

**Re-choosing Public
Transportation as a Policy
to Promote the Public's
Safety and Health**

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Injury, Politics and Policies
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Two Separate Cultures ?



Personal Car

- 1) private
- 2) routes individually-determined (within limits)
- 3) comfortable seating
- 4) little walking necessary
- 5) a rural necessity



Public Transportation

- social, more connected
- fixed routes, available to all (even those without cars or license to drive)
- may require standing
- requires some walking
- urban advantages

6) can carry large loads

traveling light

7) symbol of status

less concern with status

8) willing to negotiate traffic as a driver

less aggravation without congestion

9) willing to hunt for parking

no parking necessary

10) energy-intensive

less energy used & better air quality

--- we used to have much more public transportation



The Public Health Advantage of Public Transportation

- *Preventing Injury, Disease, Death* -
- *Promoting Health* -

????? What, you are wondering, does public transportation have to do with public health ??????

For one thing, the automobile has become the common American vehicle:



- *for injury and death,*
- *for increasing lung disease, and*
- *for fostering a more sedentary lifestyle...*



The Public Health Advantage of Public Transportation
(continued):



SUBURBAN S P R A W L

has also led to: **middle-age *s p r e a d*** and

childhood *obesity*, as well as

social isolation, [**lack of**] ***diversity***, and

(for some) *borrrredom*

– none of this is good for the public's health.



Comparison of Safety Statistics
*[modified by Art Cohen to remove
 unneeded data]*

Exhibit 5-1

Highway Safety	2002 Data
Number of Fatalities	43,005
Fatality Rate per 100,000 People	14.93
Fatality Rate per 100 Million VMT	1.51
Number of Injuries	2,926,000
Injury Rate per 100,000 People	1,016
Injury Rate per 100 Million VMT	102
Transit Safety	
Number of Fatalities	282
Fatalities per 100 Million PMT	0.66
Number of Injuries	19,367*
Injuries per 100 Million PMT	46*
Number of Incidents	24,247*
Incidents per 100 Million PMT	57*

* Revised definitions of incidents and injuries since last report.

Source: US DOT Report to Congress – 2004 Status of the Nation's Highways, Bridges, and Transit: Conditions & Performance

Example of Transit Dependence in Baltimore, MD

SOURCE OF INFORMATION: - 2000 US Census
 - Baltimore Metropolitan Commission
 [Central – West Baltimore – Regional Planning Dist. #117]
 [Central -East Baltimore – Regional Planning Dist. #119]

The two areas' rough boundaries are: **west** – Pulaski St. / **east** - Edison Hwy. / **north** - North Ave / **south** – Pratt St. & Inner Harbor

<i>GEOGRAPHICAL AREA</i>	NUMBER OF HOUSEHOLDS WITHOUT VEHICLES	PERCENT (%) OF TOTAL HOUSEHOLDS WITHOUT VEHICLES
<i>Baltimore City:</i>	93,000	36%
<i>Central West & East Baltimore City :</i>	24,000 (66,000 residents)	60%
<i>Anne Arundel County :</i>	9,000	5%
<i>Baltimore County :</i>	27,000	9%
<i>Carroll County :</i>	2,000	4%
<i>Harford County :</i>	4,000	6%
<i>Howard County :</i>	4,000	4%

For the Future of Public Transportation in the USA

Vision for Those Who Could Most Benefit from *Public Transportation*:

- 1) the aging and elderly
- 2) persons with disabilities
- 3) persons who cannot afford a personal car
- 4) young people too young to drive legally
- 5) young people who are still in school

Public Health and Safety Implications:

Direct and indirect benefits of public transportation compared to private vehicle

- 1) **Direct health and safety benefits:**
 - a) **reduction of air pollution and lung disease**
 - b) **increased exercise walking to and from transit stops**
 - c) **less sedentary life styles**
 - d) **prevention of auto injury (especially for the very young and the elderly)**

2) Indirect health benefits:

a) economic development

b) energy savings

c) slowing of climate change

d) costs savings to the public

e) improvement in the quality of life:

- *more mobility to use and enjoy the geographical area*
- *building community and connectedness*

f) wider variety of land uses

g) reduction or elimination of poverty:

for the transit dependent through

- *increased employment*
- *other options*



Driving a *private automobile*
is to

Riding *public transportation*



as



Individual clinical health care

is to

*Population-based injury and
illness prevention*



What are we up against? - PLENTY!

