

Planning and Prioritizing Projects for Health

PBIC Health + Transportation Webinar Series, Part 4

Sagar Shah American Planning Association

Lauren Blackburn VHB

Mark Cole Virginia Department of Transportation

Stephen Read Virginia Department of Transportation

Justin Crow Virginia Department of Health



Pedestrian and Bicycle Information Center

Webinar Series

Health and Transportation

Oct. 13: Confronting Power and Privilege for Equity

Oct. 15: Agency Structures for Collaboration

Oct. 22: Integrating Health Data

Oct. 27: Planning and Prioritizing Projects

Oct. 28: Bringing Health to Transportation Policy

#PBICWebinar



Transportation and health intersect in many ways

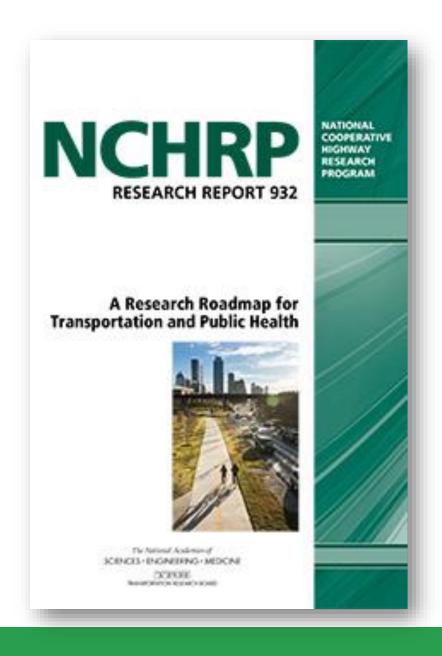












Series Motivation

- ⇒ How are health and equity defined within the transportation community?
- ⇒ How can transportation practices impact health?
- ⇒ In what ways are transportation agencies considering health in current practices?
- ⇒ What partnerships, research, and other resources are needed to improve practice?

Pathways to Health



Improving access to opportunities and services



Providing opportunities for physical activity



Mitigating
human
exposure to
environmental
risks (air and
noise
pollution)



Preventing injuries and improving safety



Supporting resiliency to disaster and extreme weather events



Promoting community connectedness and vitality

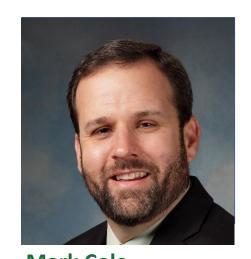
Meet the Panel



Sagar Shah
American Planning
Association



Lauren Blackburn VHB



Mark Cole
Virginia Department
of Transportation



Stephen Read Virginia Department of Transportation



Justin Crow
Virginia Department
of Health

HEALTH AND TRANSPORTATION



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PLANNING AND COMMUNITY HEALTH

APA's Planning and Community Health (PCH) program provides tools, educational materials, technical support to members so they can integrate health and equity into planning practice at all levels.

Home > Knowledge Center > Applied Research >









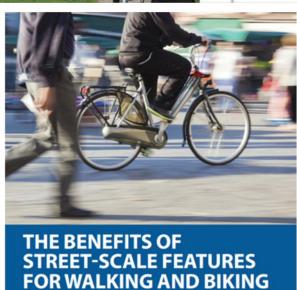


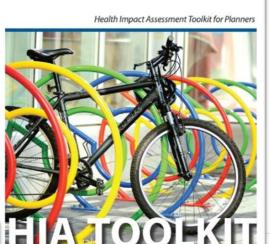




EXAMPLES OF PAST PROJECTS

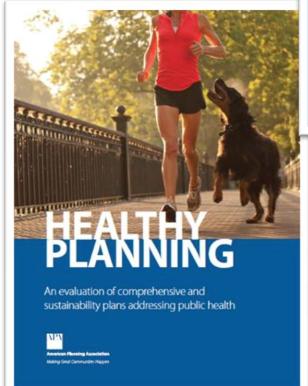


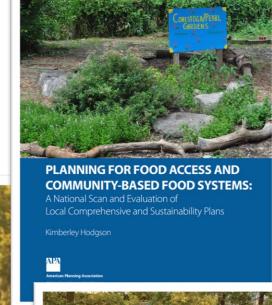


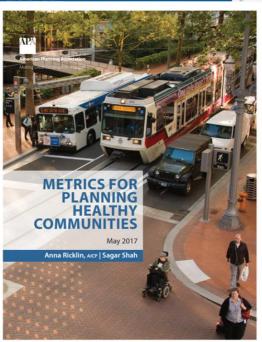


September 2016

PLAN4Health An American Planning Association Project







Planning & **Zoning for Health** in the Built **Environment**

he Planning Advisory Service (PAS) researchers are pleased to vide you with information from our world-class planning library. This packet represents a typical collection of documents PAS provides in response to research inquiries from our subscribers. For more formation about PAS visit www.planning.org/pas



Making Great Communities Happer

planning.org



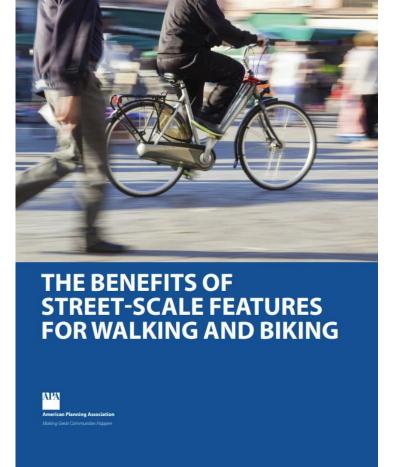
PLACE BASED WORK

Home > Knowledge Center > Multimedia > Blog >

Planning and the Opioid Epidemic







APPLIED RESEARCH

TYPE OF WORK

TRAINING & EDUCATION



American Planning Association

Creating Great Communities for All

Sagar Shah, PhD, AICP sshah@planning.org

NCHRP 20-112 / Report 932

Objectives:

Develop a holistic and strategic research roadmap Identify evidence to support practical and useful information, and implementable tools, for state DOTs and partners

Research products:

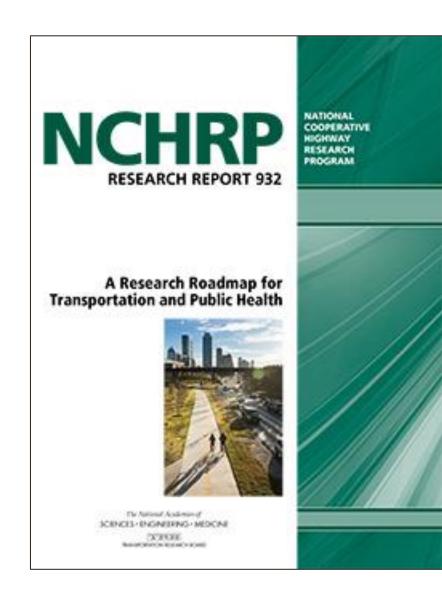
10-year strategic roadmap

- Six specific Research Problem Statements
- Communications/implementation plan

PowerPoint slides

Technical report

Excel file of studies reviewed (bonus)



Research Roadmap

Framed around key transportation agency processes and practices

Community Engagement / Data Integration

Public involvement

Coordination with local, regional, and tribal governments

Data Collection

Performance metrics



Policy-making

- Vision and/or Mission
- Statewide multimodal transportation plan
- Agency guidance



- Long-range plans
- Mode-specific plans
- Corridor studies
- Scenario plans
- Small area plans



Capital programs, > projects and implementation

- Project evaluation
- Project selection
- Environmental assessment



Monitoring and Evaluation

- Design review and comparison
- Construction
- Operation
- Maintenance

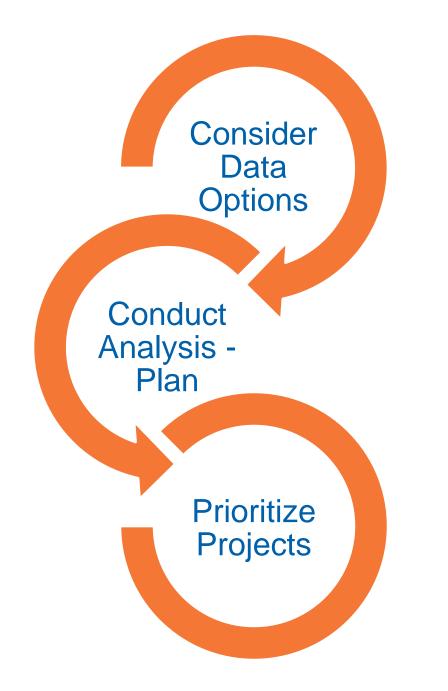
Gap: Lack of guidance on opportunities to integrate health considerations during prioritization, programming, and prescoping processes.

