



&

FUTURES
GROUP

BENEFITS AND BURDENS: TRANSPORTATION AND EQUITY

A Joint Meeting of the HCTF and Futures Group

January 26, 2022

WELCOME!

- **Use the tools bar** at bottom for controls.
- You can **turn video on or off**.
- Use the **Chat Box** to submit questions for the speakers.
- Please complete the **post-meeting survey**.
- The meeting **will be recorded**.



TODAY'S AGENDA

Welcoming + Opening Remarks

Patty Elkis, Deputy Executive Director, DVRPC

What does Transportation Have to do with Equity?

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

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

Mark Morley, Transportation Planner, DVRPC

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

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

Closing Remarks

David Saunders, Pennsylvania Department of Health

Amy Verbofsky, Manager of Healthy and Resilient Communities



WELCOME + OPENING REMARKS

Patty Elkis, Deputy Executive Director, DVRPC



WHAT DOES TRANSPORTATION HAVE TO DO WITH EQUITY?



DAVID SAUNDERS

Director of the Office of Health Equity
Pennsylvania Department of Health

TRANSPORTATION AND EQUITY

HCTF and Futures Group

January 26, 2022

David Saunders
Director, Office of Health Equity

OHE Mission

Provide leadership to promote public awareness of health disparities, advocate for programs to eliminate health disparities, and collaborate with stakeholders to achieve measurable and sustainable improvement in health status of underrepresented populations.

▶ Health Disparities

Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Social Determinants of Health

The factors that affect where people live, learn, work and play.

- Transportation and Built Environment
- Socioeconomic status
- Education
- Racism and discrimination
- Food security & nutrition
- Housing
- Access to health care
- Environmental hazards
- Safety

The State of Health Equity in Pennsylvania

HEALTH EQUITY REPORT HIGHLIGHTS

PA Health Disparities at a Glance

- ~1.7 million Pennsylvanians, or 14% experienced food insecurity in 2015
- Blacks/African Americans and Hispanics/Latinos made about \$15,000 to \$18,000, respectively, less than whites in 2016
- Rural Pennsylvanians have limited access to health care
 - ▣ Transportation to get to a doctor who may be 20-30 miles away
- 2012-2016-Blacks/African Americans had a death rate from heart disease nearly 21% higher than white Pennsylvanians
- 2 in 5 LGBTQ teens experience bullying vs. 1 in 5 heterosexual teens
- The black/African American community accounts for a disproportionate number of homicides and suicides in Pennsylvania.



Social Determinants of Health

WHAT DOES TRANSPORTATION HAVE TO DO WITH EQUITY?

Social Determinants of Health (SDOH)

Health outcomes are determined as much by non-health related factors as they are by healthcare and health behaviors

50-80%

Of health outcomes are driven by non-health related factors, such as physical environment or socioeconomic factors



