

Traffic Safety and Community Design

Roles, Barriers, and Needs of Local Public Health Agencies

A FOCUS GROUP REPORT


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for the National Association of County
and City Health Officials



NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

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INTRODUCTION

Motor vehicle-related injuries cause more deaths among people aged 1 to 64 than any other type of injury.¹ Each year, approximately 42,000 people die in America from crashes on our roads and highways and millions more suffer non-fatal injuries. While motor vehicle occupant injuries cause the greatest number of these fatalities, pedestrian injuries are the second leading greatest contributor, an unexpected fact given the national decline in walking as a mode of transportation.^{2,3}

For the past several years, studies and national reports have pointed to the role of the street and built environment in contributing to pedestrian injuries and death, particularly among children and older adults.^{4,5,6} Increasingly, experts are calling on the public health and traffic safety communities to address traffic-related injury, and pedestrian safety in particular, with engineering solutions that make the street environment safer for all road users. However, to date, these approaches have not been widely adopted by local public health and traffic safety programs. In part, this may be due to a lack of clarity about the problem and a lack of consensus on the role of public health in community design processes that determine the street and neighborhood environment.

As part of a cooperative agreement with the National Highway Traffic Safety Administration (NHTSA), the National Association of County and City Health Officials (NACCHO) is seeking to define the role, barriers and needs of local public health agencies (LPHAs) with regard to traffic safety and community design. This is part of a cross-program effort of NACCHO to define the overall role and issues of LPHAs in community design. Six focus groups have been held on a variety of health and built environment issues including environmental health, chronic disease/physical activity, health disparities, collaboration between health and community design, and traffic safety. Copies of other focus group reports are available at www.naccho.org.

This report summarizes the comments of the focus group on Traffic Safety and Community Design. The session was held on Sunday, March 9, 2003 in conjunction with *Lifesavers*, the national conference of the National Highway Traffic Safety Administration. Invitees to the focus group were selected by NACCHO staff and the project consultant from a preliminary list of conference attendees. A total of seven individuals participated representing local public health agencies and organizations with particular experience or interest in this issue. One member of the CDC National Center for Injury Prevention and Control participated as an observer. Attachment A provides a list of focus group participants.

Similar to previous focus groups, the project consultant posed the following questions to participants:

- What is/has your organization been doing in the area of traffic safety and the built environment??
- What do you envision as the role of public health in addressing traffic safety through land use and transportation planning? (And, what is the role of traffic safety in relation to the smart growth and walkable communities movement?)
- What are the barriers to taking on this role?
- What is needed to help LPHAs overcome these barriers?

Throughout the focus group, the terms “community design”, “land use planning”, and “land use and transportation planning” were used interchangeably with each other as were the terms “built environment” and “physical environment”. Also, to orient the group and ensure a base level of understanding, the consultant provided the following as a working definition of “community design”:

- All of the policies, processes and decisions made within a community that determine the look and composition of the community, neighborhoods, streets, and environment.
- It includes decisions about whether transportation funding goes towards highway improvements or towards alternative transportation modes (including pedestrian and bicycling facilities).
- It determines whether the community accommodates population growth via more auto-oriented suburban subdivisions or via increased density in existing neighborhoods with compact, mixed-use, and pedestrian-oriented development.
- It dictates the siting of industrial and other environmentally impactful facilities within communities and it dictates the relationship of open space to developed land.

FOOTNOTES

- ¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. About NCIPC. Accessed at: www.cdc.gov/ncipc/about/about.htm.
- ² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Pedestrian Deaths and Injuries Fact Sheet. Accessible at: www.cdc.gov/ncipc/factsheets/pedes.htm.
- ³ Schieber, RA, Vegega, ME (Editors). National Strategies for Advancing Child Pedestrian Safety. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.
- ⁴ Sandels, S. Young Children in Traffic. *Injury Prevention*, June 1995:112-115.
- ⁵ Jacobsen P, Anderson CL, Winn DG, et al. Child pedestrian injuries on residential streets: implications for traffic engineering. *ITE Journal on the Web*. February 2000.
- ⁶ Schieber, RA, Vegega, ME (Editors). National Strategies for Advancing Child Pedestrian Safety. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2001.
- ⁷ With the exception of the UCI Pediatric Injury Prevention Research Group, most of the focus group organizations had not yet worked to any significant degree on issues of traffic safety and the built environment. As such, responses to the first question are not included in this focus group report.