Need: Synthesis of practices where MPOs or state DOTs included health indicators in transportation project prioritization criteria.

Need: Survey of MPO and state DOT interest in incorporating health into project prioritization and programming decisions and expressed barriers in doing so.

Need: Summary of transportation agencies who collect and review health data for potential impacts as part of project screening.

Need: Case studies or documentation of the use of health department representation in transportation planning processes, such as boards or advisory committees.











VIRGINIA PEDESTRIAN SAFETY ACTION PLAN

Integrating Health Data into Systemic Safety Analysis

Mark A. Cole, PE, Virginia Department of Transportation

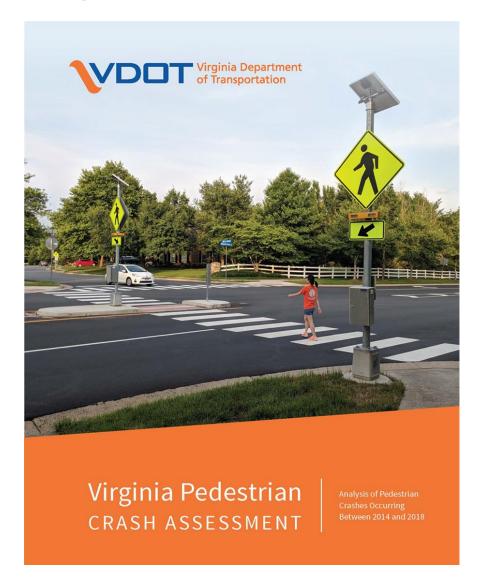
October 27, 2020

Recent Timeline of VDOT Pedestrian Safety Efforts





Virginia Pedestrian Crash Assessment



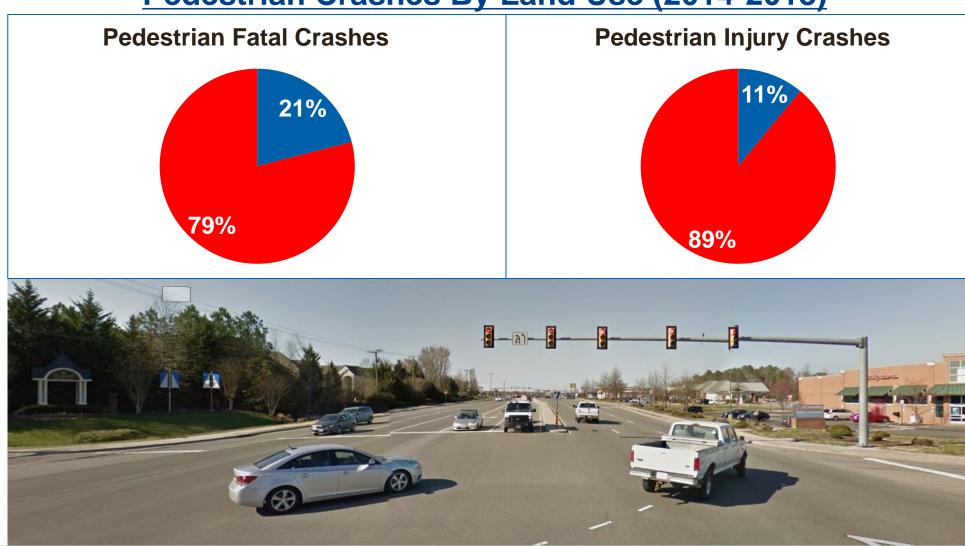
- Analyzes pedestrian crashes
- First published in 2016
 - updated in 2017 and 2020
- Uses a variety of data sources to:
 - Understand common factors among crashes
 - Identify crash trends across time





Key Findings: Land Use

Pedestrian Crashes By Land Use (2014-2018)

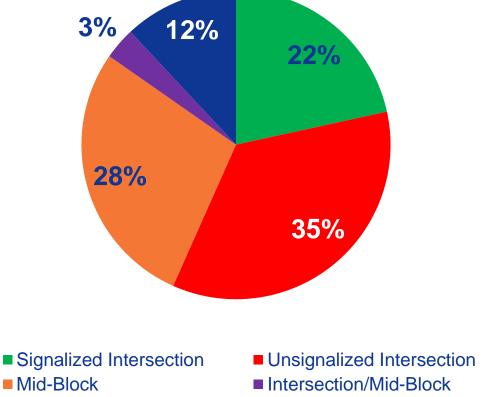




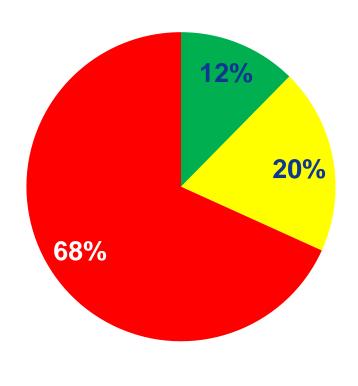


Key Findings: Where Pedestrian Deaths are Happening





Virginia's Fatal Pedestrian Crashes & Marked Crosswalk Availability (%)



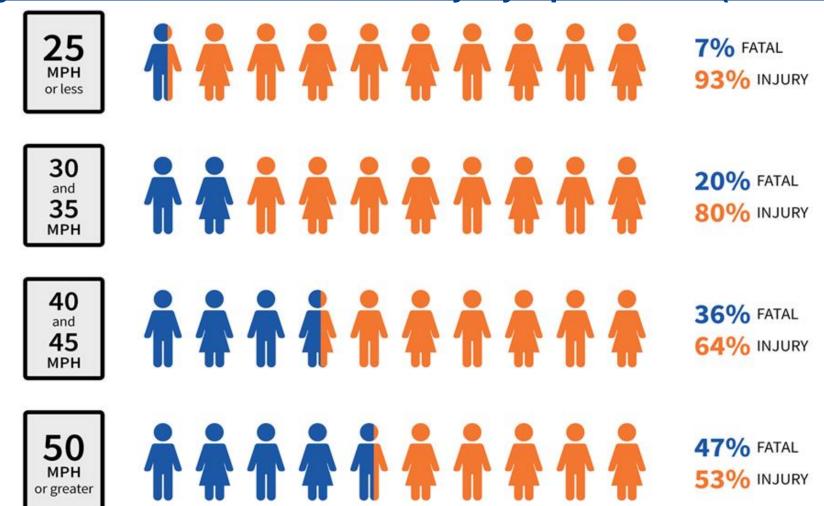
- Crosswalk Available Pedestrian Struck In Crosswalk
- Crosswalk Available Pedestrian Not in Crosswalk
- No Crosswalk Available



■ Other

Key Findings: Speed Limits

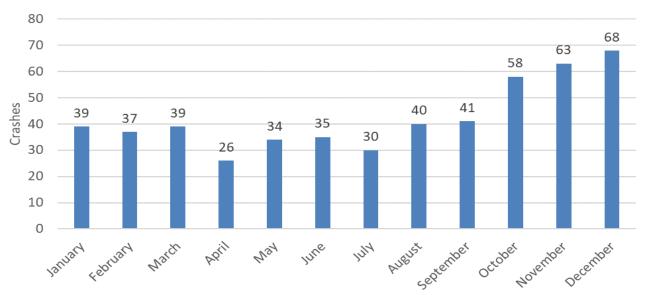
Virginia Pedestrian Crash Severity By Speed Limit (2014-2018)

