

Active Transportation Database and Regional Bikeway Shapefile Modeling Task Force

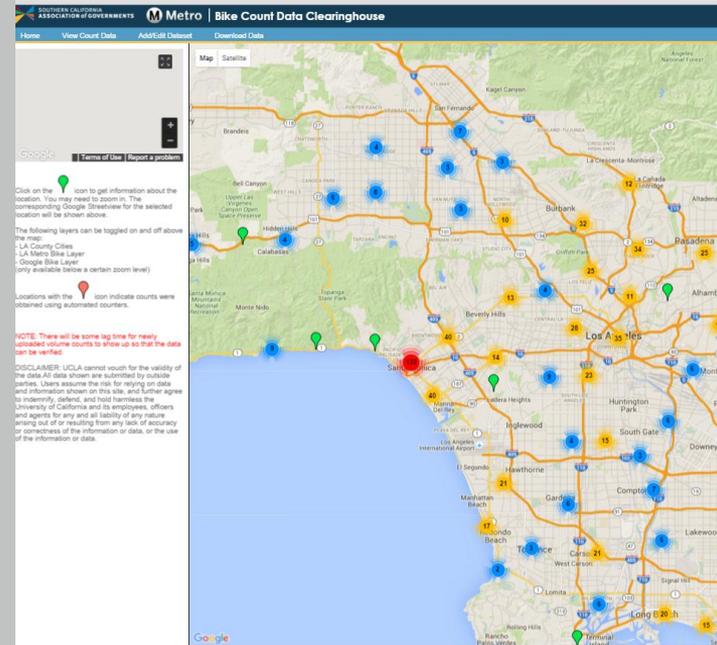
9-27-17

Rye Baerg
Senior Regional Planner



Background

- Bicycle Data Clearinghouse Released in 2012
- Allows storage of manual counts
- Primarily focused on bicyclists



Metro®

Original Deliverables

- Conducting Bicycle and Pedestrian Count Manual
- Count Forms
- Literature Review
- Modeling Integration White Paper
- Union Station Bike Count Report

