



# MEETING HIGHLIGHTS



## BENEFITS AND BURDENS: TRANSPORTATION AND EQUITY

A Joint Meeting of the Healthy Communities Task Force and the Futures Group

Wednesday, January 26, 2022

11:00AM—12:00PM

Presented vis Zoom; 107 Attendees

All presentations and related meeting materials are located on the HCTF website:

<https://www.dvrpc.org/Committees/HCTF/>

### Welcome and Introductions

Patty Elkis, Deputy Executive Director with the Delaware Valley Regional Planning Commission (DVRPC), opened the meeting by welcoming everyone and encouraging attendees to complete a poll to get a better sense of who was in the “room.” She provided a brief overview of DVRPC, the Healthy Communities Task Force, and the Futures Group. Ms. Elkis then reflected on transportation and its many connections to health. Quoting a Health Affairs journal article, she noted that “New or expanded public transportation options can improve health and health equity by reducing traffic crashes and air pollution, increasing physical activity, and improving access to medical care, healthy food, vital services, employment, and social connection.” She also reflected that transportation resources often benefit predominantly white, suburban communities and may harm communities of color. She noted that Route 676 in Philadelphia and Route 29 in Trenton are examples of this and something that our speakers will talk about in more detail. She hoped that the presentations would inspire all of us to think of ways that we can work to advance health equity through transportation, noting that it is especially critical now given the potential transportation funding opportunities coming to our region through the Infrastructure Investment and Jobs Act. Ms. Elkis then introduced David Saunders.

### What does Transportation have to do with Equity?

David Saunders, Director of the Office of Health Equity at the Pennsylvania Department of Health

Mr. Saunders began his presentation by providing an overview of the Pennsylvania Department of Health’s Office of Health Equity. The Office of Health Equity focuses its work on underrepresented populations, promoting awareness of health disparities, advocating for programs to eliminate them, and collaborating to achieve measurable and sustainable improvements in health outcomes across Pennsylvania.

Mr. Saunders then reviewed highlights from the 2019 State of Health Equity Report, which can be found here. The report showed that Pennsylvanians across the state experienced disparities in food security, income, access to healthcare, chronic disease, bullying, and violence. Mr. Saunders emphasized the intersectional nature of some disparities, noting that someone experiencing bullying may also be a racial minority or live in a rural community and have poor access to health care resources.

Mr. Saunders then connected these disparities to transportation, noting that social determinants of health account for 50 to 80 percent of a person’s health outcomes and that transportation can be a determinant of health. The availability of transportation to and from school and/or work affects where people live, which in turn affects their children’s educational opportunities as schools are funded through property taxes. Building on that, we know that educational attainment affects income or earning potential later in life. Mr. Saunders emphasized that we continue to see disparities in all of these areas by race.

He also noted that access to food is related to transportation. Many of Pennsylvania’s rural communities only have a Dollar General, not a full-service grocery store, which can limit the food that people are able to buy. Mr. Saunders asked, “How can we reimagine transportation to get food to people who may be hungry? How can we re-envision transportation to ensure that folks have access to fresh fruits and vegetables?”

Mr. Saunders also discussed the connection between health care and transportation, noting that there are 22 counties in the state that don’t have a birthing center. Without a birthing center, an expectant mother has to leave the county to visit her doctor and/or give birth. He wondered, “What do you do in an emergency if you need health care? What if there is a storm and you need to get emergency care?”

Mr. Saunders then reviewed actions that the Office of Health Equity are taking to ameliorate health disparities across the Commonwealth, including forming a COVID-19 Health Equity Response Team that meets every 2 weeks. He noted that they also have a community health organizer program that serves over 30 counties across PA to help address issues around COVID testing and vaccinations. The Office of Health Equity also convenes a PA Interagency Health Equity Team, which is an effort to galvanize 17 state agencies around health equity.

Mr. Saunders concluded his presentation with a message of hope. He hopes that...

- Active transportation becomes more prevalent;
- That we see all types of people walking and biking;
- That new infrastructure funds are used to make systemic change that is sustainable; and
- Transportation decisions prioritize low-income and marginalized communities.