THE ROLE OF TRAFFIC SAFETY

Many LPHAs have not yet defined a role for themselves in the area of traffic safety and community design. Hence, for many focus group members, this was a brainstorming of a very new idea and strategy. However, drawing on their significant experience in public health and traffic safety programs, they identified several key roles for local programs. Many of their suggestions echoed the statements of previously held focus groups.

Mobilize and Educate the Community



"It goes back to mobilizing the community...sometimes they have a stronger voice than we do as professionals but our job is to be an advocate and to help with some of that organization."

Recognizing that there is political power in the collective voice of the community, focus group members felt it important to educate and mobilize residents around issues of health, safety and the built environment. The "message" must come from the community and not just from public health or traffic safety groups. These groups can play an important role in building awareness and momentum in their communities by:

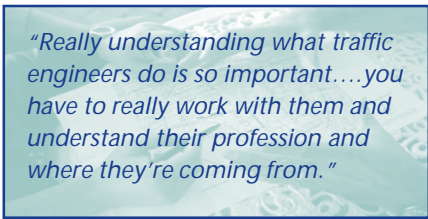
- Conducting community forums and symposia and structuring them so that they lead to constructive action.
- Serving as a resource to the community and providing the information, strategies and tools;
- Bringing in outside experts (e.g., Dan Burden of Walkable Communities, Inc.) to help launch the issue and give the community a vision of a safe and healthy neighborhood.
- Utilizing the media in a targeted and strategic manner.
- Serving as a convener and bringing the various individuals and groups together (e.g., law enforcement, traffic engineers, planners, older adults and residents).

Collaborate and Build Local Capacity

"Identify who the other constituencies are that are interested in the same issue and work with them."

Focus group members encouraged local public health agencies to collaborate with local organizations that can carry the health message and advocate for change. Look to groups that have overlapping concerns and are seen as credible advocates within the community (e.g., the PTA). Neighborhood associations and community development groups are natural potential allies. They see their role as one of empowering residents to take charge and steer the direction of their neighborhoods. LPHAs can build capacity among these groups by providing them with the tools and information they need to take on and effectively advocate for the issue.

Know Your Traffic Engineers




"Really understanding what traffic engineers do is so important...you have to really work with them and understand their profession and where they're coming from."

To be effective - as a community resource and as advocates - public health needs to establish working relationships with their local traffic engineers. Public health needs to understand the role of traffic engineers and the challenges they and their departments face. Issues such as liability and public accountability have a much more prominent place in the every-day work of traffic engineers. These, and other issues, are often why traffic engineers resist new approaches to traffic problems. Public health needs to understand and learn how to work with and, sometimes around, such issues in order to move the agenda on traffic safety and the built environment.

Provide the Community with Data

Public health can access the multiple sources of crash and traffic-related data and translate it into practical use with the community. Use data to sell the issue and to get buy-in from other stakeholder groups (e.g., law enforcement). Sources of data include law enforcement and traffic engineering at the local level and health and traffic safety data at the state level. However, when the data do not completely overlap, local programs will need to reconcile it so as to avoid confusing or losing credibility within the community.



“Public health has access to data that other people in the community don’t know how to access or don’t know exists.”

Coordinate with Other Public Health Programs

“Whenever we can give multiple messages, we take advantage of that opportunity because you just have to work smarter and wiser.”

Given that the built environment impacts multiple health outcomes, focus group members called for greater coordination among categorical programs within LPHAs (e.g., chronic disease, injury prevention and environmental health). Agencies should not miss out on the opportunity to identify overlapping goals and integrate programmatic activities. This is particularly the case as more LPHAs are combining injury prevention and chronic disease programs under one organizational division or section. Public health programs must collaborate so as to achieve simultaneous improvements in multiple health objectives, as opposed to working at cross-purposes and advancing one health goal at the expense of another. Moreover, collaboration across public health issues is needed as the health argument becomes increasingly integrated into the broader Smart Growth¹ movement.

Keep Safety from Being Overlooked

Focus group members expressed concern that the problem of pedestrian injuries is sometimes overlooked in our efforts to get more people walking, especially in those programs targeting children. The traffic safety issue needs to be upfront and center in any effort to increase physical activity through walking and bicycling. In fact, at times, community members or partner agencies (e.g., law enforcement) will not move forward with walking programs out of concern for the safety risk. Traffic safety programs need to work closely with their physical activity partners to address these concerns and ensure that safety is addressed even as communities try to increase walking and physical activity.