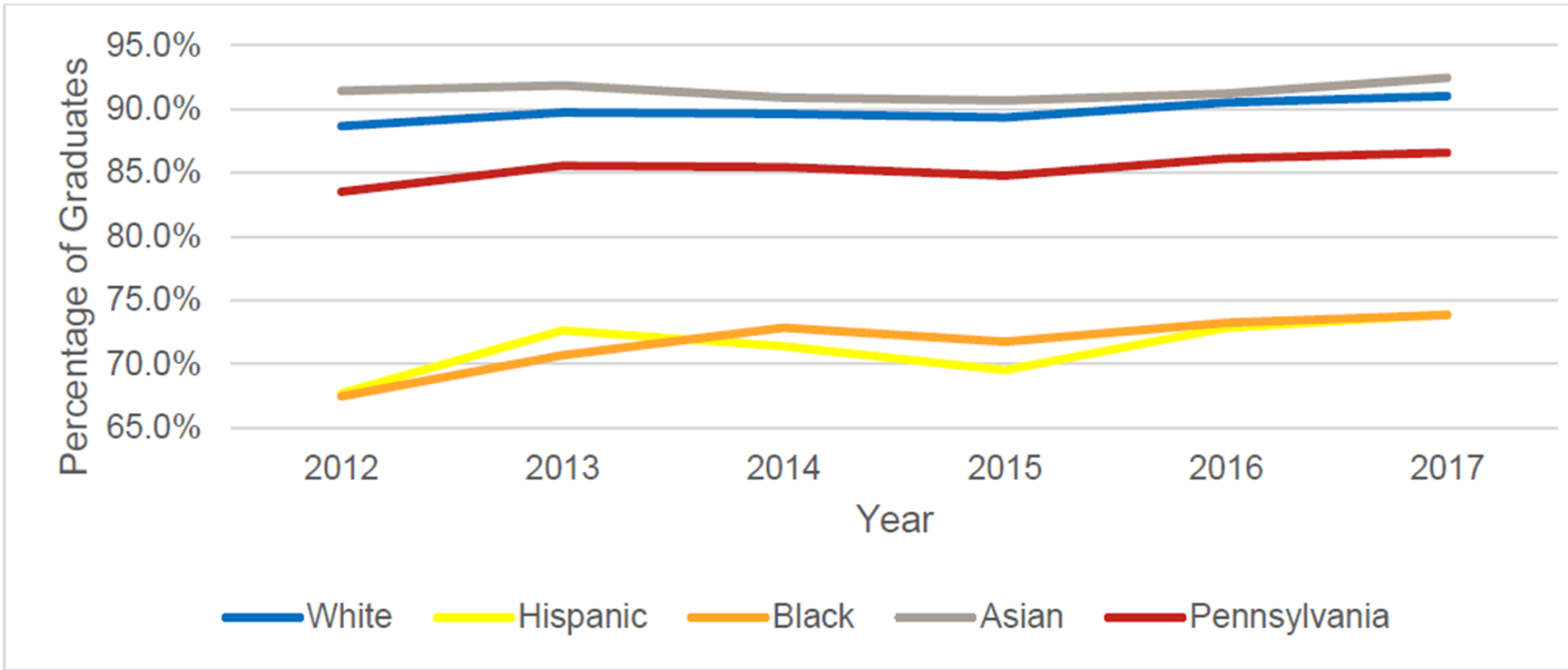
20-50%

Of health outcomes are affected by health care services and health behaviors



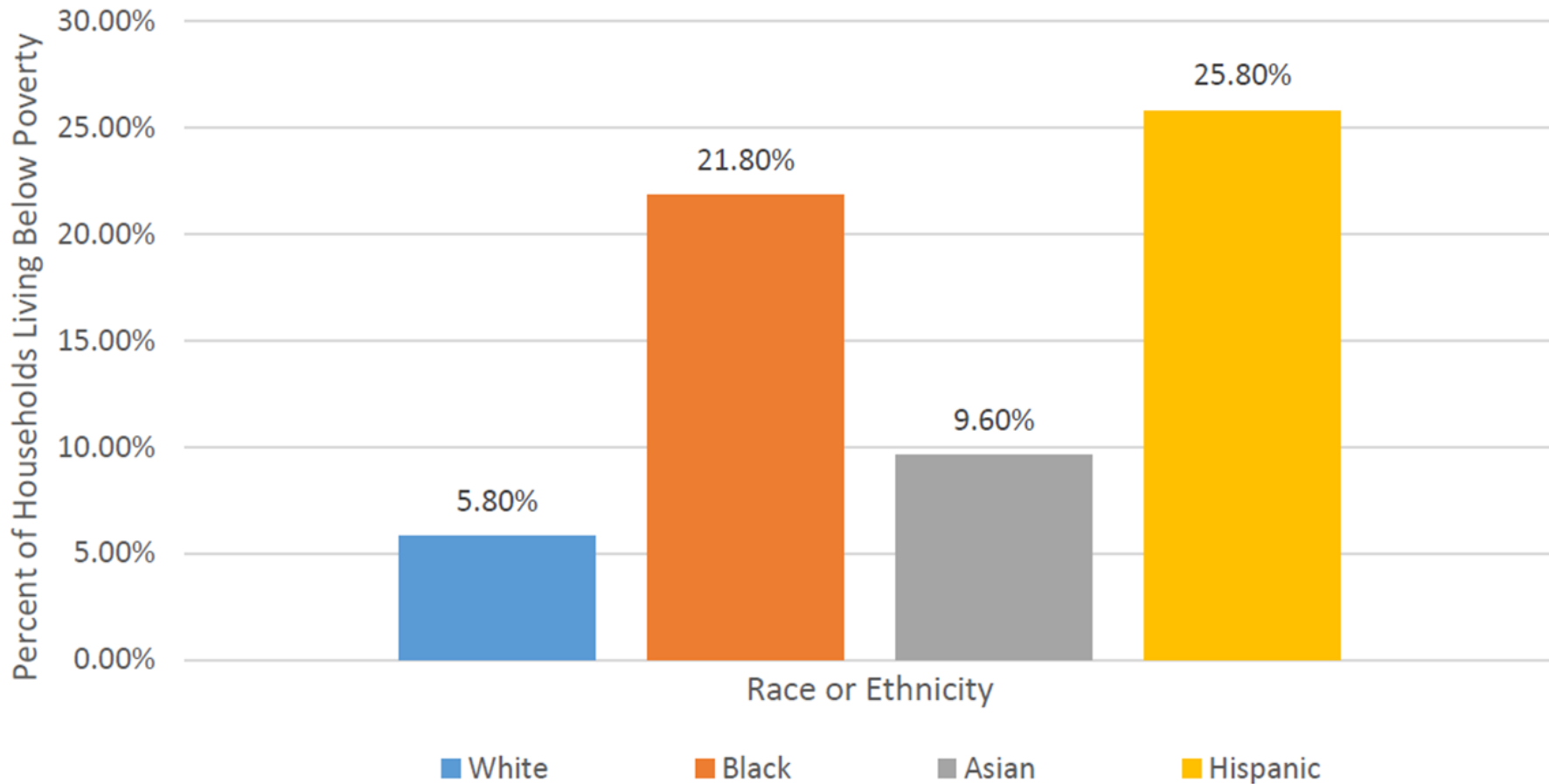
1. Solving Complex Problems – Institute for Clinical Systems Improvement, |2. HealthyPeople . Gov

Education



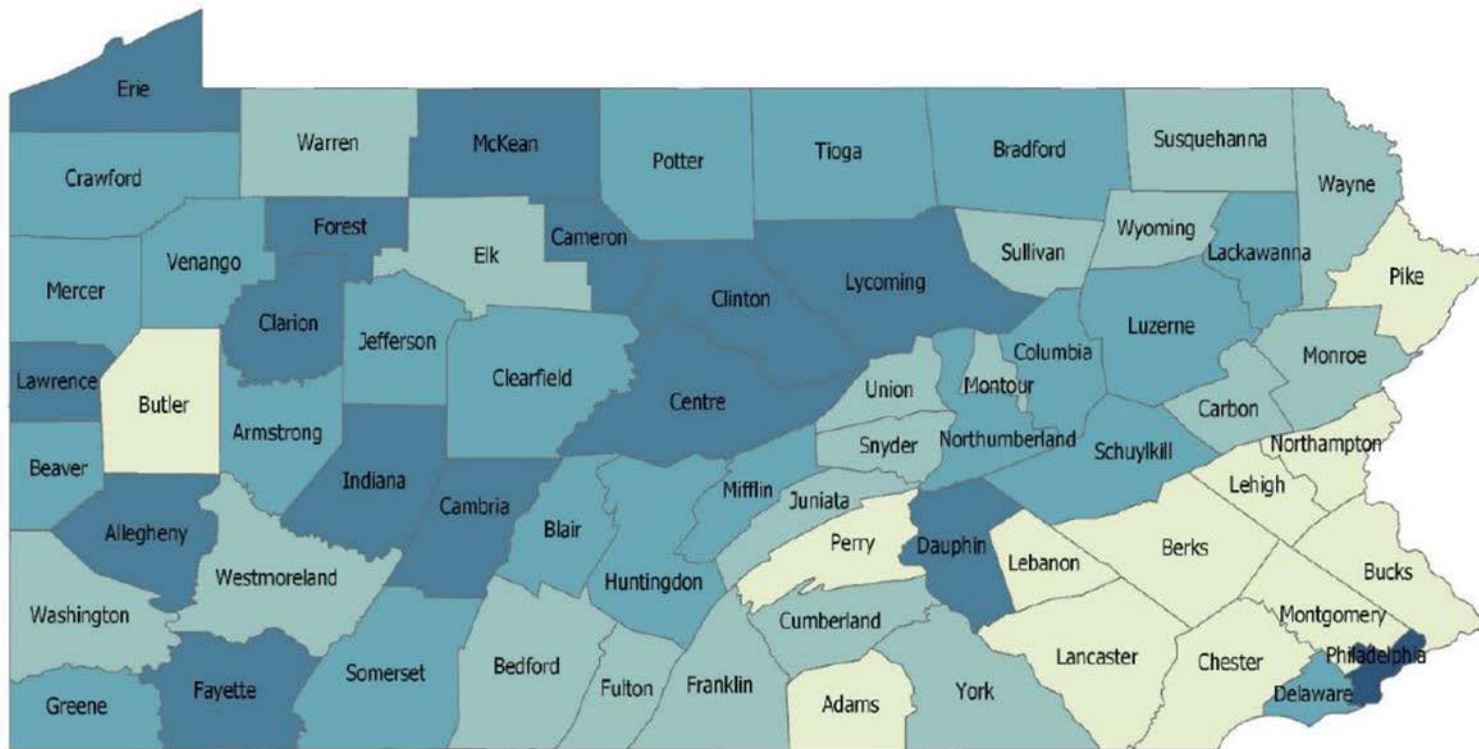
Source: Pennsylvania Department of Education, 2012 – 2017.