In addition to the millions of Americans who have embraced the personal car culture, the American economy is largely built around the auto industrial complex and its lobbyists in Washington:

- oil refiners and suppliers
- auto manufacturers
- auto parts supplies
- auto dealers and leasers
- service stations and repair shops
- auto insurance industry
- highway construction firms
- parking lots and garages
- auto advertising firms
- auto-related trade associations
- and many other related businesses

Current Underfunding of Public Transportation

For years, for every single federal dollar spent on transit, the federal government has spent \$4.00 on highways. [\$8.5 billion compared to \$40 billion]

The federal transportation appropriation is in dire need of an attitude adjustment...

FEDERAL HIGHWAY ADMINISTRATION BUDGET
(DOLLARS IN MILLIONS)

	2005 <u>Actual</u>	2006 <u>Enacted</u>	2007 <u>Request</u>
FEDERAL-AID HIGHWAYS OBLIGATION LIMITATION	33,306 ^{1/}	35,551 ^{2/}	38,244
REVENUE ALIGNED BUDGET AUTHORITY (RABA)	0	0	842
RABA TRANSFER TO FMCSA	0	0	-4
SUBTOTAL: FEDERAL-AID HIGHWAYS OBLIGATION LIMITATION	33,306	35,551	39,083
EXEMPT MANDATORY FEDERAL-AID HIGHWAYS	739	739	739
EMERGENCY RELIEF PROGRAM ^{3/}	1,937	2,750	0
LIMITATION ON ADMIN EXPENSES [NON-ADD]	[341]	[361]	[373]
OTHER ^{4/}	<u>113</u>	<u>20</u>	<u>0</u>
TOTAL	36,095	39,060	39,822

1/ Reflects \$959 million flex funding transfer to FTA and \$155 million transfer to NHTSA per P.L. 108-447. FY 2005 actual transfer to NHTSA was \$130 million; the remaining \$25 million was transferred in FY 2006.

2/ Reflects \$121 million transfer to NHTSA per P.L. 109-115.

3/ FY 2005 was funded through the Highway Trust Fund; FY 2006 is a General Fund appropriation.

4/ Includes Misc. Appropriations, Misc. Highway Trust Funds, and Appalachian Development Highway System.

←----- **2007 Federal Highway Budget = \$40 Billion**

2007 Federal Transit Budget = \$9 Billion ----->

FEDERAL TRANSIT ADMINISTRATION BUDGET
(DOLLARS IN MILLIONS)

	2005 <u>Actual</u>	2006 <u>Enacted</u>	2007 <u>Request</u>
FORMULA AND BUS GRANTS	0	6,910	7,263
FORMULA GRANTS	4,863	0	0
CAPITAL INVESTMENT GRANTS ^{1/}	3,362	1,441	1,466
JOB ACCESS & REVERSE COMMUTE ^{2/}	124	0	0
RESEARCH & PLANNING ^{3/ 4/}	178	74	61
ADMINISTRATIVE EXPENSES	<u>76</u>	<u>79</u>	<u>85</u>
TOTAL	8,604	8,504	8,875

1/ FY 2006 does not include transfer of \$47 million from Formula and Bus Grants pursuant to P.L. 109-115.

2/ Job Access and Reverse Commute is funded under Formula and Bus Grants beginning in FY 2006.

3/ Metropolitan and Statewide Planning is funded under Formula and Bus Grants beginning in FY 2006.

4/ Includes the University Transportation Centers.

SO - WHAT'S TO BE DONE?

***Public Health* should call now for the development of a “National Agenda for the Future of Public Transportation.”**

This Agenda should set guidelines for the US Congress and the political parties, and spell out the policy goals and objectives which support expansion of public transportation, and the political steps needed to reach them.

APHA should be in the forefront of these efforts, and should enlist the support of the Surface Transportation Policy Partnership (STPP) and the American Public Transportation Assn. (APTA).

PRINCIPAL POLICY GOAL:
Expansion of Public Transportation

Objective: By the year 2015 - bring federal transit funding into parity * with highways.

* [PARITY would mean – for every federal dollar spent on **highways**, a federal dollar has also been spent on **transit**]

How? By flipping (reversing) the funding ratio, and spending \$4.00 on transit for every \$1.00 on highways – until all transit projects (pending and planned) have been funded.

APHA should be in the forefront of these efforts, pushing hard on the public health and safety points which justify greatly increased **public transportation**.

APHA should also work more actively with the Surface Transportation Policy Partnership (STPP), the American Public Transportation Association (APTA), and others to encourage Americans to move beyond the **personal car culture**.

For all forms of transportation, the total amount of federal funds available depends upon how much of the federal funding pie



is spent on defense and other “big ticket” items.

As long as we remain in Iraq or set out on another disastrous war, we can forget about any significant funding for **public transportation** in the USA.



As you can see, we have some real choices to make.



**How is Public Health
(along with the rising price
of gasoline) going to help
make these choices?**