FOOTNOTES

¹“Smart growth” is concerned with managing growth, revitalizing neighborhoods, and promoting economic development without the negative effects of sprawl. Strategies vary for each community, but they generally favor walkable and transit-oriented communities; emphasize a dense mix of residential, commercial, and retail land uses; promote a mix of housing choices; and seek to preserve open space and critical habitat. For more information, access the EPA Smart Growth Web site at www.epa.gov/smartgrowth/.

CHALLENGES AND BARRIERS

Focus group members felt there were several fundamental barriers around organizational support and priority for pedestrian safety and, in particular, for built environment approaches. Issues of agency capacity and knowledge and experience with the issue were also seen as crucial challenges. The following summarizes these and other barriers identified by the focus group.

Pedestrian Safety is Not a Priority

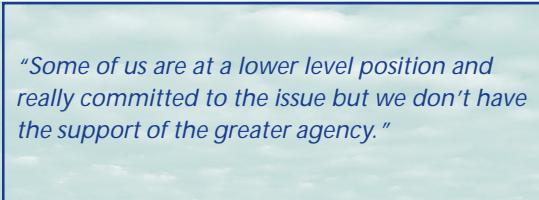
“The numbers of pedestrian injuries are relatively small but that’s partly because people don’t walk.”

“We have just not made this our priority at the health department.”

For multiple reasons, the vast majority of local public health agencies focus primarily on child occupant safety and minimally on other traffic-related injury issues. Pedestrian injuries are not perceived as a pressing problem or as a priority. Also, many LPHAs see pedestrian safety as the role of law enforcement and assume that these community partners are adequately addressing the problem. This lack of attention to pedestrian safety is an underlying barrier to advancing community design solutions. For this reason, focus group members emphasized the need to build upon all the issues that are impacted by the built environment. The pedestrian safety problem alone may not be sufficient justification, but when added to all of the other issues, it provides LPHAs with a strong rationale for looking at the built environment. This argument is made even stronger when linked to broader issues within communities such as mobility and the increasing numbers of older adults.

Lack of Support from Local Health Officials

Without buy-in from the top-down, local public health agencies and traffic safety programs may not be able to manage the controversial and political nature of land use and transportation planning. While local public health agencies may be able to move forward with leadership and support from mid-level managers, they will be much more prepared and successful if they have the full support of their local health official or agency director.



“Some of us are at a lower level position and really committed to the issue but we don’t have the support of the greater agency.”

NEEDS: TRAINING, TECHNICAL ASSISTANCE, AND LEADERSHIP

Focus group members emphasized the need to provide LPHAs and traffic safety programs with education, training and technical assistance in the issue of health, safety and the built environment. Compared to some of the other health disciplines, the traffic safety community has had few opportunities to be introduced to these concepts and strategies and minimal support in implementing them. Indeed, there is a lack of overall direction from the national level in even taking on an environmental approach to traffic safety. The following provides some specific recommendations for NACCHO, NHTSA, CDC and other national organizations on how to address these and other needs of the local traffic safety community.

Training for Public Health and Traffic Safety

"I don't know where I would look to find those models and solutions and I don't feel like they [traffic engineers] would listen to me 'You're a young health educator, what do you know?' I don't know why they would listen to me if I don't know what I'm talking about."

- **Training at the national level.** The traffic safety community is inadequately prepared to address the traffic safety impacts of land use and transportation planning. As a sub-field, they lack a basic understanding of the linkages, rationale and approaches. As such, they are unable to serve the role of convener and resource in their communities and feel ill-equipped to work in the cross-disciplinary forum of community design.
- The traffic safety community needs training in the role of the built and street environment, the land use and transportation planning process, and the strategies and models that have worked in other communities. Focus group members suggested linking such trainings with several existing forums including the NHTSA Lifesavers conference and state conferences of the Governors Highway Traffic Safety Representatives. National groups can provide scholarships to local programs to attend and obtain training from national smart growth conferences. Also, traffic safety and walkability can be built into the conferences and trainings of environmental health thereby expanding the number of groups that can speak to these issues.

"One of the things we noticed at the Smart Growth conference is that there are no people from local public health agencies there. They can't travel so we need to bring the conference to them."

"We need multidisciplinary training at the local level which involves the various partners so they can start to talk to each other....so they can see where public health comes from and we see where they come from and then hold workshops to develop strategies."

- **Training at the local level.** National level conferences are not enough, training on these issues needs to be done at the local level. The ideas and solutions must be generated from within communities and regions, but with the support and endorsement of the state and federal agencies. National groups like NHTSA, NACCHO and CDC should provide funding and support for local and regional meetings, workshops, and symposia that bring together a multi-disciplinary mix of professionals and community stakeholders along with experts to learn about the issue and develop collaborative strategies.