Socioeconomic Status



Source: US Census Bureau, 2016.

▶ Access to Food and Nutrition



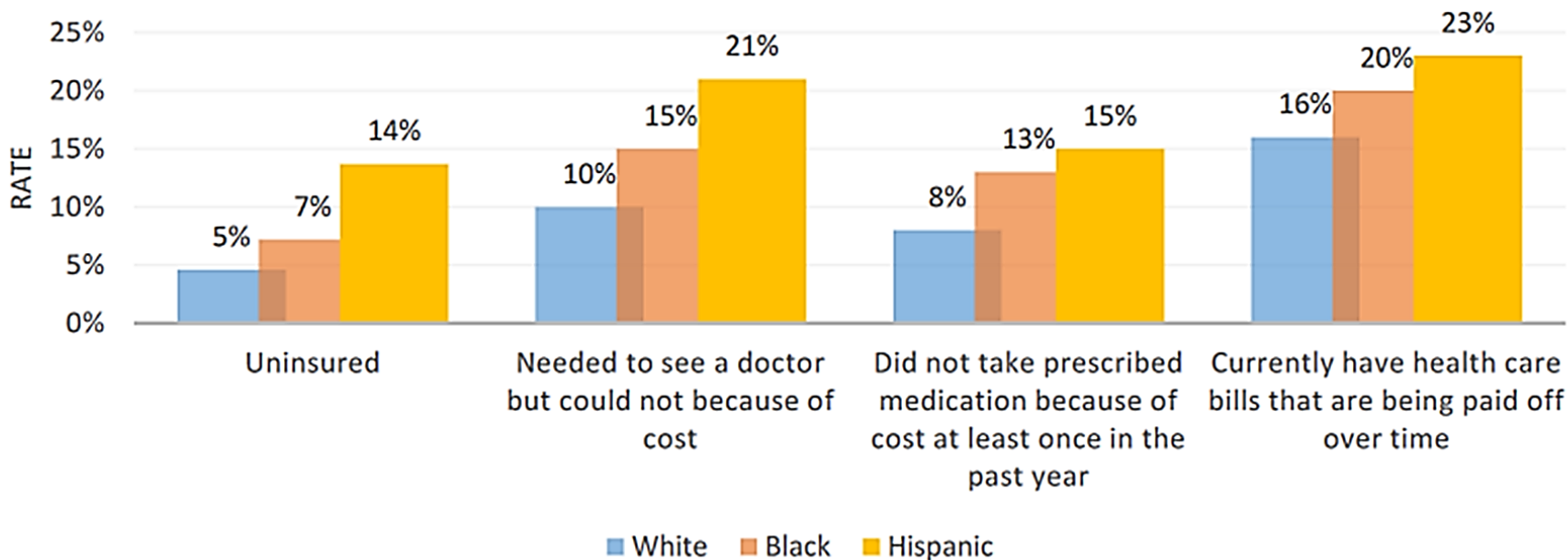
Overall Food Insecurity Rate (%)

≤10.17 ≤11.90 ≤13.22 ≤15.31 ≤20.96

Source: FeedingAmerica.org, 2016.⁹

Percentages are calculated by dividing the estimated number of food insecure individuals per county (based on income) by county population.

Access to Quality Health Care



Source: Uninsured rates from 2016 American Community Survey⁴; rates for other variables from 2016 Pennsylvania Behavioral Risk Factor Surveillance Survey. Data for other races are unreliable.

Office of Health Equity Initiatives

COVID 19 Health Equity Response Team

- Pennsylvanians Over Age 65
- Racial and Ethnic Minorities
- LGBTQ
- Pregnant Women/Parents of Extremely Young or Multiple Children
- Rural Pennsylvanians
- Pennsylvanians with Disabilities
- Survivors of Interpersonal Violence
- Individuals Living with Mental Health and/or Substance Abuse Disorder
- Economically Challenged Individuals/Low-Wage Essential Employees/The Un- and Underinsured
- Immigrants/Refugees

OHE CHO PROGRAM

Community Health Organizer (CHO) Program



DOH/OHE/CHO Program
Categories of
Partnership

- **Focus**
 - Pandemic – COVID-19 Pandemic
 - Social Determinants of Health
- **OHE Manages the CHO Program**
 - Administrative Requirements – Reporting
 - Programmatic Activities – Meetings
 - Educational Resources and Training
 - Building Relationships and Partnerships
 - Projects – Health Equity Interventions and Mitigation Strategies
- **CHOs**
 - 35 Contractor Positions – Federal Funds until May 2024
 - Live and/or work in assigned county
 - Support and Collaborate
 - SHCs, RAHCs and Community/Faith-Based Organizations

PIHET



Hope



Thank You

Questions/Comments?

David Saunders, Director
Office of Health Equity

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Tools

- National Partnership for Action to End Health Disparities
 - The National Stakeholder Strategy
 - <https://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvl=1&lvlid=33&ID=286>
- SAMHSA-HRSA Center for Integrated Health Solutions
 - Health Disparities
 - https://www.integration.samhsa.gov/clinical_practice/healthdisparities
- Public Health Institute
 - Guiding Principles for Health Equity and Social Justice
 - <https://www.phi.org/resources/?resource=guiding-principles-for-health-equity-and-social-justice>
- National Equity Project
 - <https://nationalequityproject.org/>
- National Institute for Children’s Health Quality
 - A Resource to Increase Health Equity and Address Implicit Bias
 - https://www.nichq.org/sites/default/files/resource-file/Implicit%20Bias%20Resource_Final_0.pdf
- Trust for America’s Health
 - Racial Healing and Achieving Health Equity in the United States
 - <https://www.tfah.org/wp-content/uploads/2018/02/TFAH-2018-HealthEquityBrief.pdf>

Tools

- Association of State and Territorial Health Officials
 - Foundational Practices of Health Equity
 - <http://www.astho.org/Health-Equity/Foundational-Practices-for-Health-Equity/>
- Race Forward
 - Ready for Equity Toolkit
 - <https://www.raceforward.org/practice/tools/workforce-development-racial-equity-readiness-assessment>
 - Local and Regional Government Alliance of Race & Equity: Racial Equity Core Teams
 - https://www.racialequityalliance.org/wp-content/uploads/2018/11/RaceForward_CORETeamsToolkit-10.2018.pdf
- deBeaumont Foundation
 - Building Skills for a More Strategic Health Workforce: A Call to Action
 - <https://www.debeaumont.org/news/2017/building-skills-for-a-more-strategic-health-workforce-a-call-to-action/>
- The National Academies of Sciences, Engineering Medicine
 - Communities in Action: Pathways to Health Equity
 - <http://nationalacademies.org/hmd/Reports/2017/communities-in-action-pathways-to-health-equity.aspx>
 - Exploring Equity in Multisector Community Health Partnerships
 - <https://www.nap.edu/read/24786/chapter/1>

BENEFITS AND BURDENS:

CASE STUDIES IN TRANSPORTATION EQUITY IN THE PHILADELPHIA REGION



MARK MORLEY

Transportation Planner
DVRPC



CLAIRE ADLER

Project Analyst
Transportation
Resource Associates,
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ANDREW HALT, P.E.

