessy: There was a parking study as part of the comprehensive plan update in which consultants investigated parking levels. One of our partners has worked to make it easier to get parklet permits and has added additional demonstration programs.

Anne Mitchell: What type of public transit exists in Richmond? Is gentrification occurring in specific neighborhoods?

Ms. Shaughnessy: They recently finished a Bus Rapid Transit (BRT) line to function as a spine and will have local bus routes spurring off into neighborhoods. There is tension about how much investment went into the BRT line, as other stops have fewer amenities than the BRT. They are seeing neighborhood change and displacement resulting from a lot of different factors. I am not sure how closely this is linked to transportation compared to other cities, but it will be interesting to see how these patterns change as time goes on.

Marco Gorini: We've been talking about shifting culture. We've noticed locally it can be tough to push Vision Zero as a policy. What role has the health sector played in shifting towards Vision Zero adoption in Richmond?

Ms. Shaughnessy: Vision Zero and traffic safety is a public health issue. It is our responsibility to educate, share information, share data and track trends. Our department has presented to city council and written papers to demonstrate objective public health lens data (eg. the pedestrian crash rate now and where crashes are occurring, which policies could help mitigate that). We encourage policies to be driven based on data.

Local Panel

The local panel was then welcomed by the moderator: Lily Reynolds, Deputy Director of Complete Streets, City of Philadelphia. Ms. Reynolds was joined by Stanton B. Miller, MD, MPH, FACS, Executive Director, Jefferson Center for Injury Research and Prevention; Tracy Nerney, RN, Trauma Injury Prevention Coordinator, Jersey Shore University Medical Center; and David Saunders, Director, Office of Health Equity, Pennsylvania Department of Health. Ms. Reynolds invited each panelist to share their professional background and how their career in public health came to include crash safety. Mr. Miller shared that he began his career as a practicing surgeon before directing a surgical clinic for the uninsured, serving vulnerable populations. This engendered an interest in healthcare delivery and health disparities, eventually leading him to his role as founding director of the Injury Research and Prevention Center. The center works to research unintentional and intentional injury in society, of which traffic-related injuries comprise the second highest volume of injury types. Ms. Nerney has long worked with trauma patients, initially as an emergency nurse. She now focuses on prevention injury in the region's top three causes, of which pedestrian and bicycle struck is the third most prevalent. Mr. Saunders focuses on vulnerable populations in the commonwealth in both urban and rural environments. The individuals prioritized in his work are underserved, geographically isolated, low income, racial and ethnic minorities and often do not have the same opportunities to avoid road injuries and fatalities.

Ms. Reynolds then prompted the panelists to describe how the built environment (transportation, roadways, etc.) is considered in their work as well as comment on the role equity plays in this realm. Mr. Saunders noted the challenges that come with the age of Pennsylvania's infrastructure, and of his partnering with PA DOT. Ms. Nerney elaborated on the great variety in people and environments within her work, which her organization has responded to with diverse targeted programming. Mr. Miller defined injury as the transmission of kinetic energy into the human body, emphasizing the importance speed plays in determining the amount of kinetic energy that the body comes into contact with and therefore the damage done. He described the role data plays in informing health and regional leadership to prioritize evidence-proven intervention strategies; currently he is working with city partners to cross-share datasets between health and transportation organizations to fortify their content.

The panel then addressed a question from audience member John Doyle, inquiring where each panelist places the importance of public investment dollars. Mr. Saunders emphasized the importance of safety

measures in areas that need it the most. Mr. Miller provided a health systems point of view, citing Ms. Nerney's work as an example of grant-dependent programming that should have access to continuous funds. Ms. Nerney built upon this answer, noting that injury prevention programming throughout the lifespan would benefit from more funding. Currently many grants they rely upon are for statewide programs, making it difficult for hospitals to gain access.

Ms. Reynolds then asked, "What role can we play in shifting traffic safety culture, with an emphasis on programmatic and education based work versus putting that into our physical infrastructure, building safer physical infrastructure?" Mr. Saunders responded that it is nice to have both, but doing something in the built environment would have a long standing effect. Mr. Miller agreed, adding that we've seen evolution in this century to the maintenance of wellness and prevention yet the reimbursement system has not yet caught up to that. Health insurers need to truly live up to the reimbursement for these kinds of prevention so that injury prevention coordinators can actually do the work in the community. Ms. Nerney continued the conversation around the built environment, describing the negative health impacts from increased heat due to concrete. She argues that greening the roadway could reduce risk of conditions such as asthma that hinder patient survivability.