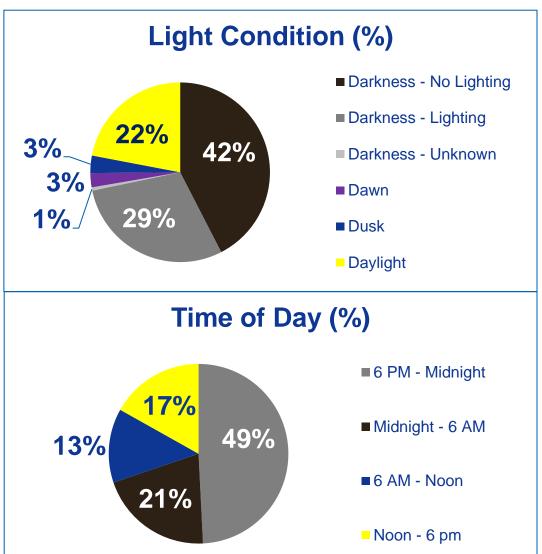


Key Findings: Light Condition

Pedestrian fatal crashes by:

- light condition
- Month
- time of day



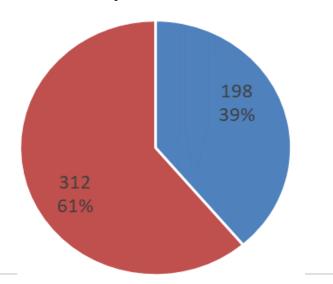




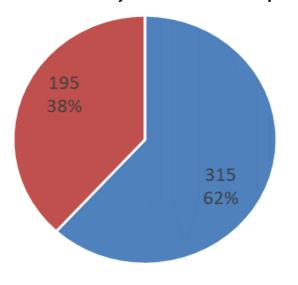
Key Findings: Transit

- Among pedestrian fatal crashes 45% took place near transit stop (38% near a bus stop, and 7% near a rail stop).
- Roughly 60% of pedestrian fatal crashes occurred near a bus route.

Pedestrian Fatal Crashes and Proximity to a Bus Route



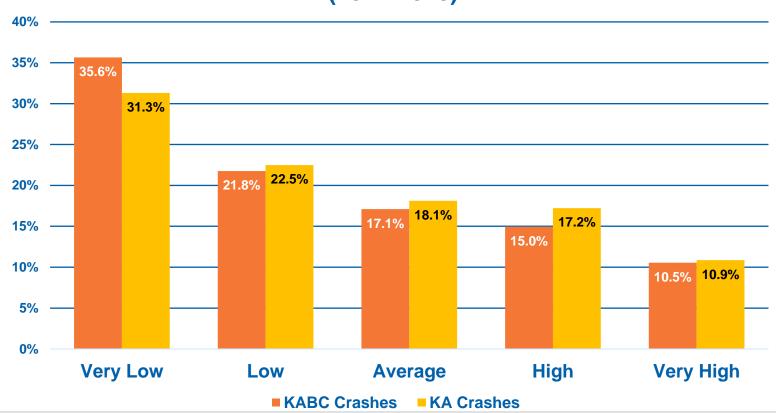
Pedestrian Fatal Crashes and Proximity to Bus Stops



Key Findings: Health Opportunity Index

Almost 60% of deaths and injuries occur in locations with VERY LOW or LOW Virginia Health Opportunity Index (HOI) Scores

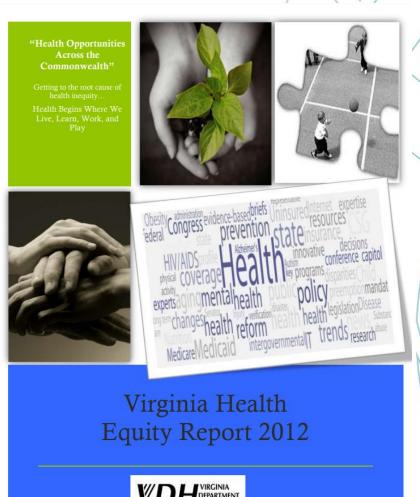
Distribution of Pedestrian Crashes by HOI Category (2014-2018)



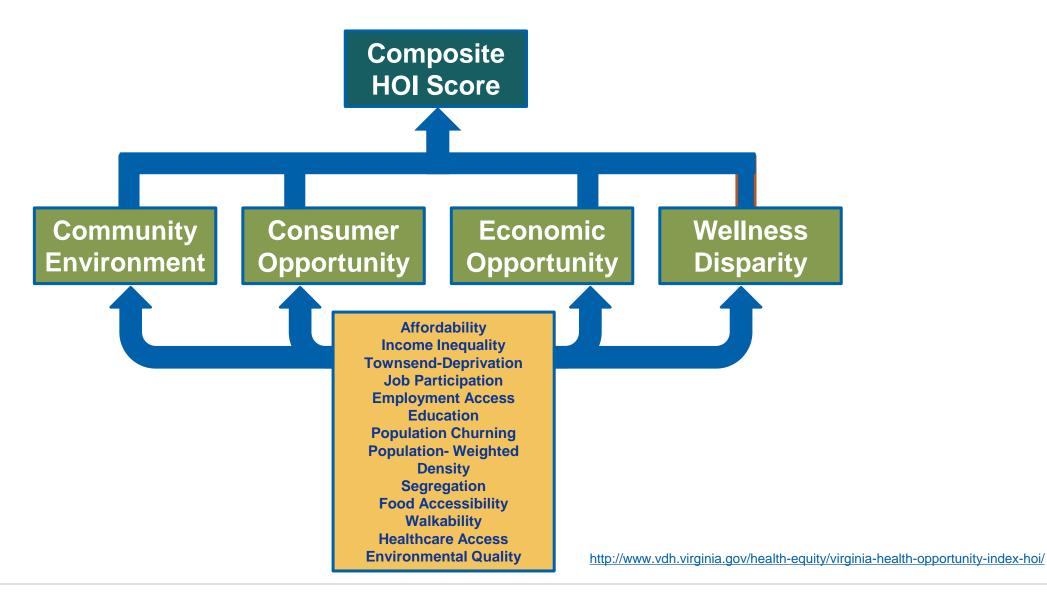


Virginia Department of Health - Health Opportunity Index

- First developed in 2012 as part of the Virginia Health Equity Report
- "Examines how where you live, work and play influences the opportunity to live long, healthy lives."
- Each profile is made up of 13 indices covering the spectrum of quality of life indicators (affordability, healthcare access, air quality, etc.)
- Complex interactions that generate the final HOI

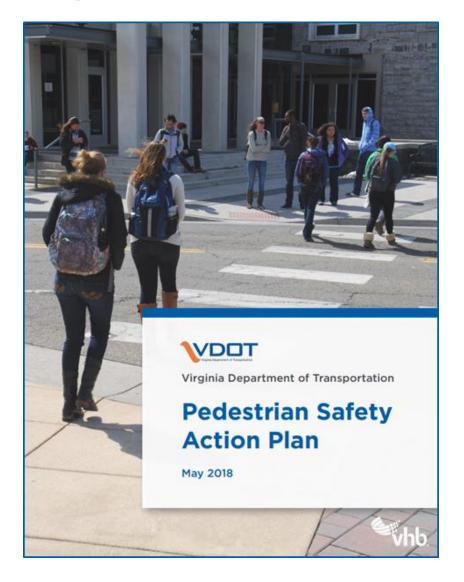


What is the Virginia Health Opportunity Index?