Traffic/ITS Engineer
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Benefits and Burdens: Case Studies in Transportation Equity in the Philadelphia Region



Master of Public Policy Project Team

Annalise Felicien
Kareem Groomes
Brandon Lamberty
Lucas Oshman
Kasey Trapp

Master of City and Regional Planning Project Team

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Andrew Halt	Anne Nygard
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Mark Morley	Adam Schantz

Academic Advisors

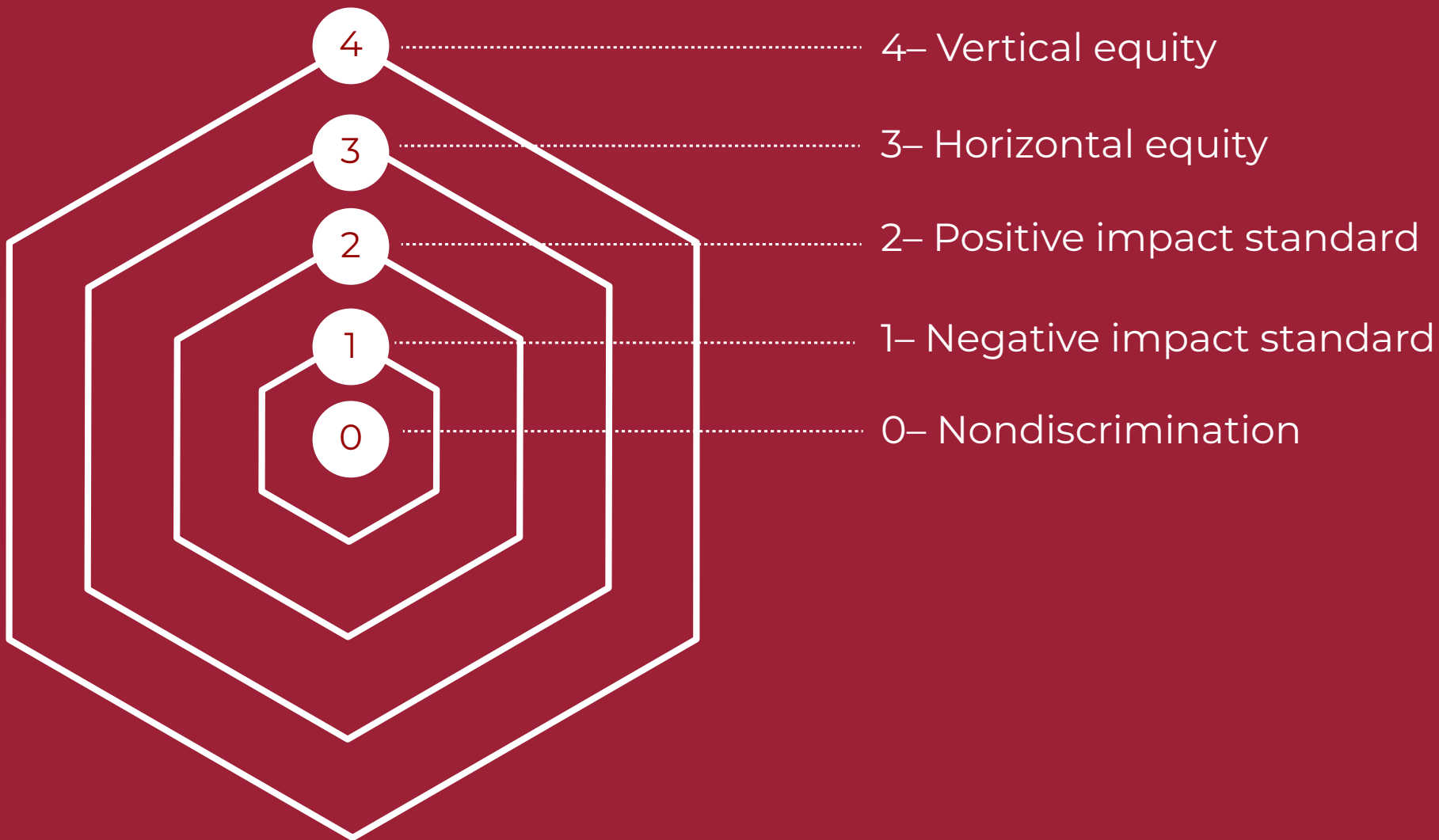
Dr. Jeffrey Doshna
Dr. Joseph Mclaughlin

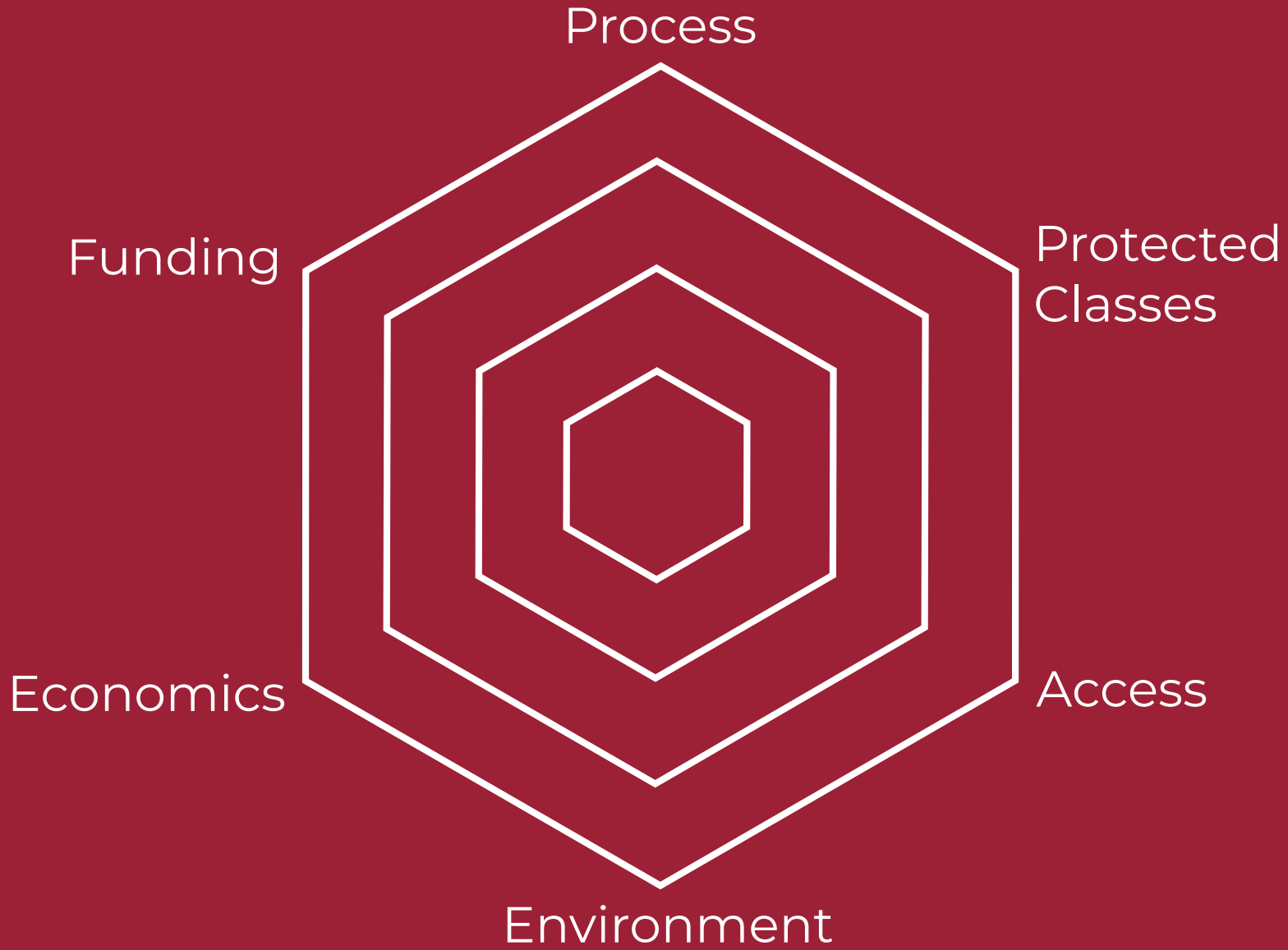
What did we do for this project?