## Benefits and Burdens: Case Studies in Transportation Equity in the Philadelphia Region

Mark Morely, Transportation Planner, DVRPC

Claire Adler, Project Analyst, Transportation Resource Associates, Inc.

Andrew Halt, P.E., Traffic/ITS Engineer, AECOM

Mr. Morley provided some background on the project and reviewed the project process. In the Spring of 2021, Temple Masters of Public Policy and Masters of City and Regional Planning students evaluated eight historic transportation projects, which DVRPC had a hand in in some way helping to bring about, as part of their respective program’s capstone course. The eight transportation projects were:

- The Blue Route (I-476);
- The Market-Frankford Line Reconstruction;
- The Vine Street Expressway;
- NJ 29;
- PATCO;
- Direct Connection;
- US 422; and
- The Schuylkill River Trail.

The study teams were tasked with reviewing these projects from an equity perspective and developing a metric to potentially score future projects with. They analyzed academic literature and peer Metropolitan Planning Organization strategies for evaluating equity to develop a framework that drew from both practices. The study teams researched the projects’ history, understanding how they were funded, formulated, and built so that they could then apply the equity framework. Research was done using historic reports found in Temple’s archives, stakeholder interviews, select link analysis, and other analyses, such as land value changes, health impacts, and employment impacts.

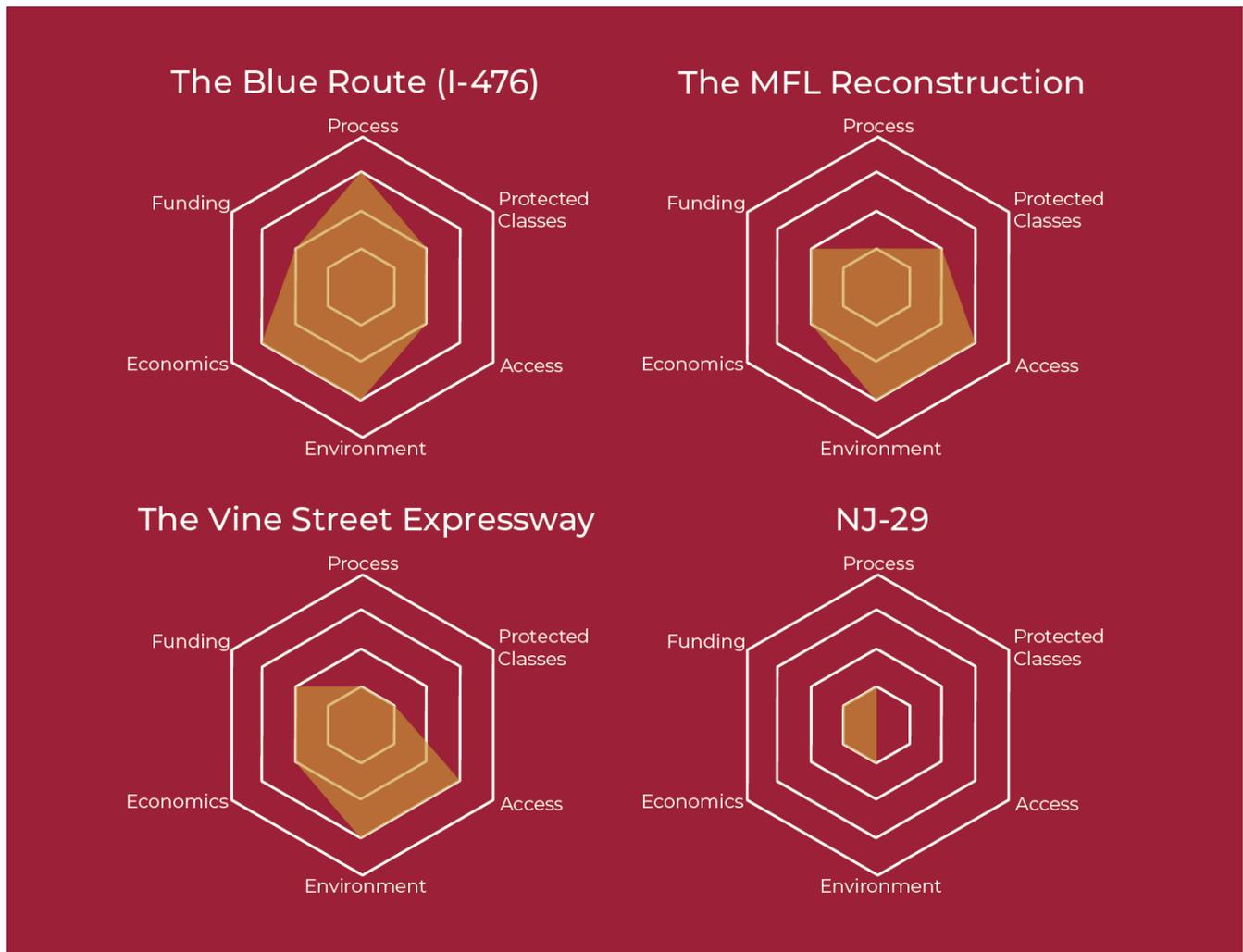
Ms. Adler reviewed the equity framework that the team developed to rank equity across the projects. The team analyzed and scored each project on six dimensions of equity:

- Process;
- Protected Classes;
- Access;
- Environment;
- Economics; and

- Funding.

For each dimension, the team would award projects a score between 0 and 4, with 0 being the lowest and indicating that the project met the bare minimum standard of nondiscrimination. A score of 4 was the highest and indicated that vertical equity was present, meaning that greater benefits went to historically disadvantaged groups in order to address past wrongs.

Mr. Halt then reviewed two case studies in detail and outlined the recommendations that the study team identified after they conducted the case studies. The first project was NJ 29 in Trenton. This project rated very poorly as it negatively affected protected classes more than nonprotected classes by cutting off access to the waterfront and increasing noise and air pollution for many Trenton residents. The second project was Schuylkill River Trail, the highest-ranking project. This project scored higher in the Access and Environment categories because it prioritizes nonmotorized transportation modes. Spider charts were used to show and quickly summarize how each of the projects scored across the equity dimensions (see below for an example of four projects).



The study teams identified 19 recommendations to help DVRPC develop more equitable transportation projects. Many of the recommendations are already underway, such as “Choose more equitable sites” and “Consult communities early”. Other recommendations that they Mr. Halt highlighted included “DVRPC Minority representation (including Board)” and “Use new infrastructure projects to repair past wrongs.”

## Questions and Answers

Brett Fusco, Associate Director of Comprehensive Planning, DVRPC

Mr. Fusco then moderated a question and answer session. There were a number of questions and comments related to how to apply the learnings from the Benefits and Burdens study to potential IJJA funding to ensure more equitable outcomes for future transportation projects.

Attendees also noted that it seems like it would be harder for a highway project to score highly on the metrics and asked if there were any takeaways for highways in particular (as opposed to bicycle and pedestrian projects). The study team noted that many of the case study projects were constructed years ago and that today, for the most part, we aren't building highways in the same way (e.g. cutting through communities with eminent domain). The team noted that some of the roadway projects had very good economic benefits; however, when roads are the only transportation choice, it can limit future equity options. They noted that Rt. 422 was an example of this. Attendees also noted that sometimes transit to less dense areas is not feasible due to cost. With limited funds, transit projects are directed at denser areas that often need more investment.

Another attendee asked if the study team would add any additional metrics to score projects after doing the case studies? The study team noted that pulling out health as its own equity indicator would have been super helpful. They also noted that the data available to them was somewhat limited, given the timing of the various projects, and that the dimensions might shift with the data available today.

## Closing

Mr. Saunders provided brief closing remarks, noting that he's hopeful that an analysis like the Benefits and Burdens study could be conducted throughout the state. He noted the importance of engaging community members in initiatives like this and especially as we look forward to new transportation investments. He also reiterated the connection between transportation and health equity and the importance of working across sectors to improve health equity across Pennsylvania.