Virginia Pedestrian Safety Action Plan (PSAP) - 2018



3 Major Components:

- 1 VDOT Policy Recommendations to ensure pedestrian safety
- 2 Safety Analysis to determine which specific road locations pose the greatest risk for pedestrians
- 3 Pedestrian safety countermeasure recommendations



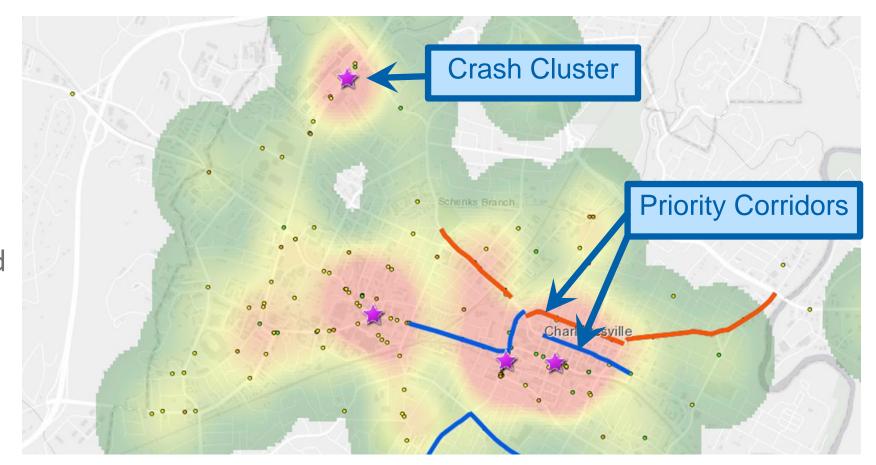
Safety Analysis – Crash Clusters and Priority Corridors

Crash clusters

- Density map of actual crash locations
- Look back

Priority Corridors

- Top ranked corridors based on scoring criteria that used various data sources indicating pedestrian presence or risk
- Predictive





Corridors – Original Method (2018)

2018 PSAP Corridor Scoring Factors: 181 Priority Corridors

High	Medium	Low
 Annual average daily traffic (AADT) Posted speed limit Zero-vehicle households Population density 	 Roadway geometry Urban/rural context Employment density Proximity to a school 	 Population living below the poverty line Pedestrian crash history Proportion of alcohol related crashes (by district) Proximity to a park

Spatial Bayesian Analysis to Examine Health Opportunity Index

- HOI and zero vehicle households were the strongest indicators of pedestrian crashes – both all injury crashes and fatal/severe only crashes.
- Employment density was another strong indicator
- Population density and density of persons in poverty were poorer performers
 - Poverty alone was dropped in the PSAP scoring









Priority Corridor Criteria – 2019 Update

2019 PSAP Corridor Scoring Factors

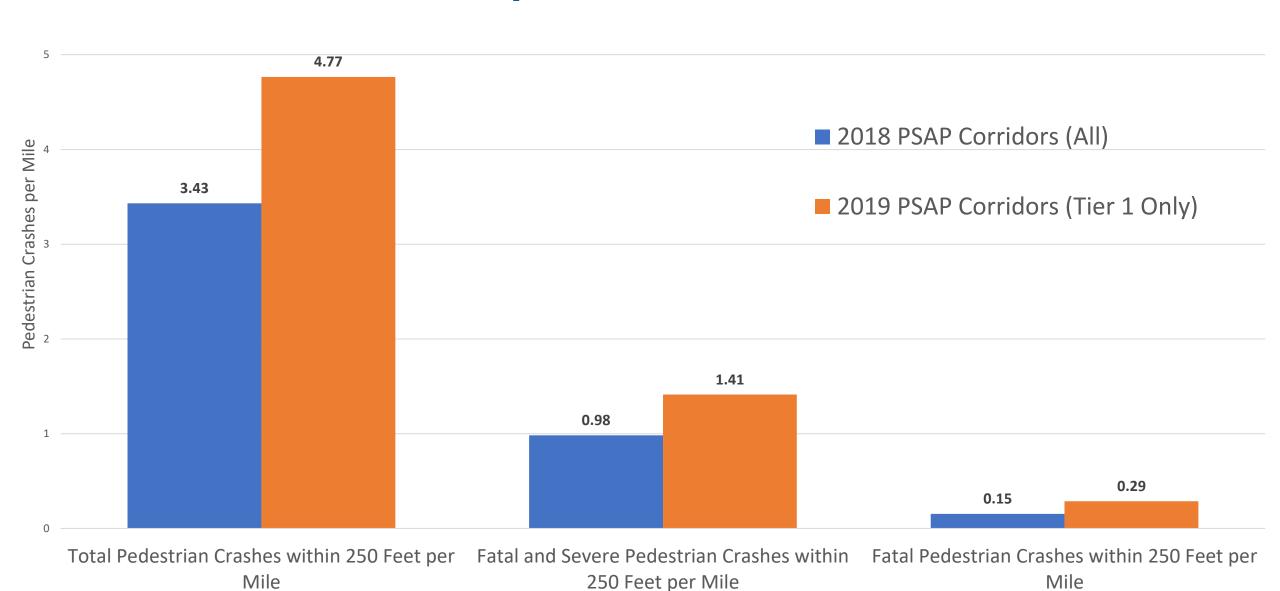
High	Medium	Low
 Annual average daily traffic (AADT) Zero-vehicle households Transit access Health Opportunity Index (HOI) 	 Roadway geometry Employment density Proximity to a school Posted speed limit 	 Pedestrian crash history Proximity to a park Population density Urban/rural context Proportion of alcohol related crashes (by district) Population living below the poverty line



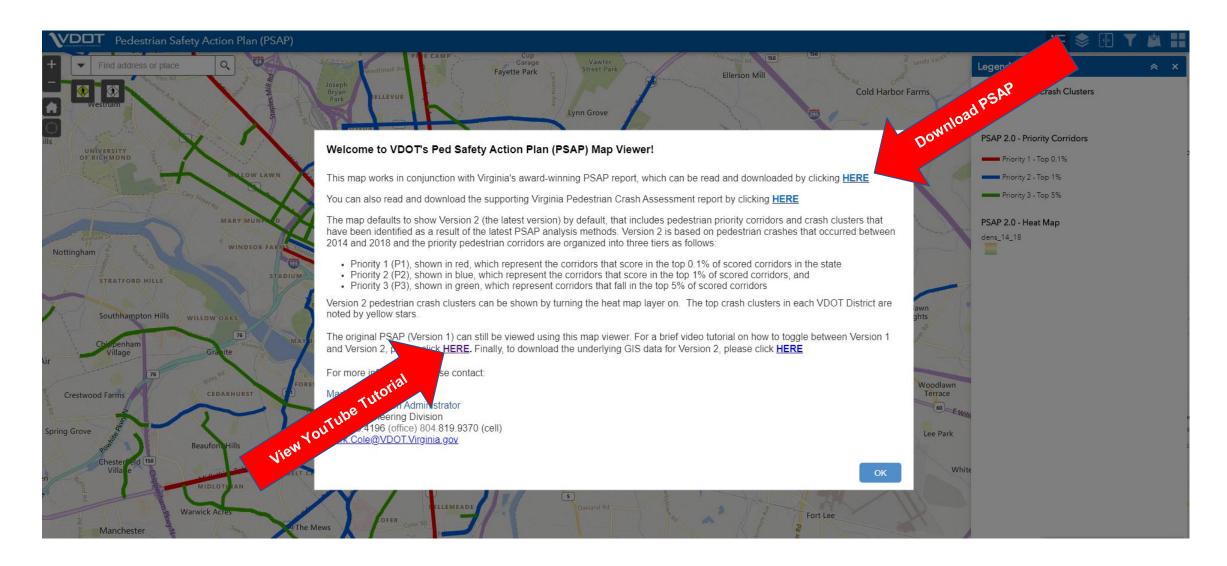
What Else Changed in 2019?