- Analyzed academic literature as well as peer MPO strategies for evaluating equity
- Combined several existing equity frameworks into one
- Applied that framework to eight case studies
- “Scored” cases using framework
- Added recommendations for the agency aimed at increasing equity

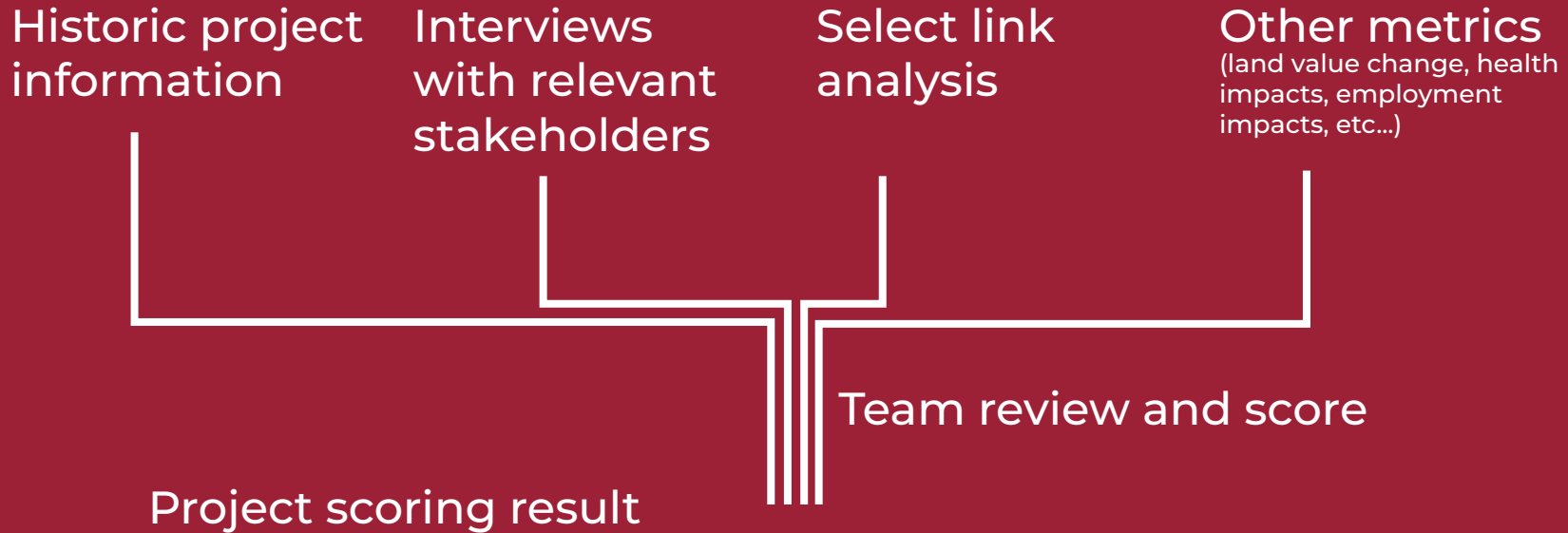
Rating	Impact Ladder of Equity	Process Ladder of Equity
4	Vertical equity: greater benefits go to historically disadvantaged groups in order to address past wrongs.	Those needs and priorities are identified, addressed, and progress is documented over time.
3	Horizontal equity: benefits are roughly evenly distributed across different populations.	Those needs and priorities are identified and are addressed with dedicated funding.
2	Positive impact standard: All populations receive meaningful benefits, although the amount of benefit may be disproportionate.	The needs and priorities of potentially affected populations are identified through a community-led process with sufficient resources, but are not addressed.
1	Negative impact standard: The benefits to one or more populations do not cause a burden to another group.	The potentially affected populations are consulted, but the process is not led by the community or adequately resourced.
0	Nondiscrimination: This standard falls outside of the definition equity but is included to provide a baseline reference for equity. Nondiscrimination can be linked to the language of Title VI. Nondiscrimination is the absence of overt discrimination against any particular group. Nondiscrimination is neutral to race, color, or national origin and requires no explicitly expressed attempt to provide or deny benefits to any group in particular.	The potentially affected populations are not consulted.

Levels of Impact



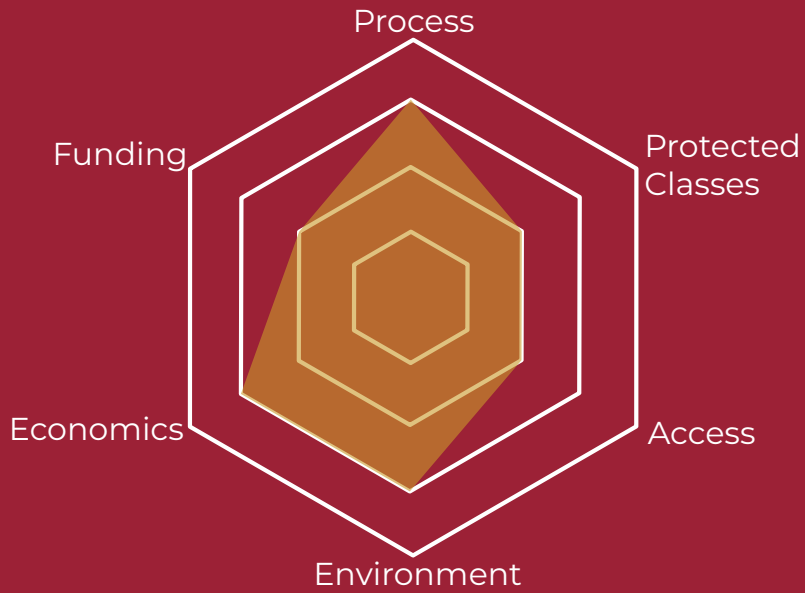


What was our methodology?