To conclude, Ms. Reynolds asked the panelists when they are looking for partnerships, what existing ones do they have and which would be the most useful. Ms. Nerney explained that doctors want to know where the crashes are happening. Her organization does lots of work with police communities, interfaith communities, traumatic loss coalitions, a subcommittee for emergency management system, and she sits on several committees within her own hospital. Mr. Saunders facilitates an interagency group called PIHET. It is composed of people from conservation, natural resources, community and economic development, education, agriculture, etc. He has also initiated some discussions around health in all policies and is involved in a new collaboration with community action agencies.

Breakout Group Session

Following the presentation Q&A portion of the meeting Maridarlyn Gonzalez, DVRPC, sent attendees into Zoom 'breakout rooms' to discuss the presentations and how changes to traffic safety culture in the region can be realized. Each breakout group was attended by a designated facilitator and followed the same facilitation guide.

After designating a note taker and exchanging brief introductions, groups shared initial reactions to the presentations. Discussions covered the importance of grassroots efforts in affecting traffic safety culture, the need for political will to pass protective laws, and appreciation for the perspective of public health professionals. Participants noted the importance of connections between health and equity that were addressed throughout the program and expressed interest in further exploring partnerships between health and transportation organizations to improve transportation safety.

The conversations concluded with a brainstorm on action items, tasks that one can take to support the shifting of traffic safety culture in the region. Several potential action items were discussed that the RSTF will revisit at the next meeting, including:

- Creating a bridge between organizations and developing partnerships within the community.
- Rolling out communication campaigns, highlighting how things have changed during Covid.
- Promoting the post trauma hospital interview to understand the root cause of crashes, particularly bike and ped but not involving an automobile

- Compiling a data source that looks at the health issues similar to the maps we saw from Richmond: heat island, automobile access, etc.
- Collect micro-mobility and GIS travel data from strava and other companies to compare where people are riding/scootering to where crashes are happening.
- Making sure public health is included from the beginning of projects (RFP), building public health into contracts.
- Need for education and public participation in communities to explain the importance of greening their areas and streetscapes, safety, and explore the cultural ideas where a car represents social status
- Expand NJ Safe Routes to School to grades K-12 and focus more on driver responsibility when kids are older.

Concluding Remarks

Patricia Ott, MBO Engineering, called upon reporters to share action items that were discussed in each breakout group. She then concluded the program with a thank you to all speakers and a reminder to complete the meeting evaluation. The next RSTF meeting (Traffic Safety Enforcement) will be held in Spring 2021. Ms. Ott thanked Ms. Yemen for the completion of her two years of service as the Pennsylvania RSTF co-chair and welcomed nominations for her successor.

Meeting Attendee List

Keith Hamas	Sarah Shaughnessy
Paul Carafides	Jeneen Callahan
Brian Donovan	Bill Beans
Seri Park	Lily Reynolds
Patricia Ott	Joy Huertas
John Doyle	Tara Woody
Lauren Fink	Michael Boyer
Kasim Ali	Cassidy Boulan
Andrew Thompson	Cheryl Kastrenakes
Laura Cerutti	Kelley Yemen
Ian Schwarzenberg	Richard Montanez
Patrick Farley	Wendy Berk
Jeevanjot Singh	Nick Zuwiala-Rogers
Tracy Nerney	Dana Dobson
Stanton Miller	George Thiel
Corey Brown	Anne Mitchell
Larry Kubli	Eva H.
Christine Norris	Samantha Donovan
Thomas Hastings	Elizabeth Mastaglio
William Riviere	Paige Glassman
Kevin Murphy	Keith Skilton
Daniel Solis-Cohen	Kristen Scudder
Tom Stanuikynas	Will Fraser
Andrew Besold	Maggie Dobbs
David Saunders	Maridarlyn Gonzalez
Violet Marrero	Suzanne Hagner
Kelvin MacKavanagh	Mike Mastaglio
Joe Rapp	Tracy Noble
Michael Clemons	Shreeya sharma
Sharang Malaviya	Katie Lample
Kiersten Mailler	Nipa Maniar
Laura Fredricks	Frances Conwell
Bill Houpt	Robyn Briggs
Chimai ngo	Titania Markland
Tracy Barusevicius	Amon Boucher
Eric Quinn	Derek Lombardi
John Zapata	Suzanne O'Hearn