

# Memorandum

## Comprehensive Plan Update

October 1, 2015

**To:** Jessica Berry, Multnomah County Transportation Planning Division  
**Cc:** Matt Hastie, Angelo Planning Group  
**From:** Steve White, Oregon Public Health Institute  
**Re:** Policy Recommendations—Health and Equity in the Transportation System Plan

### I. OVERVIEW

This memo presents proposed health and equity policies and related strategies for consideration by Multnomah County planning staff and the Comprehensive Plan Update's Transportation and Public Facilities Subcommittee as they work to develop policies, strategies, and project selection criteria for the updated Multnomah County TSP.

### II. ISSUE SUMMARY

Existing transportation systems in the US have been shaped by multiple policy inputs and decisions provided by planners, funding agencies and others at local, state, and national levels that have focused largely on building a system designed to move people and goods efficiently. An increasingly large body of research now shows that transportation decisions also directly and indirectly impact human health in multiple ways by influencing a wide range of “health determinants”. Health determinants—also referred to as “social determinants of health” or “risk factors”—are features of the built, social, and natural environment that are known to impact an individual's risk of experiencing negative health outcomes (injury or illness). According to the American Public Health Association, “fifty percent of the leading causes of death and illness in the United States—traffic injuries, heart disease, cancer, diabetes, and respiratory illness—are preventable” because “these diseases have several risk factors that can be mitigated by transportation policies.”<sup>1</sup> The Baseline Report that was prepared for the Comprehensive Plan Update contains existing conditions information about planning related health determinants and outcomes in different parts of Multnomah County.

Much of this research has also highlighted the fact that the benefits and burdens of transportation decisions has fallen unequally on different sub-groups within a community. In particular, the negative health impacts stemming from transportation systems have disproportionately fallen on low income and minority groups, as well as others who lack access to cars or the resources to choose where they live. As a result, many transportation decisions to date have often inadvertently supported or exacerbated health inequities. Health inequities are

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<sup>1</sup> American Public Health Association. (2009). *At the Intersection Of Public Health And Transportation*. Washington, DC: American Public Health Association.

unfair and avoidable differences between socio-economic groups in the presence of disease, injury, or other health outcomes. For the public health sector, addressing equity means prioritizing the elimination of health inequities by addressing the root causes of inequity and related health outcomes. From a transportation planning perspective, this means ensuring that the benefits and burdens of the transportation system are equitably distributed, and prioritizing investments that address historical inequities and ensure that the transportation system provides all members of a community with the ability to safely and conveniently move about to meet their daily wants and needs.

As a result of the increasing awareness of the connections between transportation systems, health, and equity, more and more planners and policy-makers recognize that transportation plans provide an opportunity not just to improve mobility, but also to address historical inequities and improve the health and well-being of all the members of the communities they are designed to serve. An increasing number of state, regional, and local transportation plans are acknowledging these connections by including goals and metrics that mention both health and equity. Locally, this trend is evident in the inclusion of health and equity policies and goals in Metro's Regional Transportation Plan and in Clackamas County's recently updated TSP. In Multnomah County, the cities of Portland and Gresham are working on including similar policies and goals into their Comprehensive Plan and TSP updates.

### III. HEALTH AND EQUITY POLICY RECOMMENDATIONS

#### A. HEALTH

##### **Policy**

**Ensure that the transportation system is designed to minimize negative health impacts and promote healthy behaviors and environments by:**

##### **A. Reducing the likelihood and severity of injuries from crashes for all modes.**

###### **Strategies include:**

1. Lowering traffic speeds through speed limits, enforcement, and roadway design
2. Minimizing modal conflict by planning and building bicycle and pedestrian networks that encourage travel on low-traffic streets or off-street trails
3. Identifying and addressing high crash corridors or hot spots with high crash rates
4. Incorporating safety-related features and best practices when designing new facilities or renovating existing facilities
5. Ensuring that vulnerable groups such as youth, elderly, and disabled are engaged in planning and design efforts.
6. Supporting Safe Routes to School and other education and encouragement programs that teach people how to safely use the transportation system
7. Implementing a Vision Zero campaign
8. Developing a transportation safety action plan

**B. Increasing opportunities for physical activity by promoting active transportation modes (walking, bicycling, transit, and equestrian) and multimodal access to parks, trails, open space, and other recreational facilities.**

Strategies include:

1. Building out planned bicycle, pedestrian, transit, and equestrian networks
2. Ensuring safe, convenient, multimodal access to parks, trails, open space and other recreational facilities
3. Supporting Safe Routes to School and other education and encouragement programs that teach and encourage people to safely use active transportation modes
4. Partnering with the Multnomah County Health Department on health promotion and chronic disease prevention programs and initiatives that focus on increasing physical activity

**C. Reducing exposure to air pollutants.**

Strategies include:

1. Reducing automobile use
2. Encouraging use of electric and other low-emissions vehicles
3. Encouraging bicyclists and pedestrians to use parallel low traffic streets instead of high traffic roadways.
4. Coordinating land use and transportation planning to ensure that sensitive land uses such as schools and senior centers that are used by vulnerable groups are not located within a quarter mile of high traffic roadways or freight routes
5. Establishing vegetative buffers (trees and hedges) along high traffic roadways to reduce the dispersion of air pollutants
6. Implementing anti-idling campaigns around schools, road construction zones, and other places where drivers tend to idle

**D. Reducing exposure to noise pollution.**

Strategies include:

1. Reducing automobile use
2. Encouraging use of electric and other low-emissions vehicles
3. Encouraging bicyclists and pedestrians to use parallel low traffic streets instead of high traffic roadways.
4. Coordinating land use and transportation planning to ensure that sensitive land uses such as schools and senior centers that are used by vulnerable groups are not located within a quarter mile high traffic roadways or freight routes
5. Using paving materials that are designed to minimize the production of road noise

**E. Ensuring multimodal access to health supportive resources such as healthy food retail, employment, affordable housing, and parks and recreation facilities.**

Strategies include:

1. Coordinating land use planning to ensure that such resources are easily accessible by multiple modes
2. Working with transit providers to ensure that service plans are coordinated with development
3. Working with transit providers to ensure that bicycle and pedestrian improvements support transit use
4. Ensuring site design guidelines and requirements provide and promote multimodal site access and circulation, and connections to surrounding lots and streets

**F. Working with Multnomah County Health Department staff to ensure that the TSP and related planning documents incorporate the findings and recommendations from the most recent versions of their Community Health Assessment and Community Health Improvement Plan.**

Strategies include:

1. Having relevant health department staff serve on planning related technical and advisory committees
2. Having relevant planning staff participate in the development of the community health assessments and community health improvement plans

**B. EQUITY**

**Policy**

**Ensure that transportation system plans and investments not only equitably distribute the benefits and burdens of the system improvements, but also prioritize and support programs and projects that eliminate transportation-related disparities faced by groups that have historically had significant unmet transportation needs or who have experienced disproportionate negative impacts from the existing transportation system.**

Strategies include:

1. Prioritizing investments in transit, bicycle, and pedestrian programs and infrastructure in order to improve mobility and access for people who don't have access to a personal vehicle
2. Prioritizing investments in areas with relatively high concentrations of people that have historically received relatively little benefit from transportation system investments. These people include:
  - a. *People who cannot drive.* People in this category include many older adults, children, and persons with disabilities.

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