Bicycle/Pedestrian Data Collection - Screenline Count Form

Date: _____ 20____
DAY MONTH YEAR

This Page: _____
FROM TO

Pages: _____ OF _____
PAGE TOTAL

Location: _____
BETWEEN AND

Count Period: _____
START END

Rain: YES NO

Bicyclists

Count bicyclists when they cross this imaginary line

Bikes - Right to Left: _____ TOTAL

Bikes - Left to Right: _____ TOTAL

Make additional marks to count other characteristics

Female: _____ TOTAL

Sidewalk Riding: _____ TOTAL

Wrong Way Riding: _____ TOTAL

Other: _____ TOTAL

Other: _____ TOTAL

Pedestrians

Count pedestrians when they cross this imaginary line

Pedestrians - Right to Left: _____ TOTAL

Pedestrians - Left to Right: _____ TOTAL

Make additional marks to count other characteristics

Wheelchair/Special Needs: _____ TOTAL

Skateboard/Scooter/Skates: _____ TOTAL

Child: _____ TOTAL

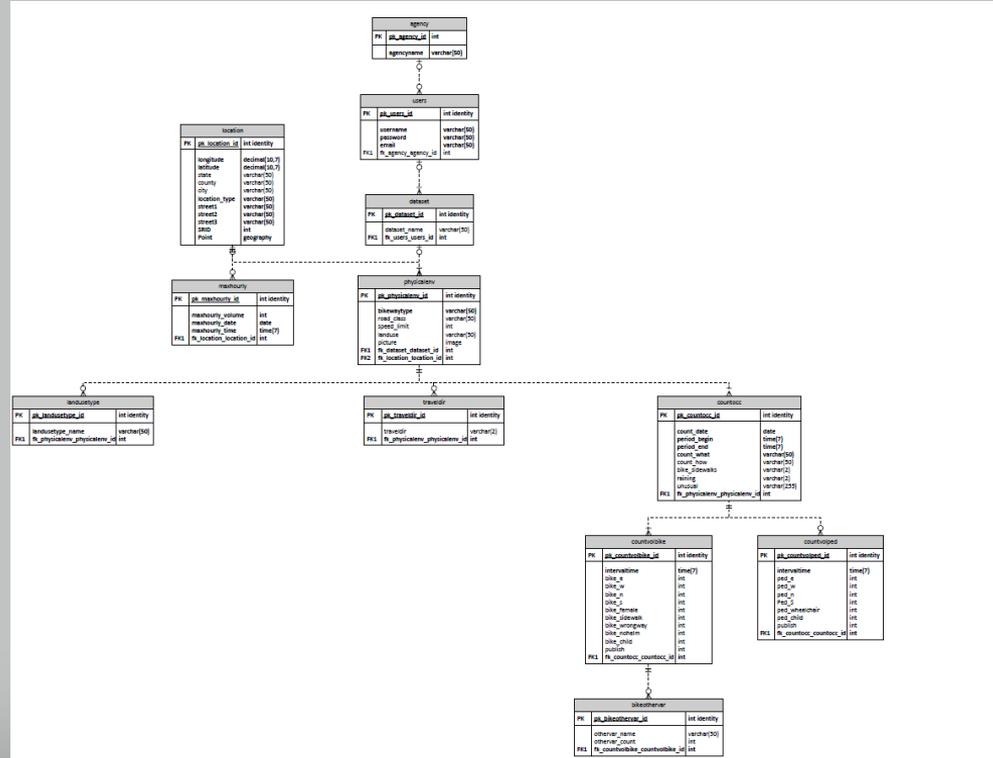
Other: _____ TOTAL

Other: _____ TOTAL

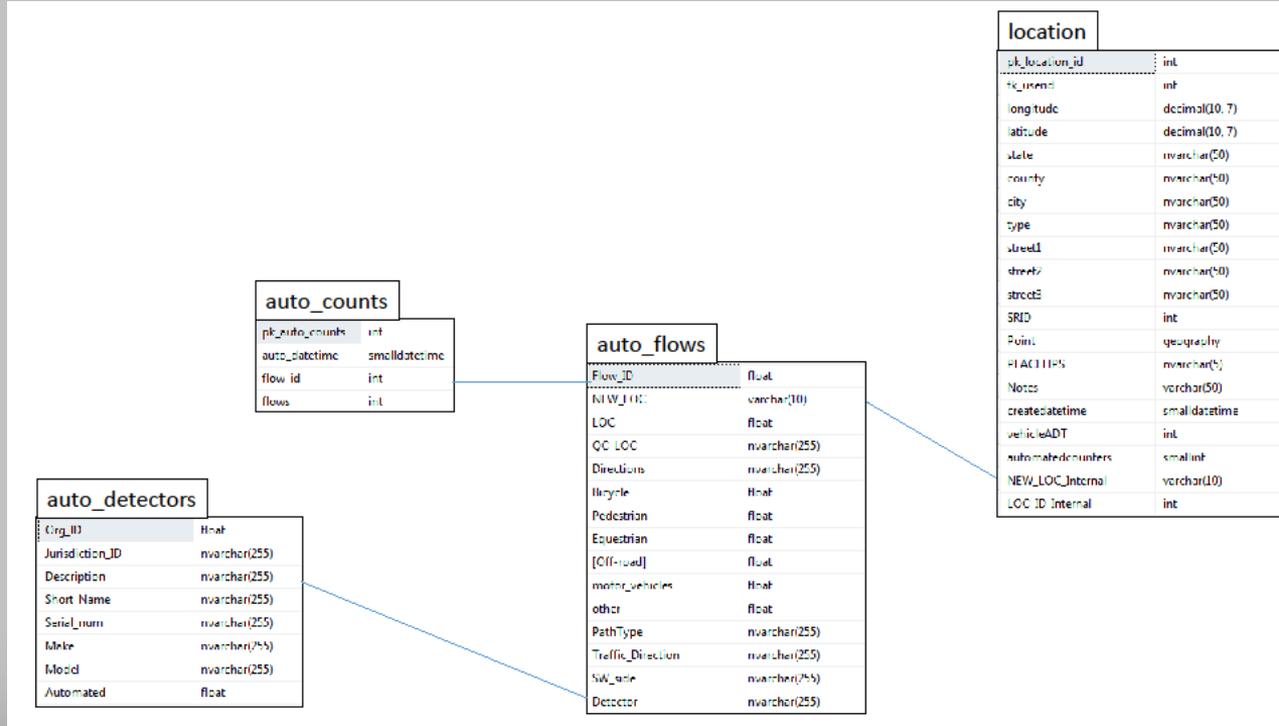
Goals of the Update

- Integrate Pedestrian Data
- Improve Usability
- Improve Data Retrieval and Reporting
- Support Mobile App Integration
- Provide a Planning Tool for ATP and other Projects
- Integrate Automated Counters
- Support Regional Modeling Efforts