- New 3-tier system for ranking priority corridors:
 - Top Statewide Priority: These corridors are of the highest priority in the State (Top 0.1%)
 - Secondary Statewide Priority: These locations represent important pedestrian corridors at a state and district-level but are of slightly lower priority than the first tier (Top 1%)
 - **Top 5% Priority:** This tier is comprised of corridors that are not the top priority in the State but are still important regional locations. These sites have at least one segment that scored within the top 5% of all scored segments.
- Based on the final score assigned to road segment(s)
 - Located along the State's master LRS network
- Provides several priority locations in all VDOT districts

PSAP 1.0 vs 2.0 Comparison



PSAP Online Mapping Tool - https://bit.ly/VDOTPSAP_V2





PSAP Infrastructure Projects

Summer 2018 - Identified \$8 Million for initial PSAP projects

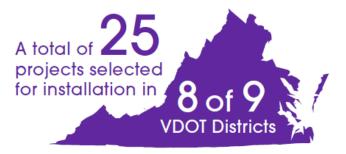
Criteria:

- Low-cost/high-benefit countermeasures
- Address pedestrian <u>crossings</u> only
- Shovel Ready or quick delivery
- Overwhelming Interest
 - 59 project requests (\$43M total)
 - Funded 25 projects
 - Projects are being completed now



VDOT staff evaluated the candidate projects and, in November 2018, announced the award of





Funding requested ranged between:





PSAP Pedestrian Safety Infrastructure Projects

- Fall 2019 Additional \$25 Million approved for PSAP improvements
- All VDOT signals on PSAP priority corridors will receive crosswalks and ped countdowns over a five –year period



Jefferson Park Avenue & Brandon Avenue, Charlottesville, VA





Using the PSAP to Identify Needs for all Projects

Stephen Read, PE, Virginia Department of Transportation

What is SMART SCALE

Virginia's transportation funding prioritization process created by 2014 Legislation

Picking the right transportation projects for funding

Ensuring the best use of limited transportation funds

Reset funding streams

Branded as SMART SCALE in 2016



www.vasmartscale.org



What is SMART SCALE?





Major Steps & Players



Virginia Department of Rail and Public Transportation







Project Screening

VDOT, OIPI, DRPT

Project Application

Localities and Eligible Entities

Eligibility/Funding

VDOT, OIPI, DRPT



Commonwealth Transportation Board

Evaluation/Scoring

VDOT, OIPI, DRPT

Project Types

- Highway
- Transit & Rail
- Bicyclist and

Pedestrian

TransportationDemandManagement



How are Projects Screened In?

Proposed projects must meet a need as identified by VTRANS:

Corridors of Statewide Significance

Regional Networks

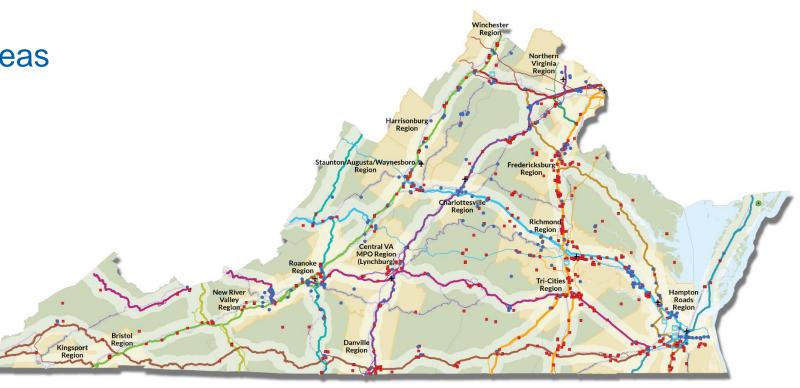
Urban Development Areas

Safety

Funding Eligibility Key

- = High Priority Projects Program (HPPP)
- = Construction District Grant Program (DGP)







Defining VTRANS Pedestrian Safety Needs

METHODOLOGY REPORT FOR THE **IDENTIFICATION OF 2019 MID-TERM NEEDS**





Richmond Cons (A) Goal C: Methodology for Identification of Pedestrian Safety Improvement Needs

Performance Measure:

None, utilization of roadway segments included in VDOT's Pedestrian Safety Action Plan (PSAP)

What it tells us:

Location of corridors with higher than normal risk of a pedestrian-

involved accident

What it measures:

Higher-risk areas for pedestrians. VDOT's Pedestrian Safety Action Plan (PSAP) conducted a predictive systemic analysis that considered accident histories on major thoroughfares throughout the state on a comparative basis to identify locations with elevated risk.

Where it applies:

VDOT-maintained roads statewide

Time periods:

Based on calendar year 2012-2016 crash data

Unit of Analysis for Performance Measures: Roadway segment

Unit of Reporting for Mid-Term Needs:

Roadway segment

Steps

Goal C. Safety for all Users:

1. Identify appropriate measure for Goal.

 Provide a safer and more secure transportation system for passengers and goods on all travel modes.

Input

* Consult with VDOT Highway Safety Improvement Program staff.

Action

 Review VDOT's PSAP and procedures for considering safety in SMART SCALE.

. Confirm that using PSAP designations would address VTrans goal area and objectives.

PSAP report and priority corridors map

Add PSAP Corridors

2. Consider stakeholder

Include consideration for non-motorized needs that may not get highlighted based on Potential for Safety Improvement (PSI) method.

 Add location of PSAP corridors as a separate category of Needs to complement the PSI-based Safety Needs.

· PSAP report and priority corridors map

 Geospatial database developed for May 2018 PSAPI. which identified corridors with a history of pedestrian safety crashes and assessed pedestrian crash risk 3. Collect

> - AADT, posted speed limit, number of lanes, presence of a median, crash history, the population of the surrounding area and other factors in assessing pedestrian safety risk

. Integrate PSAP database with other needs layers.

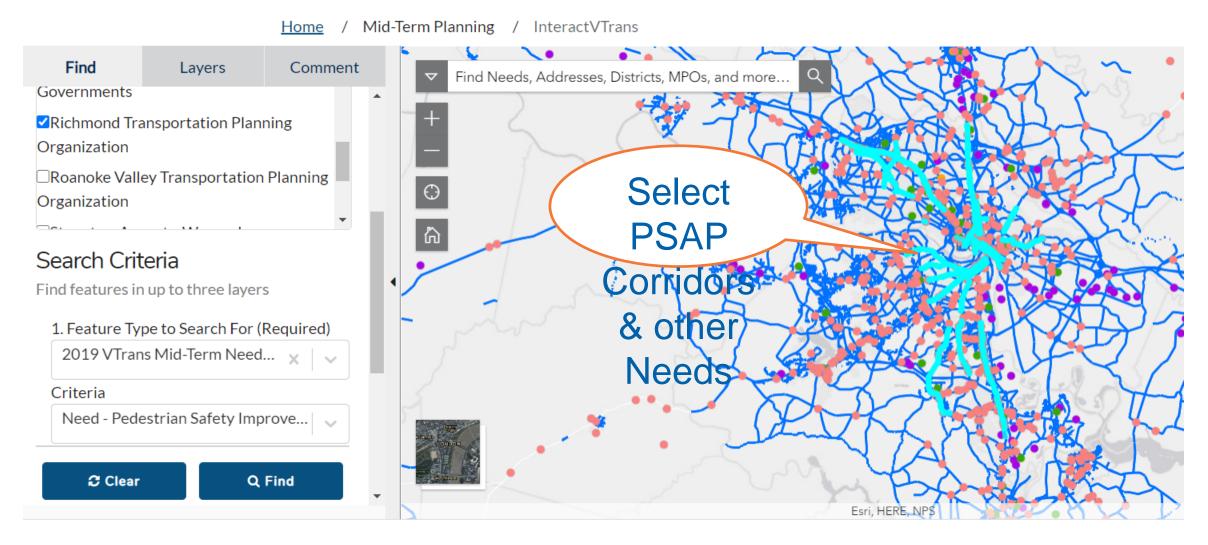
. Geospatial database and locations of corridors with elevated risk of pedestrian-involved crashes and Need for Pedestrian Safety Improvement

Output

Data.