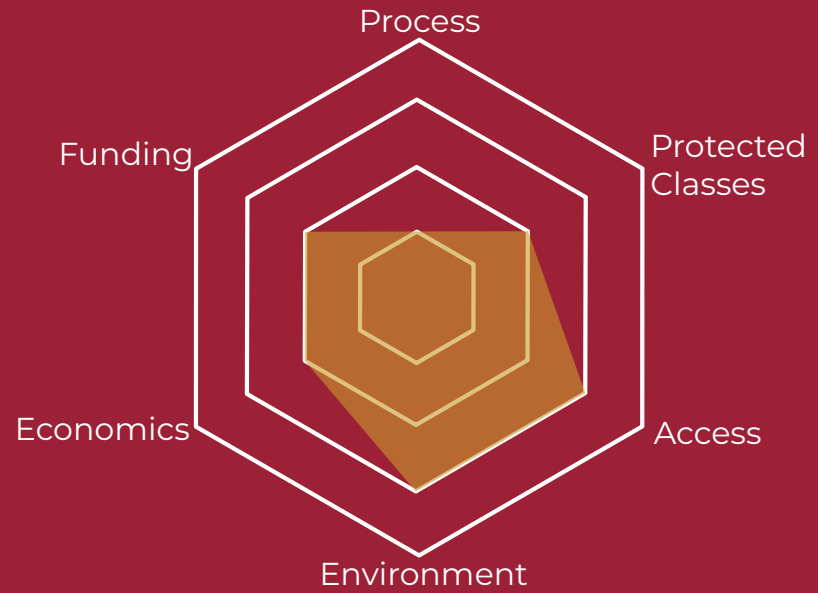


Equity Dimension	Score	Reasoning
Process	1	The community was only consulted after early plans were released, and the community had to produce its own resources in order to be heard.
Protected Classes	1	The marginalized community was most affected and was consulted, but their needs were not adequately met, and they did not drive the conversation or planning.
Access	3	The inclusion of a below-grade highway, a local access road, and pedestrian bridges meant that both the neighborhood and through-traffic had access via the Expressway.
Environment	3	The change from an at-grade arterial to the depressed highway benefitted noise and air pollution efforts, but the lack of a full cap did not prioritize the minority community.
Economics	2	Greater access for the region led to economic growth, and the survival of the Chinatown community allowed for economic growth, but the target sector was not the affected population.
Funding	2	The city and state effectively used federal funding to build the roadway but failed to bolster the project to meet the community needs fully and did not address their full concerns.

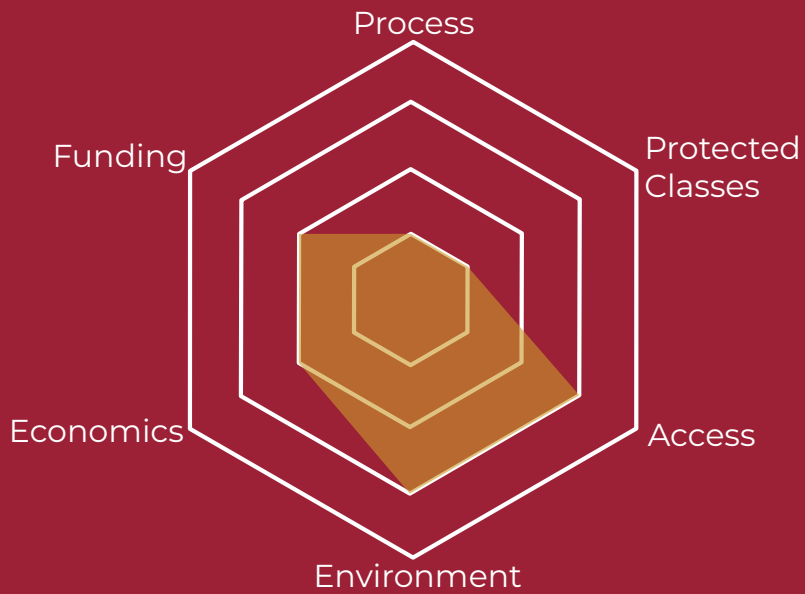
The Blue Route (I-476)