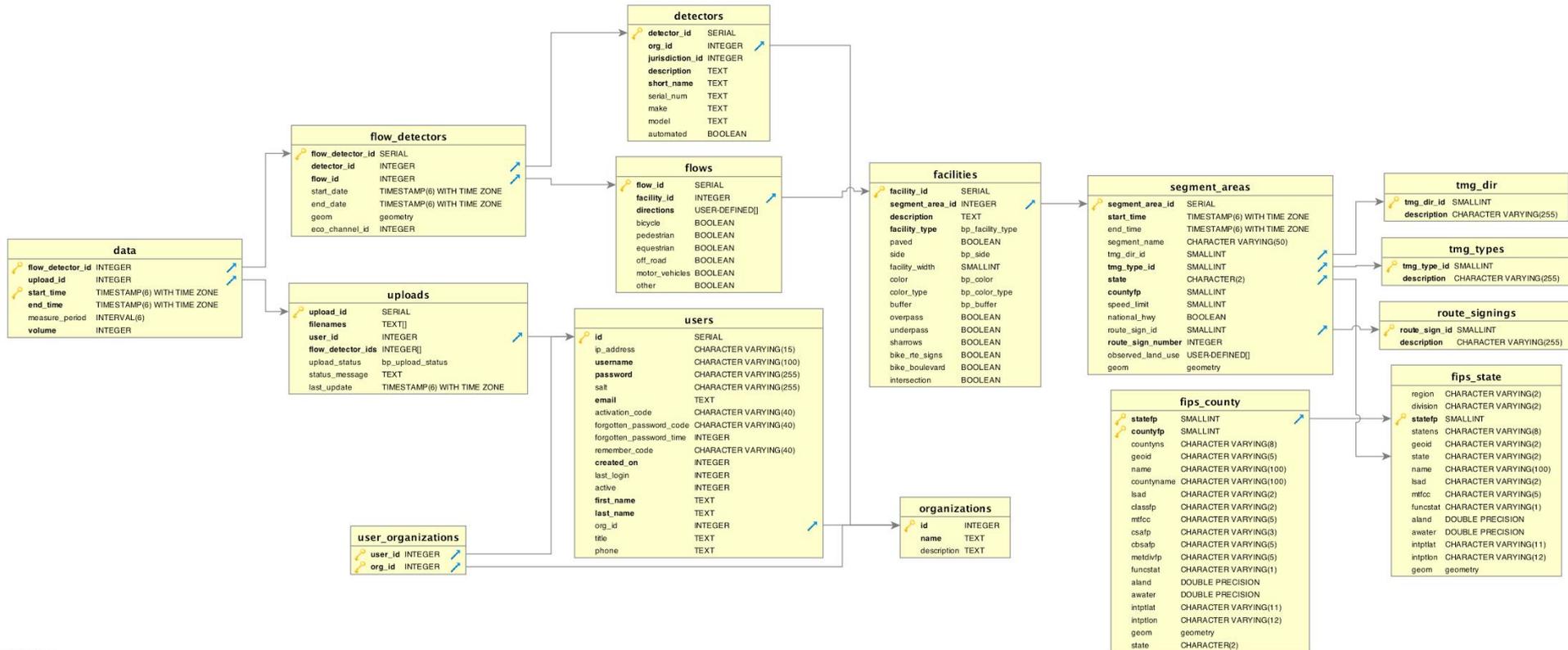
SCAG Manual



SCAG Auto

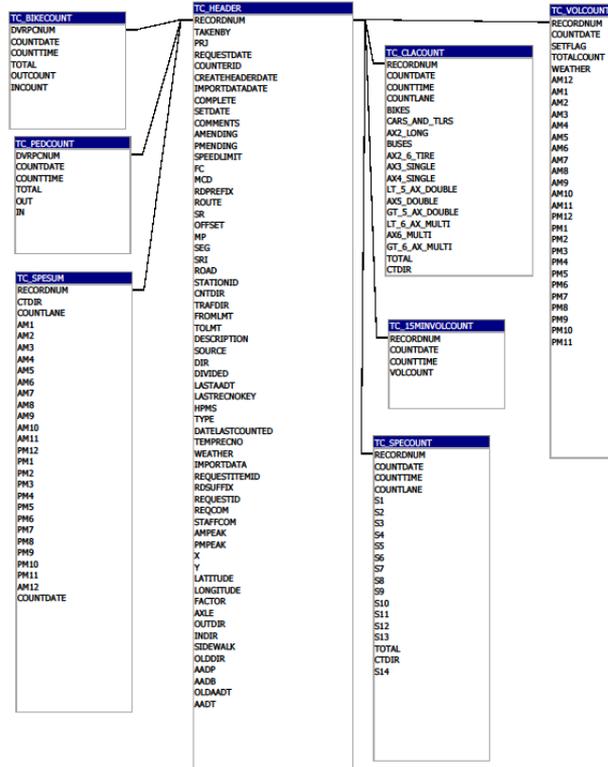


Portland



Deleware Valley

Relationships for sampleData
Monday, November 28, 2016



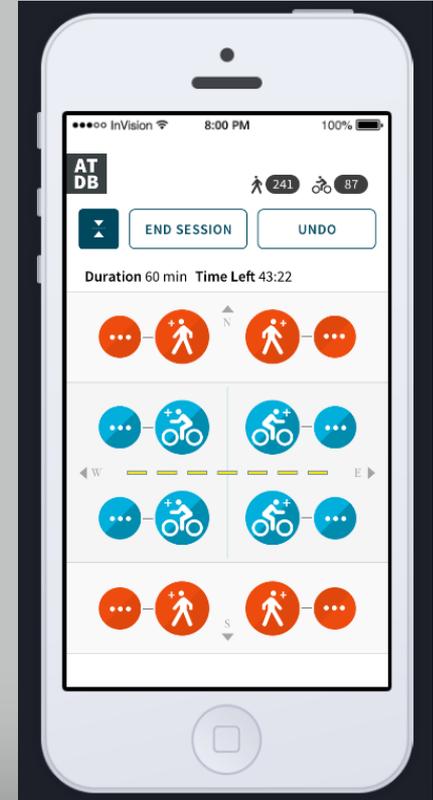
New Schema

- Conforms to 2016 Traffic Monitoring Guide Standards
- Collects bicycle and pedestrian data
- Collects automated and manual count data
- Collects batched counts or individual observations



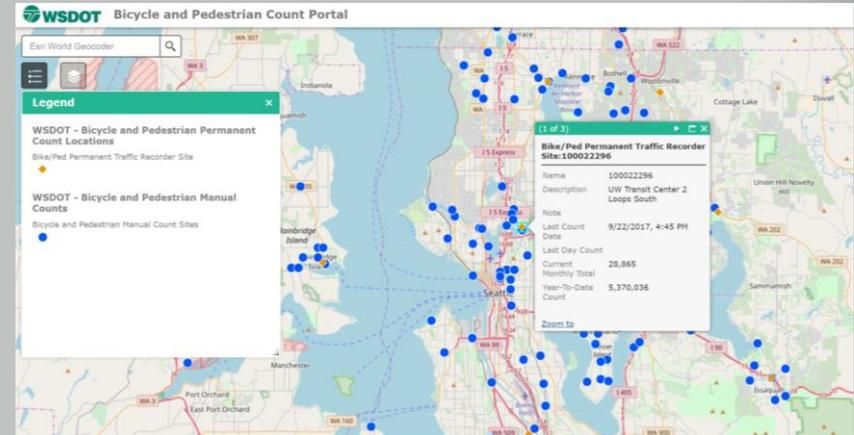
Mobile Counter App

- Collect real time observational data



Additional Components

- ESRI data viewing and download portal
- Automated counter interface (API)



Bikeway Shapefile

Level of Traffic Stress Variables				
Fac_width	Facility Width	Bikeway segment width	Width in feet	Double
ADT	Average Daily Traffic	Average daily traffic (ADT) on street on which bikeway segment is located.	Average daily traffic number	Double
Num_Lanes	Number of lanes	Number of lanes on street on which bikeway segment is located.	Number of lanes	Long
Speed_lmt	Speed limit	Posted speed limit of street on which bikeway is located.	Speed limit in MPH	Short
Median_tpy	Median Type	Presence/type of median on street on which bikeway segment is located.	None (no median or unprotected area less than 4 feet wide), Unprotected (median exists with a width of 4 feet or more), or Curbed (Barrier or mountable curbs with a minimum height of 4 inches)	String
Turn_confg	Turn configuration	Configuration of right (and left, if data is available) lane approach toward intersection on which bikeway segment is located.	Single lane with length <75 ft, Single lane with length between 75 to 150 ft, or Other	String
Int_Cntrl	Intersection control type	Control type of intersection	Signalized or Unsignalized	String
Slope	Slope	Slope of roadway segment, computed from elevation data imported from USGS Digital Elevation Model	Slope as percentage or categorical values (low, medium, high, extreme)	String