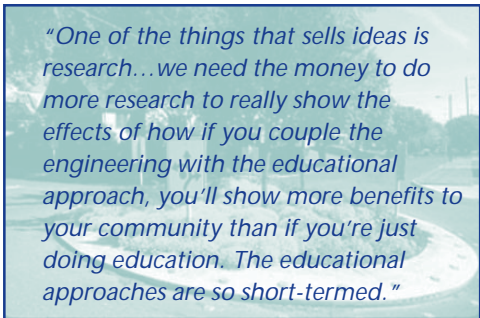
Technical Assistance and Capacity Building

"Public health doesn't really know who their contacts are or who they should work with...teach them what a local traffic engineer does at the local level, or what a planner, architect or developer does...then they can see where they can collaborate."

- **Help them make the local connections.** LPHAs and traffic safety programs need help with knowing who and how to make the connections in their local community on issues of community design. Who are the traffic engineers and planners? What do they do? Who else cares about these issues? How do you communicate with them and about what issues? Local programs need technical assistance and materials that address these most basic questions as well as the more complex steps and processes.
- **Help with making the case.** Local programs need to be provided with the rationale and a case for addressing the built environment impacts on health and safety. They need this to provide a strong argument to the community and to garner support from within their own agencies. Where possible, they need the rationale to factor in the level of local need in addition to national-level arguments.

- **Provide information, updates and tools.** LPHAs and traffic safety programs want national groups like NACCHO to provide updates on the most relevant research, model programs, tools and guides, new interventions, policy strategies, and funding resources.
- **Help with collaboration and coordination.** LPHAs need to be educated and encouraged to collaborate across public health programs, particularly across injury control/traffic safety, chronic disease and environmental health. They need to be informed of the cost-saving benefits and of creative ways to integrate these activities and achieve multiple goals simultaneously.
- **Funding support.** Local programs need funding for training, program development and local studies.

National Level Leadership and Coordination



"One of the things that sells ideas is research...we need the money to do more research to really show the effects of how if you couple the engineering with the educational approach, you'll show more benefits to your community than if you're just doing education. The educational approaches are so short-termed."

- **Need more research on environmental approaches.** Those working at the local level need more evidence of the impact of the built environment on traffic safety. To make an effective argument, LPHAs will need clear messages about the nature and degree of risk posed by the traffic environment and about the effectiveness of environmental interventions. This calls for more research at the national level and better translation of existing research for use by local communities.
- **Develop better national partnerships.** Groups like NACCHO need to bring the public health message and form stronger linkages with national level organizations such as the Institute for Traffic Engineers, Federal Highway Administration, NHTSA and APA. The collaboration and coordination that is needed for effective local level work needs to be mirrored by the various national level players.

CONCLUSION

The built environment and its relationship with traffic safety is a new issue to many in the traffic safety community. The body of literature on pedestrian injury implicates the street environment as a significant contributor to the problem. The speed of cars, right turns on red at intersections, and lack of safe street crossings are major risk factors for pedestrian injuries, particularly among young children and older adults. Despite these known hazards and the potential for reversing them with engineering solutions, most of the work of the traffic safety community has, to date, continued to focus on educational interventions. Community and state pedestrian safety programs typically devote the majority of their resources to teaching safe pedestrian practices and awareness. The results of this focus group illustrate an interest and need among public health and traffic safety programs to build their capacity for environmental approaches to traffic safety. National organizations such as NACCHO, NHTSA and CDC are looked to for training, technical assistance and national leadership and support in these areas. The Federal Highway Administration has developed several national programs and resources on traffic safety and the street environment, and is thus a good potential collaborator for future national level initiatives.

Attachment A: List of Focus Group Participants

Black Hawk County Health Department
(Waterloo, IA)

Children's Safety Network
Education Development Center, Inc.
(Newton, MA)

Davis County Health Department
(Farmington, UT)

Division of Unintentional Injury Prevention ,
National Center for Injury Prevention and Control,
Centers for Disease Control and Prevention
(Atlanta, GA) –*observer*

Hamilton County General Health District
(Cincinnati, OH)

Pennsylvania State Buckle Up Program
(Allentown, PA)

University of California Irvine
Pediatric Injury Prevention Research Group
Health Policy & Research
(Irvine, CA)

Utah County Health Department
(Provo, UT)



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