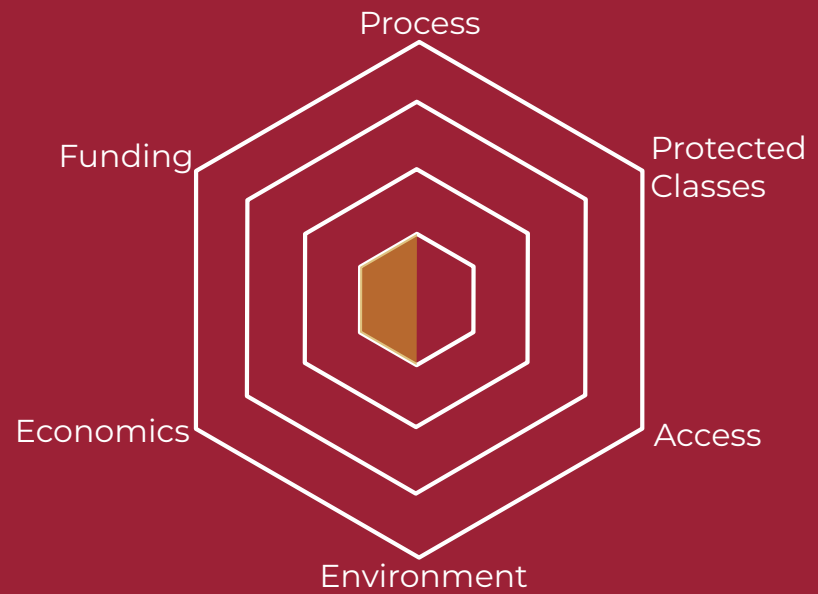
The MFL Reconstruction



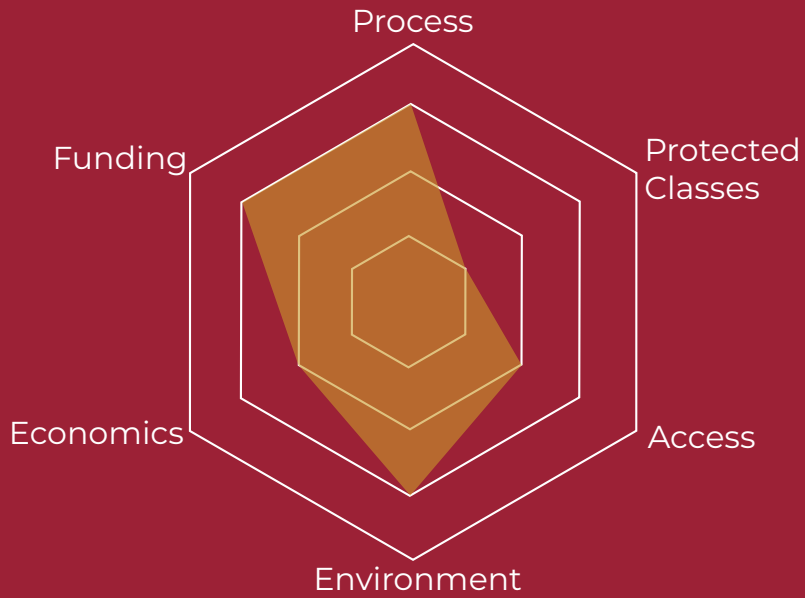
The Vine Street Expressway



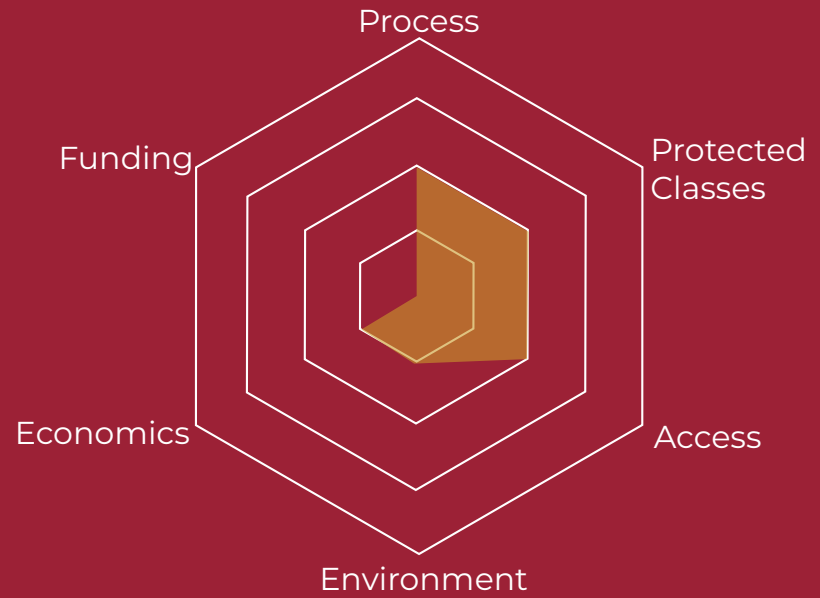
NJ-29



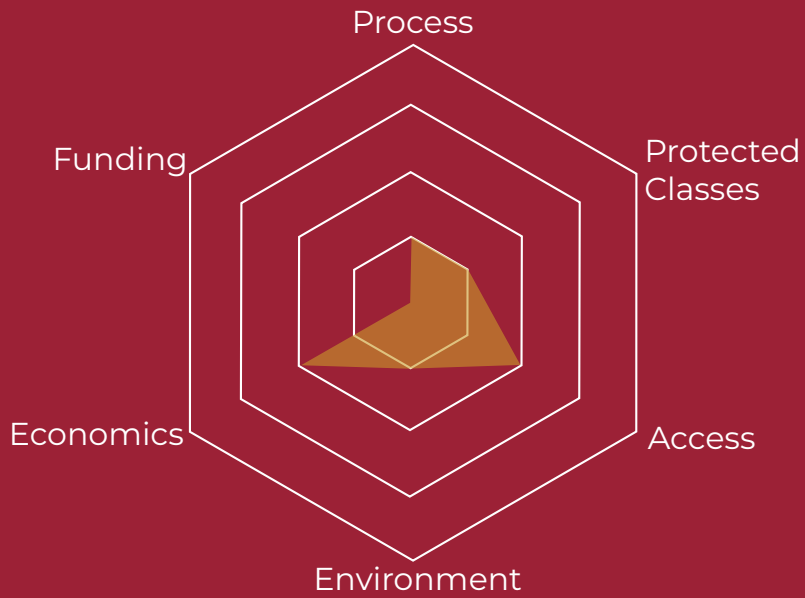
PATCO



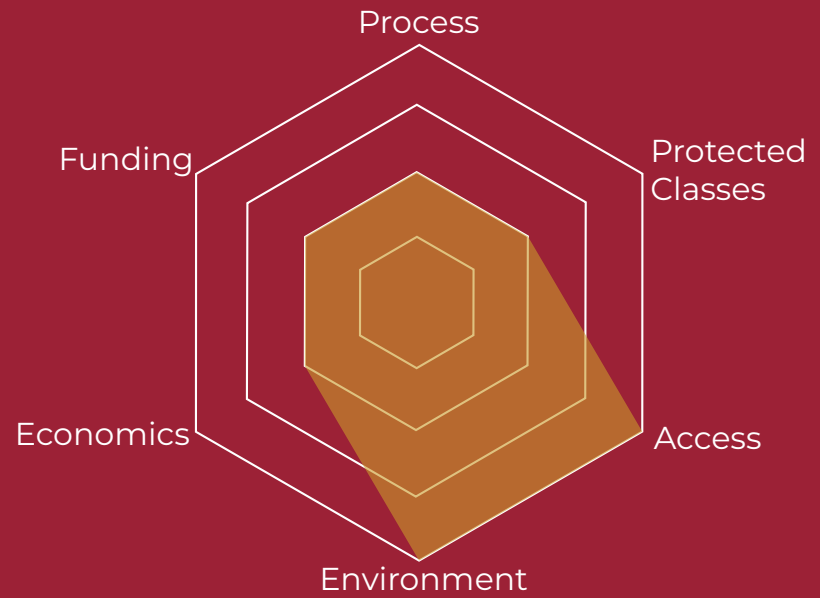
Direct Connection



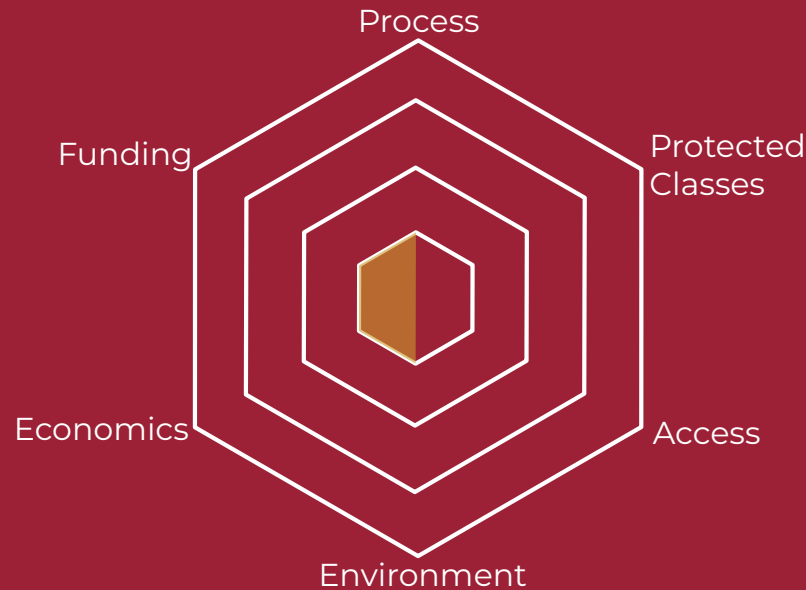
US 422



The Schuylkill River Trail

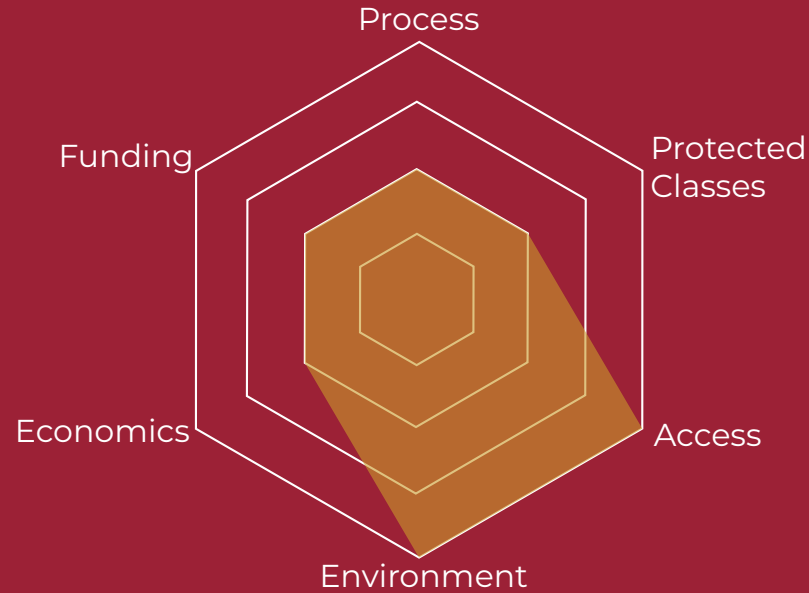


NJ-29



Equity Dimension	Score	Reasoning
Process	1	While public outreach met legal requirements, the design was not influenced by it. The DVRPC Citizen's advisory committee was heard but largely ignored.
Protected Classes	0	Both NJ-29 & Lambertton Runnel negatively affected protected classes more than nonprotected classes, especially in downtown Trenton.
Access	0	Access benefits went mainly to suburban residents while negatively impacting Trenton residents, the majority of whom are people of color.
Environment	1	Noise and pollution impacts were negative for most groups. While the highway & tunnel destroyed waterfront access for city residents in order to benefit commuters, fewer wetlands were destroyed in the final plan, which benefits all, especially protected classes subject to flooding.
Economics	1	The highway had no major effect on employment in the project area, positively or negatively.
Funding	1	Little funding was provided to transit or non-motorized transportation projects, compared to the significant money spent on roadways. with commutes only temporarily reduced.

The Schyulkill River Trail



Equity Dimension	Score	Reasoning
Process	2	There have been trail improvements and benefits along the entire corridor, but not a significant amount of engagement.
Protected Classes	2	The trail goes through many different communities, including many with protected classes. However, the trail is not as well-maintained in lower-income areas.
Access	4	It provided access for those without a car or who cannot afford transit, when historically only motorized mobility has been prioritized. The SRT replaced a freight train that cut off communities from the waterfront.
Environment	4	While the SRT does not provide the most benefits to marginalized groups specifically, it does address past wrongs of prioritizing transportation modes that are primary pollutants and cause adverse health effects.
Economics	2	Economic benefits have gone to a variety of neighborhoods along the trail, but not evenly.
Funding	2	While funding sections through many communities, the disjointed funding structure of the trail means that not all sections receive the same level of funding.

Recommendations

1. Choose More Equitable Sites
2. Work with Elected Officials Early