InteractVTRANS: Online Mapping of Needs





SMART SCALE: Application Portal Identifies PSAP Needs

Cocation

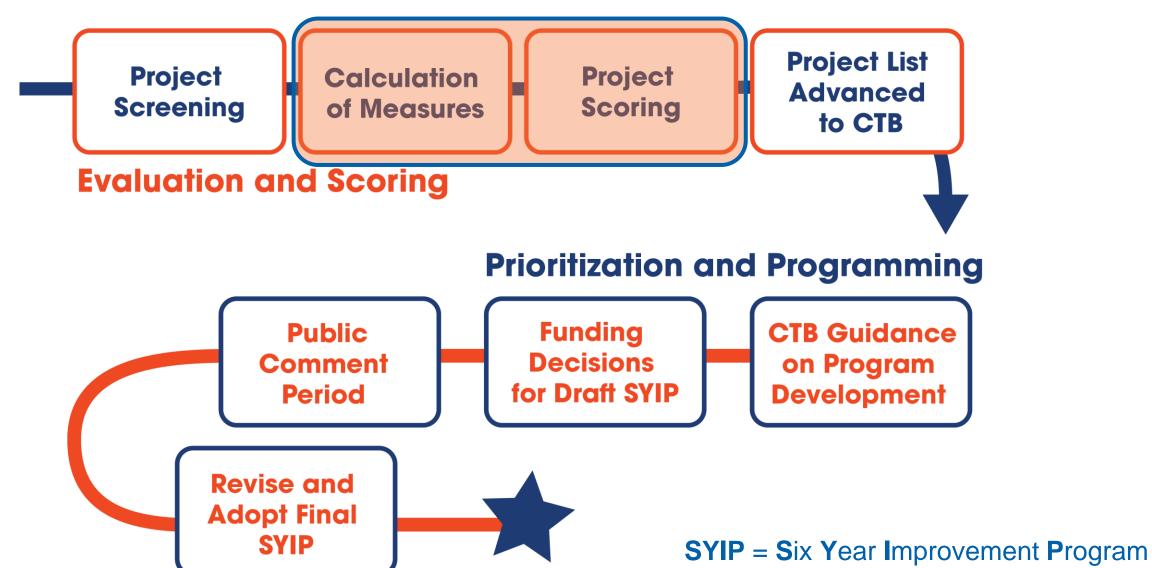
VTRANS Mid-Term Needs Site

VTRANS Needs Categories Requested:





SMART SCALE: Scoring and Programming Processes





Planning Level Project Benefits: Crash Reductions

Predefined list of Crash Modification Factors (CMFs) covers most project improvements

 http://vasmartscale.org/documents/cmf-list-smartscale-rd4_fy2022.pdf





Categories:



Intersection





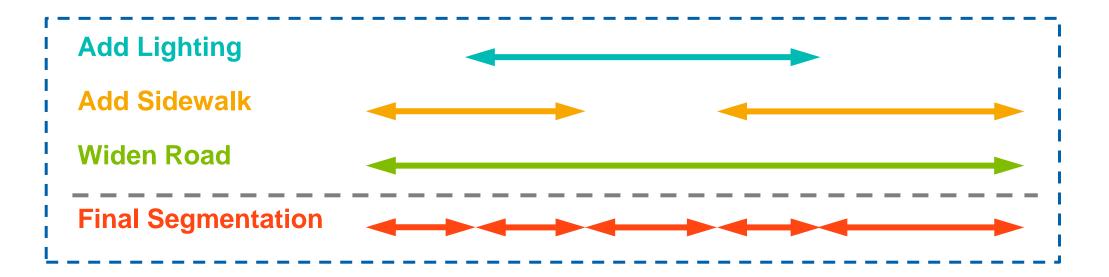


Identify Overlap Between Project Improvements

Multiple improvements

Multiple CMFs may be assigned to one segment within the influence area of any individual improvement

• In other words – start a new segment once the number of applicable CMFs changes



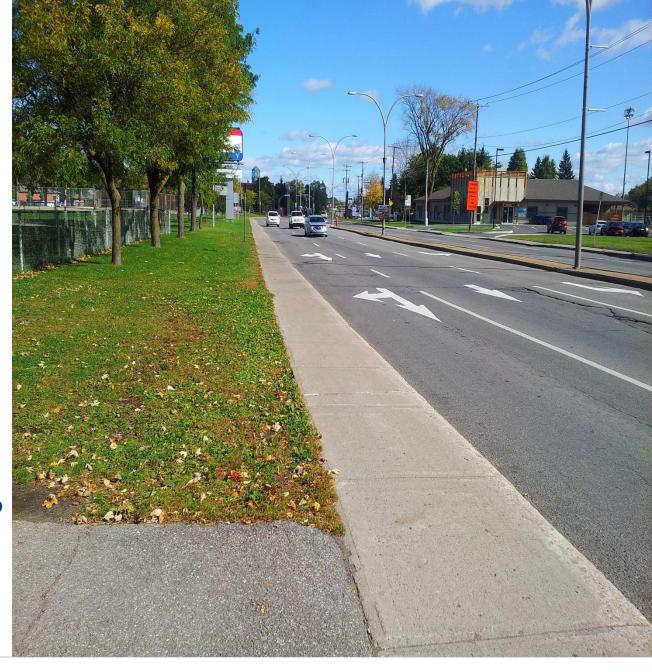
Sidewalk

CMF Category Pedestrian and BicycleCMF Description Add new sidewalkCMF Value 0.12Targeted Crash Pedestrian

Q&A

Type(s)

- Should I apply the CMF in these cases?
 - Widening existing sidewalk = No
 - Repairing existing sidewalk = No
 - ADA improvements to existing sidewalk = No
- Is there any benefit to non-pedestrian crashes?
 - See slides on Roadside Hazard Rating



Safety Component of Total Score Card



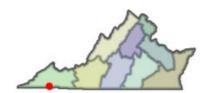
Lee Highway Phase 3A

Widen Lee Highway to four lanes with a grass median and a 10' shared use path from 300' west of Old Airport Rd to 380' west of the Walmart entrance.

Submitting Entity: Bristol City
Preliminary Engineering: Underway
Right of Way: Not Started
Construction: Not Started

Eligible Fund Program: Both VTRANS Need: CoSS

(click here for details)



2.2 SMART SCALE SCORE #198 OF 433 STATEV

#18 OF 44 DISTRIC

		SMART SCALE Area Type D													
1	Factor	Congestion Mitigation		Safety		Accessibility			Economic Development			Environment		Land Use	
	Measure	Increase in Peak Period Person Throughput	Reduction in Peak Period Delay	Reduction in Fatal and Injury Crashes	Reduction in Fatal and Injury Crash Rate	Increase in Access to Jobs	Increase in Access to Jobs for Disadvantaged Populations	Increase in Access to Multimodal Travel Choices	Square Feet of Commercial/Industrial Development Supported	Tons of Goods Impacted	Improvement to Travel Time Reliability	Potential to Improve Air Quality	Other Factor Values Scaled by Potential Acreage Impacted	Transportation Efficient Land Use	Increase in Transportation Efficient Land Use
	Measure Value	16.7 persons	1.1 person hrs.	8.0 EPDO	475.4 EPDO / 100M VMT	5.2 jobs per resident	2.1 jobs per resident	50.0 adjusted users	510,647.4 thousand adj sq. ft.	5,195.2 thousand adj daily tons	9,697,228.2 adj. buffer time index	66.7 adjusted points	1.0 scaled points	access * pop/emp density.h	access * pop/emp density change.
	Normalized Measure Value (0-100)	0.1	0.0	2.3	1.0	0.1	0.0	0.2	2.6	0.1	0.2	0.5	3.1		
	Measure Weight (% of Factor)	50%	50%	50%	50%	60%	20%	20%	60%	20%	20%	50%	50%	N/A	N/A
	Factor Value	0.0		1.6		0.1			1.6			1.8			
	Factor Weight (% of Project Score)	10%		30%		15%			35%		10%		N/A		
	Weighted Factor Value	0.0		0.5		0.0			0.6		0.2				
	Project Benefit	1.3													
V.	SMART SCALE Cost	\$5,827,000													
."	SMART SCALE Score (Project Benefit per \$10M SMART SCALE Cost)	2.2													



In Health Matters, Place Matters -The Health Opportunity Index (HOI)

Virginia Department of Health
Office of Health Equity





VDH Office of Health Equity

Mission:

To identify health inequities and their root causes and promote equitable opportunities to be healthy.

