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.

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**GENERAL VTEN**

**VTEN website** (housed within [Go! Vermont’s website](https://www.govt.org)) 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 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