Active Transportation Health and Economic Impact Study

Rye Baerg
Senior Regional Planner



Context



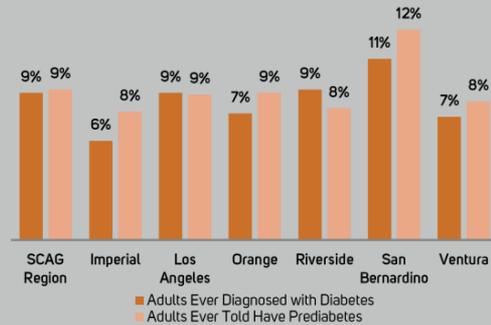
2016
2040
RTPSCS

THE 2016-2040 REGIONAL TRANSPORTATION PLAN/
SUSTAINABLE COMMUNITIES STRATEGY
A Plan for Mobility, Accessibility, Sustainability and a High Quality of Life

PROPOSED FINAL
MARCH 2016

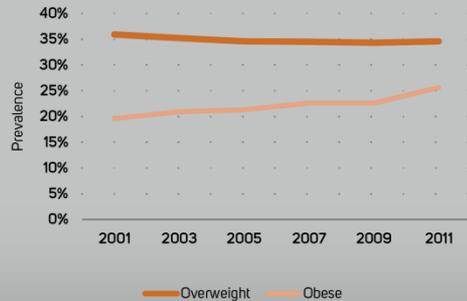
Current Chronic Disease Rates

FIGURE 8 Diabetes and Prediabetes by County 2011



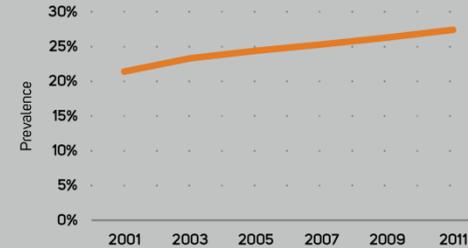
Source: <http://healthpolicy.ucla.edu/chis>

FIGURE 9 Overweight and Obesity Trends by Year 2001-2011



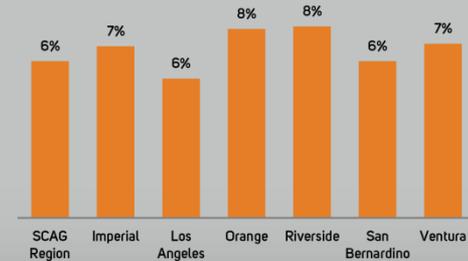
Source: <http://healthpolicy.ucla.edu/chis>

FIGURE 10 Hypertension Trends by Year 2001-2011



Source: <http://healthpolicy.ucla.edu/chis>

FIGURE 11 Heart Disease by County 2011



Source: <http://healthpolicy.ucla.edu/chis>

Physical Activity

“Physical activity is the closest thing we have to a wonder drug. Being active is one of the most important things people of all ages, sizes, and shapes can do to improve their health.”

Dr. Thomas Frieden

Director of the Centers for Disease Control and Prevention (CDC)

Response to Stakeholders

Public Health Subcommittee

2. Provide robust public health data and information, as feasible, to better inform regional policy, the development of the 2016-2040 RTP/SCS, and support public health stakeholder participation.

- To the extent feasible, include information in the following emphasis areas:
 - Monetary and health impacts of different plan alternatives
 - Physical activity
 - Emissions and exposure
 - Consider implementation of zero- and/or near-zero emissions vehicles
 - Safety
 - Health outcomes (for example, incidence of chronic disease) (Note: SCAG currently does not possess data or technical capacity to produce health outcomes).
- Pursue feasible enhancements in data and analysis with regards to Environmental Justice report of RTP/SCS (for example, exposures and likely health issues).
- Coordinate and provide data and technical foundation for potential regional public health policy and expanded performance measures, as feasible.

Next Steps:

Pursue scenario planning tool enhancements to include increased and dynamic public health data. Solicit technical review through technical working groups and other forums. Prepare final recommendations on plan methodologies, data and performance measures in advance of release of draft plan in late 2015.



