



Anthony Foxx  
Secretary, United States Department of Transportation  
1200 New Jersey Ave., SE  
Washington, DC 20590

September 30, 2015

**Re: Beyond Traffic Draft Framework**

The Partnership for Active Transportation (P4AT) thanks the United States Department of Transportation (USDOT) and the Federal Highway Administration (FHWA) for the opportunity to submit comments and ideas regarding the Beyond Traffic draft framework. The P4AT is a collaboration of organizations working at the intersection of transportation, public health and community vitality to promote greater investment in facilitating increased physical activity through active transportation. The P4AT commends your efforts to examine the shape, size and condition of our transportation network and how it will meet the needs and goals of our nation for decades to come. We agree that walking and bicycling will continue to grow as modes of transportation in our country. The safety of people walking and cycling is an issue of critical importance and an increasing problem in communities throughout our nation.

In order to ensure, however, that planners takes a comprehensive look at what infrastructure is necessary to safely and conveniently allow people to walk and bicycle, we ask that USDOT incorporate other critical factors into the framework. Specifically, we ask that USDOT incorporate reference to safe pedestrian and bicycle infrastructure, including trails, into the framework. Also, we ask that USDOT incorporate consideration of health factors in transportation decision-making. Finally, we ask that USDOT address issues of equity, and specifically make an effort to address the disparities in pedestrian safety based on race and income.

As more and more Americans are turning to walking and bicycling, including walking to their local bus or rail stop, to meet their daily transportation needs, it is critically important that federal, state and local authorities provide safe ways for them to walk and bike to where they need to go. The draft framework recognizes that growing income disparities and a growing urban population are impacting how people travel, and that this is leading more people to walk or bike to get to where they need to go. Currently, data collected by the Federal Highway Administration show that half of all trips taken could be accomplished in a 20-minute bike ride and 25 percent of all trips taken in the United States could be accomplished in a 20-minute walk.<sup>1</sup> Our transportation networks work more effectively when people use a variety of modes, and more people will walk or bike when they can safely get to those places where they need to go – including their jobs, homes, shopping centers, or their bus or rail stops.

The need for safe pedestrian and bicycle infrastructure has several policy implications. First, planners need to take into account the building of pedestrian and bicycle networks, so that people are able to safely get to where they need to go. Individual trails, sidewalks and bicycle lanes may

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<sup>1</sup> Federal Highway Administration, *2009 National Household Travel Survey*.

help, but comprehensive planning is necessary to ensure that enough facilities are present and that these facilities connect, to allow people to travel to their destinations by bike or foot. Second, these networks of pedestrian and bicycle infrastructure must be built so that their users feel safe. The best ways to do this are to build separated and protected bicycle and pedestrian infrastructure, through trails, cycle tracks, or at minimum, buffered and protected bike lanes, and to ensure that automobile speeds are reduced in population centers, such as when state highways enter downtown and mainstreet environments. Adequate sidewalks are also necessary, and these sidewalks must be adequately lit and accessible to be safe.

Moreover, the framework should further study and work to address the disparities in pedestrian safety based on race or ethnicity and income level.<sup>2,3</sup> The framework currently identifies growing income disparities in the United States but fails to identify policy implications as this relates to pedestrian safety and where investment should be focused. Transportation officials around the country should engage in an active effort to increase pedestrian and bicyclist safety in low-income and majority minority communities.

While we appreciate the framework's discussion of innovative financing methods, such as the Transportation Infrastructure Finance and Innovation Act (TIFIA), we request that the framework recognize that the TIFIA program, as currently structured, does little to increase investment in pedestrian and bicycle infrastructure and transit-oriented development. The current project cost threshold for TIFIA is \$50 million in urban areas and \$25 million in rural areas, making it out of reach for most pedestrian, bicycle and transit-oriented development infrastructure projects.<sup>4</sup> The framework should consider ways to make TIFIA more available for a wide range of projects, including pedestrian and bicycle projects, such as by lowering the cost threshold for TIFIA projects or by allowing projects to be grouped and TIFIA to be applied jointly to a range of projects. Moreover, while the framework discusses streamlining decision-making, it should specifically address exemption of pedestrian and bicycle projects from these processes to make them easier for local and state governments to complete.