- State Office of Rural Health
- State Primary Care Office
- Office of Multicultural Health & Community Engagement
- Division of Social Epidemiology





PAVING THE ROAD TO HEALTH EQUITY







Division of Social Epi

Vision

Information with Impact.

Mission

To provide information and insight to the public, stakeholders and policy-makers that inspires them to take actions that improve the lives of vulnerable Virginians

Leading with Data



Strategic Priorities

- Engage stakeholders, policymakers and the public with actionable information.
- Cultivate a stable workforce with diverse academic backgrounds, experiences and skills.
- Develop high quality data products and continuously improve existing products.
- Translate social epidemiology research to the Commonwealth.

http://www.vdh.virginia.gov/health-equity/division-of-social-epidemiology/





Health Opportunity Index

Identifies areas and populations that are most vulnerable to adverse health outcomes based on the Social Determinants of Health



Selecting Indicators

- 1. Identified by Local Health Departments & Stakeholders as important.
- 2. Linked to health outcomes in academic literature.
- 3. "Actionable" (e.g., segregation vs race)
- 4. Consistent, quality data for all Census Tracts in Virginia.





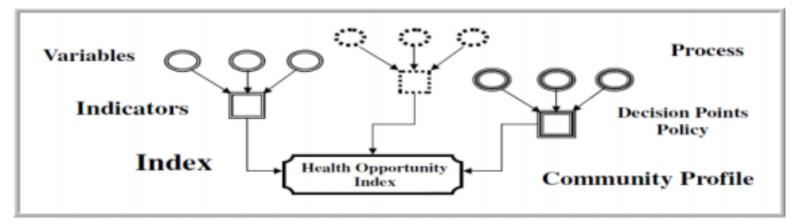
Structure

30+ Variables

13 Indicators

4 Profiles

1 Health Opportunity Index





Health Opportunity Index

Community Environmental Profile Consumer Opportunity Profile

Economic Opportunity Profile

Wellness Disparity
Profile





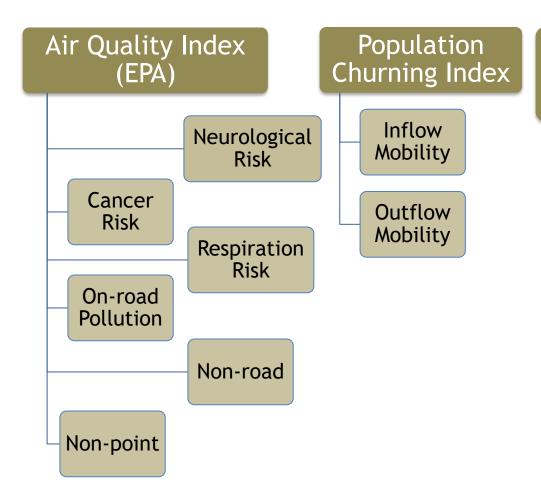
Health Opportunity Index

Community Economic Consumer Wellness Environmental Opportunity Opportunity Disparity Index Profile Profile Profile **Employment** Access to Air Quality **Affordability** Access Care **Population** Income Education Segregation Churning Inequality **Population** Food Job Density Accessibility **Participation** Material Walkability Deprivation

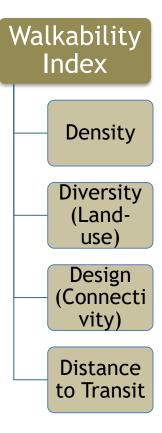




Community Environmental Profile



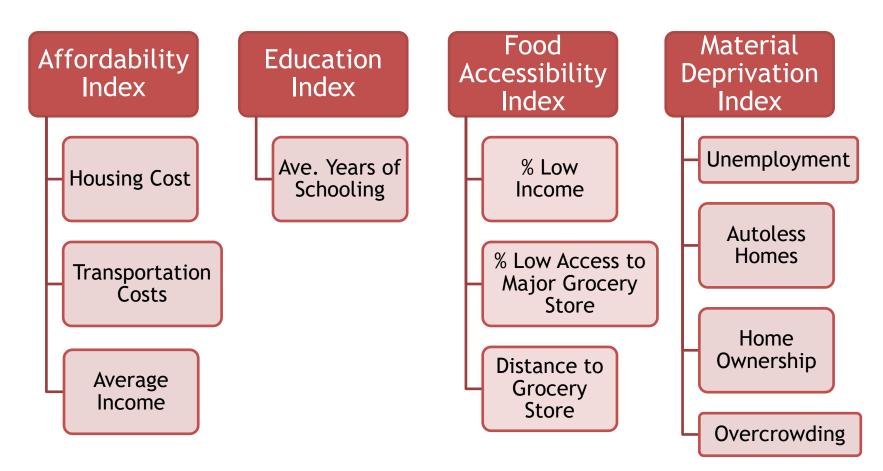
Population-Weighted Density







Consumer Opportunity Profile







Economic Opportunity Profile

Employment Access Index

Number of Jobs

Distance to Jobs

Income Inequality Index

Gini Coefficient

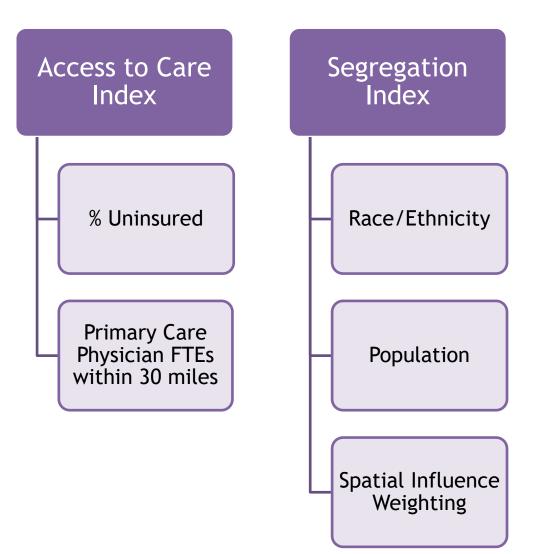
Job Participation Index

% of Working Age Population in the Labor Force





Wellness Disparity Profile

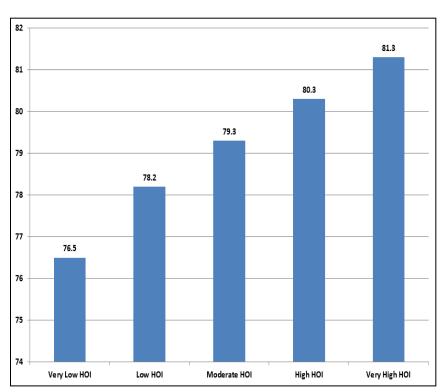




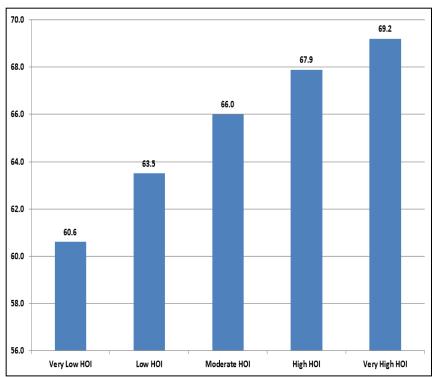


Monotonicity of HOI

Life Expectancy at Birth



Disability Free Life Expectancy

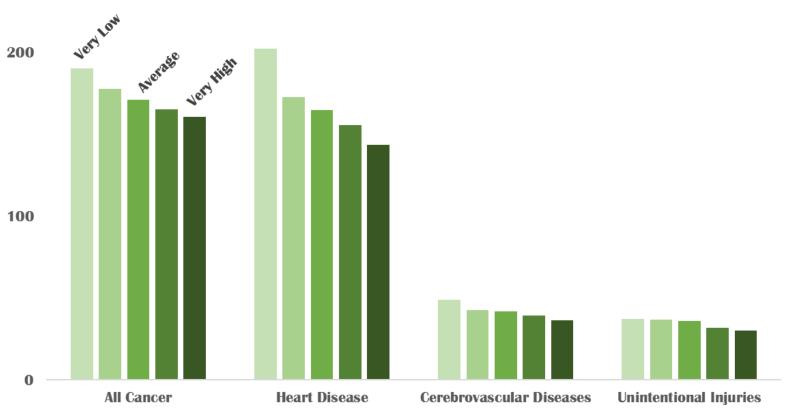






Disparities by Health Opportunity Mortality per 100,000

(Age-Adjusted)