City of Long Beach
Department of Health
and Human Services

Los Angeles County
Department of Public Health

City of Pasadena
Public Health Department

County of Riverside
Department of Public Health

Santa Barbara County
Public Health Department

County of San Bernardino
Department of Public Health

County of San Diego
Health and Human Services
Agency

Ventura County
Public Health

June 12, 2014

Carl Morehouse, SCAG President
818 West 7th Street, 12th Floor
Los Angeles, CA 90017

Re: Incorporating Health and Social Determinants of Health into Scenario Planning and Evaluation

The Public Health Alliance of Southern California (Alliance) is a collaboration of local health departments in Southern California. Our vision is that all Southern California communities are healthy, vibrant and sustainable places to live, work and play. We see the scenario development and evaluation process for the 2016 Regional Transportation Plan and Sustainable Community Strategy (RTP/SCS) as an opportunity to develop a land use and transportation plan that advances this vision.

The Alliance commends SCAG for its June 6, 2013 adoption of the Public Health Subcommittee's recommendations, and for the participation of SCAG staff in Alliance working groups. Through these joint discussions we've worked together to identify the best mechanisms for the integration of public health outcomes into the 2016-2040 RTP/SCS. We look forward to continuing this dialogue as we work together to improve health outcomes for all of the people who live and work in the SCAG region.

Scenario Development:

The Alliance would like to partner with SCAG, the public, and other stakeholders to develop a scenario focused on delivering the greatest health outcome improvements in our region. Research indicates that social determinants of health—the physical and social environments we live in—account for 70-80% of health outcomes¹, and that lower income communities have poorer health outcomes². Given the interrelation of income, community design and health outcomes, the Alliance encourages the development of a scenario that improves health outcomes by advancing economic and social resiliency for low-income residents of the region.

¹ Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1245. Abstract available at: <http://jama.ama-assn.org/article.aspx?articleid=19857>

² Health inequities in the Bay Area, available at www.bayh.org.

California Public Health Assessment Model



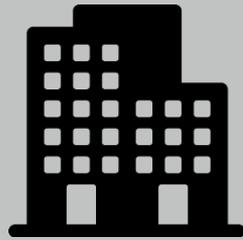
CALIFORNIA STRATEGIC
GROWTH COUNCIL



Study Purpose

Goal: Estimate current annual public health, transportation and economic costs and benefits of bicycling and walking on the SCAG region's economy