3. Consult Communities Early
4. Develop a Separate Mitigation Budget
5. Create Teams to Implement Mitigation Efforts
6. Creativity in Construction
7. Encourage Engineers to be Creative
8. Improve Transit Access
9. Address Non-Economic Project Impacts
10. Promote Equitable Economic Development
11. DVRPC Minority Representation
12. Use New Infrastructure Funds to Repair Past Wrongs
13. Investigate Tolling Highways to Fund Transit
14. DVRPC Must Take Leadership in Transportation Equity
15. Continue Public Participation Beyond Legal Requirements
16. Require Construction Mitigation at the Beginning of Projects
17. Create Transparent and Accessible Final Project Cost
18. Focus on Improving Access and Deemphasize Traditional Congestion Mitigation
19. Be a More Forceful Advocate for Integrating Land-Use Planning into Transportation Project

Already Underway:

Choose More Equitable Sites

Consult Communities Early

Continue Public Participation

Beyond Legal Requirements

Create Transparent and Accessible
Final Project Cost

Focus on Improving Access
and Deemphasize Traditional
Congestion Mitigation

Recommendations

1. Choose More Equitable Sites
2. Work with Elected Officials Early
3. Consult Communities Early
4. **Develop a Separate Mitigation Budget**
5. Create Teams to Implement Mitigation Efforts
6. Creativity in Construction
7. Encourage Engineers to be Creative
8. Improve Transit Access
9. Address Non-Economic Project Impacts
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11. **DVRPC Minority Representation**
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16. **Require Construction Mitigation at the Beginning of Projects**
17. Create Transparent and Accessible Final Project Cost
18. Focus on Improving Access and Deemphasize Traditional Congestion Mitigation
19. **Be a More Forceful Advocate for Integrating Land-Use Planning into Transportation Project**

Other Actionable Items

Develop a Separate Mitigation Budget

Create Teams to Implement Mitigation Efforts

DVRPC Minority Representation (including board)

Use New Infrastructure Funds to Repair Past Wrongs

Require Construction Mitigation at the Beginning of Projects

Be a More Forceful Advocate for Integrating Land-Use Planning into Transportation Project

Questions?

NEXT STEPS

- Please complete the post-meeting survey that is linked in the chat box.
- AICP CM Event #9228329
- **Upcoming HCTF meetings:**
 - Extreme Heat in Our Region: *A Joint Meeting of the HCTF and the Climate Adaptation Forum* | February 16, 2022 | 11am-12pm
 - Housing, Health, and Equity: *A Joint Meeting of the HCTF and the Regional Community Economic Development Forum* | March 9, 2022 | 11am-12pm