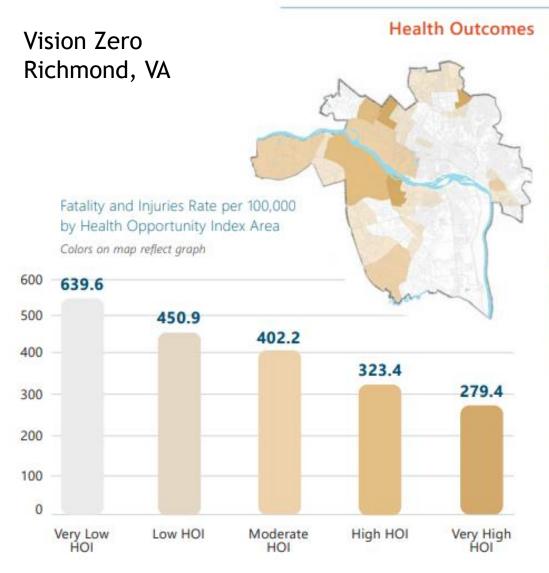




VARNAME	VARIABLE	DEFINITION *
Neighbors	10.0	
ResidualSquares	29.3	
EffectiveNumber	462.5	
Sigma	0.30	
AICc	1102.7	
R2	0.83	
R2Adjusted	0.59	
Dependent Variable	0	DFLE
Explanatory Variable	1	HOI

Note: DFLE - Disability Free Life Expectancy (Healthy Life)
HOI - Health Opportunity Index (composite Index)





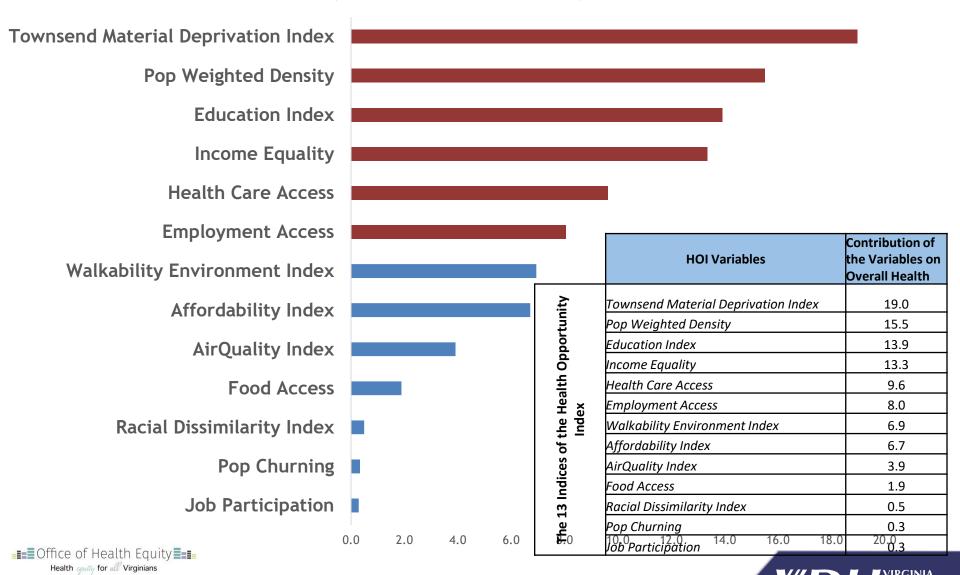
The Virginia Department of Health uses a Health Opportunity Index (HOI) as a composite measure of the social, economic, educational, demographic, and environmental factors that relate to a community's well-being. This includes indicators of neighborhood walkability and access to transportation; two factors directly relevant to Vision Zero. Areas in the City with a "very low" HOI experience a fatality and injury rate 2.65 times higher than areas with a very high HOI. Investments in transportation safety in these communities may contribute to the overall health outcomes of residents. in areas with the greatest need. It will be necessary for the City and Vision Zero stakeholders to continue to determine which factors have the greatest influence on crash rates and the resulting injuries and fatalities in these specific communities.

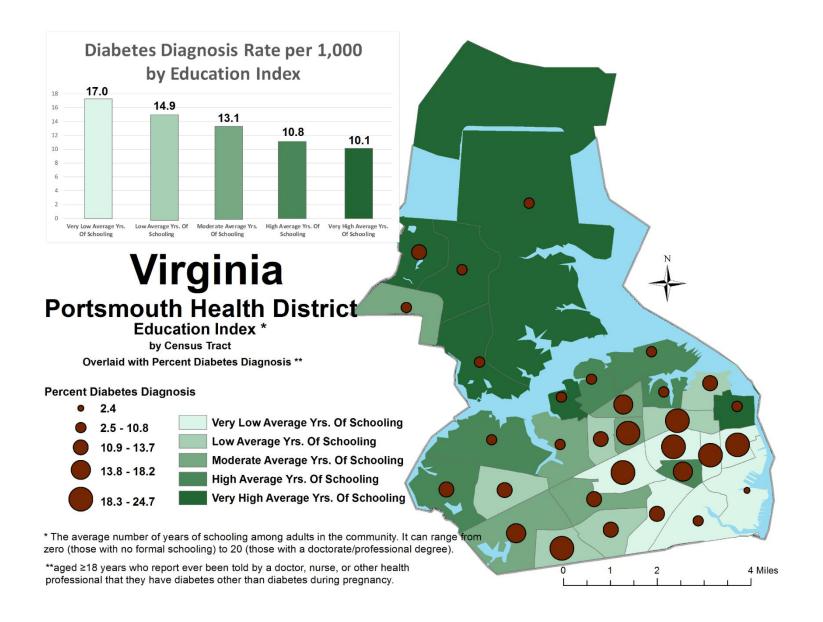
Source: Virginia Department of Health





Contribution of individual HOI Indices on Overall Health (Life Expectancy) in Portsmouth









Limitations

- Data limitations
- Ecological Fallacy: Individual results may vary
- Census Tract ≠ Neighborhood
- 5-year estimates
- Statewide measure





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Visit the Health Opportunity Index Website:

https://www.vdh.virginia.gov/omhhe/hoi/



Discussion

- ⇒ Send us your questions
- ⇒ Follow up with us:
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- ⇒ Archive at <u>www.pedbikeinfo.org/webinars</u>



Pedestrian and Bicycle Information Center

Webinar Series

Health and Transportation

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Oct. 15: Agency Structures for Collaboration

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Oct. 27: Planning and Prioritizing Projects

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Take Action

- ⇒ State DOTs and AASHTO members: advance transportation health and equity research and evaluation through your state research program or AASHTO committee
- ⇒ **Planners, engineers, and others**: Join the ITE or TRB committees on Health and Transportation
 - https://www.ite.org/technical-resources/topics/transportation-and-health/
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