Modeling Process



Characterize
Built
Environment



Model
Physical
Activity



Model
Public
Health



Apply Cost-
of-Illness

Physical Activity

Daily Trips in the SCAG Region by Mode



3.3 Million

Hours of Daily Walking



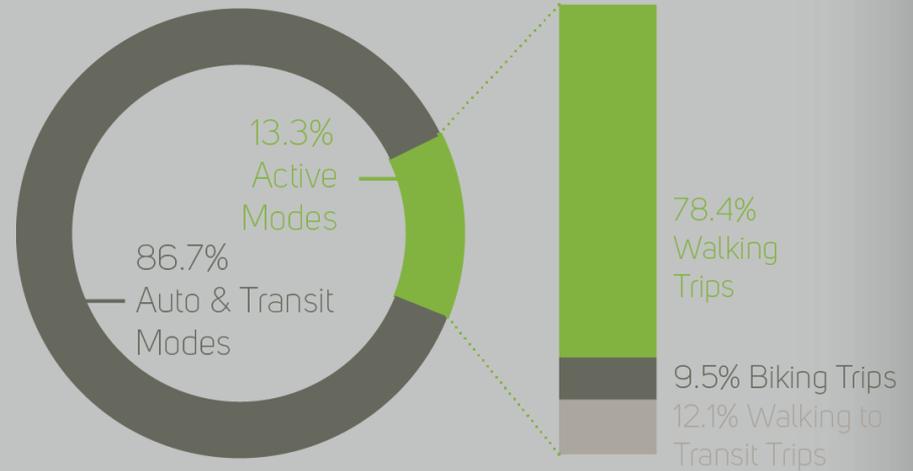
1.9 Million

Hours of Daily Biking



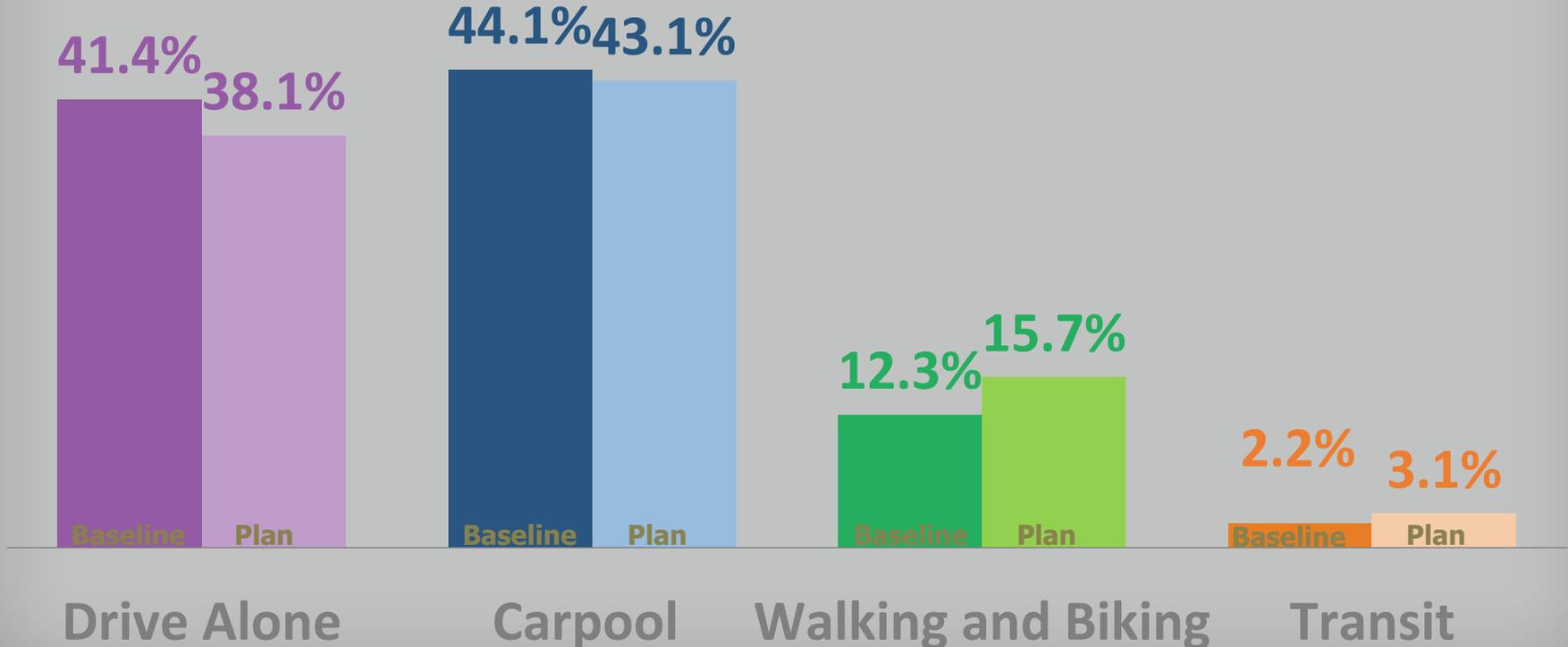
139 Thousand

Hours of Daily Walking to Transit



Mode Choice – Total Trips

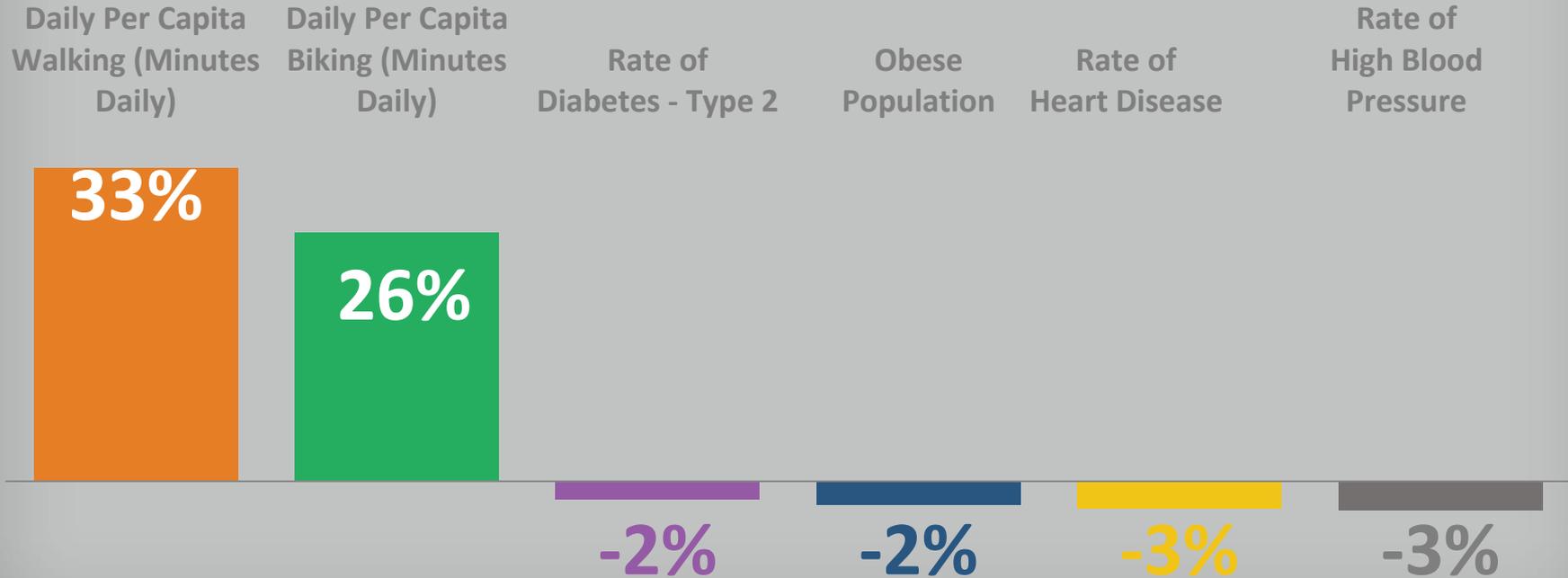
Plan vs. Trend Baseline