Finally, in order to fully address the cost of health care in our country, USDOT should more thoroughly consider the connection between transportation and health care costs. The full spectrum of health considerations are often unintentionally overlooked in decision making, and their omission can lead to policies and practices that are unnecessarily harmful to people, and costly to society. Integrating health into the transportation planning process is critical to preserving and improving public health, because it helps decision makers—especially those in non-health sectors—consider the health consequences of different transportation and planning projects, and can encourage them to pursue those transportation projects that will best protect and improve the health of their residents in the future.

Transportation policy can impact the health of all Americans in both good ways and bad. On the one hand, roadways can provide critical access to jobs, education, goods and services; on the

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<sup>2</sup> Centers for Disease Control and Prevention, "Motor Vehicle Traffic-Related Pedestrian Deaths," WEEKLY, April 19, 2013, 62(15), pp. 277-282, available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6215a1.htm>;

<sup>3</sup> "America's Poor Neighborhoods Plagued by Pedestrian Deaths," GOVERNING, August 5, 2014, available at <[http://media.navigatoredd.com/documents/Governing\\_Pedestrian\\_Fatalities\\_Report.pdf](http://media.navigatoredd.com/documents/Governing_Pedestrian_Fatalities_Report.pdf)>.

<sup>4</sup> <http://www.transportation.gov/tifia/eligibility>

other, auto-oriented transportation, infrastructure and land use developments have a detrimental effect on health by limiting physical activity and therefore, increasing sedentary time, as well as decreasing access to healthy food.<sup>5</sup> U.S. transportation policies and plans traditionally have been shaped without keeping health and equity in mind. As a result, the current transportation system often harms health and costs taxpayers billions of dollars. Consider:

- An estimated \$235 billion saved due to the overall health benefits from active transportation that result in the prevention of premature deaths.
- Depending on how quickly the rate of use of active transportation increases, these benefits may reach up to \$400 billion per year just by 2020.<sup>6</sup>

Total health care spending in the U.S. is already astronomical, and continues to increase rapidly, with estimated spending of \$2.4 trillion in 2008, \$3.1 trillion in 2012, and \$4.3 trillion by 2016.<sup>7</sup> The costs of obesity alone account for approximately nine percent of total U.S. health care spending (i.e., \$2.4 trillion in 2008, \$3.1 trillion estimated in 2012).<sup>8</sup> When the transportation, health, environmental and social benefits of active transportation are monetized, the economic incentives become clear. Health-care savings far exceed the other monetary benefits of active transportation. Improvements in personal safety, reductions of emissions and decreases in congestion also lead to health care improvements, so consideration of health care costs demonstrates the full benefit of these other improvements. With the rising costs of health care in the United States, the health costs of transportation decisions can no longer be ignored. Factoring these costs into the transportation planning process could help us find ways to better keep health care costs under control. In previous years the focus of transportation planning predominantly on motor vehicles engineered physical activity out of daily life for many Americans; making health a factor in planning would ameliorate some of these negative impacts.

We appreciate USDOT's willingness to consider comments and additions to the Beyond Transportation Framework. If you have any questions or would like to meet to discuss any of the above comments, please contact Patrick Wojahn at Rails-to-Trails Conservancy at 202-974-5111 or [Patrick@railstotrails.org](mailto:Patrick@railstotrails.org).

Sincerely,  
The Partnership for Active Transportation

American Public Health Association

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<sup>5</sup> National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases. Statistics Related to Overweight and Obesity: The Economic Costs. <http://win.niddk.nih.gov/statistics/index.htm>

<sup>6</sup> Rails-to-Trails Conservancy – Active Transportation for America; Benefit Calculation Assumptions: Based on the HEAT method: Mortality rate for 15 to -74 years old: 457/100,000 (for walking), Mortality rate for 15 to -64 years old: 310/100,000 (for cycling), Mortality reduction due to walking: 11 percent%/11.25METs (approximately. three3 hours per week at 3.3 miles per hour (mph), Mortality reduction due to cycling: 10 percent%/11.25METs (approximately. 90 minutes. per week at 11pmph), Each avoided premature death is valued at \$9.1 million in 2009 (thereafter increased by 1.07 percent% per year).

<sup>7</sup> Keehan, S. et al. 2008. Health spending projection through 2017. Health Affairs. Web Exclusive W146:21. February 28

<sup>8</sup> APHA, The Hidden Health Costs of Transportation; <http://www.apha.org/NR/rdonlyres/F84640FD-13CF-47EA-8267-E767A1099239/0/HiddenHealthCostsofTransportationShortFinal.pdf>

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