

**VTEN | Vermont Transportation Efficiency Network  
January 6, 2015 | RUTLAND**

**“Bringing Together Transportation and Health”  
MEETING NOTES & TAKEAWAYS**

**VERMONTIVATE**

Summary by Kathy Blume, Vermontivate:

- Online game from March 23 through May 2, 2015.
- Takes on a wide range of energy/climate challenges including transportation.
- REAL WORLD IMPACT: state level goals wrapped into structure of the game.
- Individual and collective behavior change - Calais has community ride share that began as a Vermontivate challenge. Capacity to build leaders in our community.

**PUBLIC SAFETY AND THE ROUTE 4 ROAD DIET**

Presentation by Kimberly Griffin, Rutland Area Physical Activity Coalition:

**Major issues/challenges in Rutland** – 30-day trial road diet worked anecdotally: traffic stacking at the high school improved, and there were fewer accidents BUT the project was declared a failure.

1. Timing/lack of preparation
  - No public education prior to trial, leading to lots of misinformation and confusion. No image of what road diet would look like, so people didn't know how to interact with it.
  - Striping crews were still on the road for much of the trial. Not enough time.
2. No one specific entity took ownership; Rutland RPC ended up taking the heat.
3. Failure to recognize and prepare for "mental uprising".
  - Opposition (letters to the editor and social media) came out quicker and louder than supporters did.
  - Advocates failed to anticipate community's aversion to change.
  - Became a fight against presumed Spandex-clad "cyclists" when, in fact, many bike riders on Route 4 have no other transportation.
4. Route 4 was a challenge already: poor signals, dangerous intersections, not set up for safe biking, poor compliance by motorists – statewide hot spot for crashes.

## Lessons learned

1. Plan ahead.
2. Establish metrics in advance.
3. Public outreach and involvement well in advance of project implementation.
  - a. Need advocates and supporters
    - i. RELATIONSHIPS are critical. Need LOCAL VOICES.
    - ii. Best spokespeople are the people in the middle.
    - iii. UNDERSTAND THE AUDIENCE.
    - iv. Grassroots organizing key to road diet success in Burlington's new North End.
  - b. Education: What will a road diet look like? How will it work? Road diets are counterintuitive so need to educate the public – use Jon Kaplan's road diet video.
4. Messaging/framing
  - a. Change the vocabulary; language matters.
    - i. Road diet is the common term but maybe not the best descriptor.
    - ii. "Suicide lane" - once that term was used to describe center turn lane, it stuck.
    - iii. Hammer the SAFETY MESSAGE.
    - iv. Shift to talking about EVERYONE's MOBILITY; It's OURS not us vs. them.
    - v. "Bike" became a bad word in Rutland.
    - vi. Define what we're trying to create: STREET - a place to capture value vs. ROAD - gets people from one place to another.
  - b. Talk about economic benefits to turn business community into advocates:
    - greater access to businesses,
    - bike lanes introduce whole new group of customers, and
    - beautification, increased property values.
  - c. Most people in VT still drive, so need to assuage their fears that they will be slowed down by changes.
  - d. Informational "one-pagers" might be useful.

## Next steps

- VTrans will do a pedestrian assessment for the city.
- Discussion of changing city speed limit to 25mph - public input needed. Opportunity to craft the message to shift the language and perspective.
- Overall master plan for transportation/bike/pedestrians.
- The 2016 walk/bike summit in Rutland is an OPPORTUNITY FOR INPUT.
- Mayor Louras asks VTEN partners to MAKE ROAD DIETS WORK in as many places as we can around the state.

## **USING HEALTH IMPACT ASSESSMENTS FOR TRANSPORTATION PROJECTS**

Presentation by Suzanne Kelley, Vermont Dept. of Health:

### **Three levels of HIA**

- Desktop version - looks at existing data and makes predictions. Limited time, no community engagement, lots of assumptions.
- Rapid HIA - focuses on one health determinant and involves stakeholders to ID most important impacts.
- Comprehensive HIA - could take years, lots of preparation, staff time, and getting the right people at the table.

### **Engage community & take balanced approach**

- ENGAGING COMMUNITY is critical, including the opposition. Involve all players early on: community coalitions, health officers, town staff, developers, etc. Success relies on leadership to engage all players.
- Use data in a nonjudgmental way. Present the facts on both sides.
- Think outside the box - look for different perspectives and ALL KINDS of impact.
- It's very political. The recommendations need to be fair, non-judgmental, transparent, and cited.

### **Tips for getting started**

- Don't pursue an HIA if you already know there are health benefits from project (i.e. Complete Streets).
- Do pursue an HIA when a project is concrete, e.g. when a town plans to build a school in next 2-3 years. If the HIA determines another path for project, is there room for changing track based on the HIA? That's a major challenge. An HIA can mitigate/reduce impacts after a siting study is complete if the community knows how to use the information.
- Ask at the beginning of process: Does an HIA strengthen a grant application? Who makes the recommendations? Who owns them?
- SCREENING STEP IS CRUCIAL to determine which projects are and aren't right for HIAs, how HIA findings will be used, and project goals.
- The Health Department is building capacity to be an HIA resource and has regional baseline data.
- CDC has an HIA Toolkit. Links to sample policies and actual references that support how these policies have positive health impacts. VTEN can contribute to expanding that resource.
- Possible future policy links between health and transportation: "Health in All Policies" and Act 250.

### **Challenges/questions**

- No health money available to put toward transportation HIAs.
- HIAs as a local tool: a single town may struggle to do HIA on its own. Who should we encourage to take on HIAs?
- Group wants to see documented outcomes and examples of where this works.

### **Possible transportation HIAs**

1. Airport buffer in South Burlington: could it be developed to benefit the health of the community? This is on the RPC's plan of work.
2. Transit: evaluate potential health benefits of a new route, a change in service, etc.
  - a. It's hard for transit companies to measure economic and health benefits, e.g. access to healthcare.
  - b. Opportunities: collect data on people who commute with bikes on buses. Partner with Killington Resort with its push to offer mountain biking?
  - c. Transportation Improvement Districts: ID corridors where service upgrades are needed. HIA might be a part of that formula? Guidelines are being developed.

### **GENERAL VTEN**

**VTEN website** (housed within [Go! Vermont's](#) website) includes:

1. Vermont TDM Map, updated quarterly
2. All old agendas, presentations, etc. from VTEN meetings
3. Resources such as commuter surveys and all regional transportation plans.
4. E-mail Aaron Brown at [aaron@vitalcommunities.org](mailto:aaron@vitalcommunities.org) with any input on the website by the end of February.

### **Steering Committee**

Next meeting - BE READY TO STEP UP if you want to join the steering committee.

### **Future meeting topics**

1. Update on Act 250/impact fees/Transportation Improvement District
2. Creative funding/financing/investment
3. Update on Complete Streets
4. Framing/messaging/vocabulary
5. Data: what's needed and how we get it
6. Poverty, equity, access/who are we serving/how do we serve the transit-dependent population
7. Collaboration with people in the health field
8. Merging school buses and transit
9. Strategic session
10. Fun: celebrate what we *have* done