Note: These figures include additional improvements in walking and biking associated with the benefits of certain active transportation investments, which are analyzed as a supplement to SCAG's Regional Trip Based Model

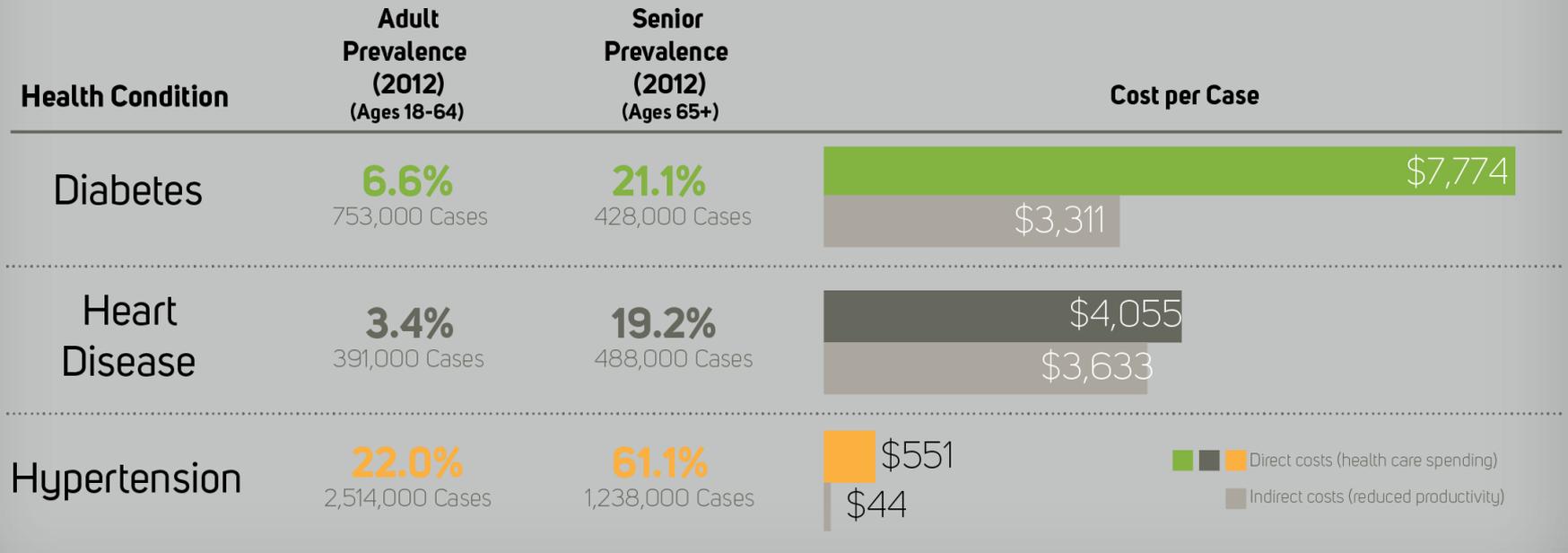
Public Health Outcomes in 2040 – Adults Aged 18-65

Plan vs. Trend Baseline



* Results are for the new population in areas of the plan experiencing land use changes.

Current Costs to the Region



Current Costs to the Region



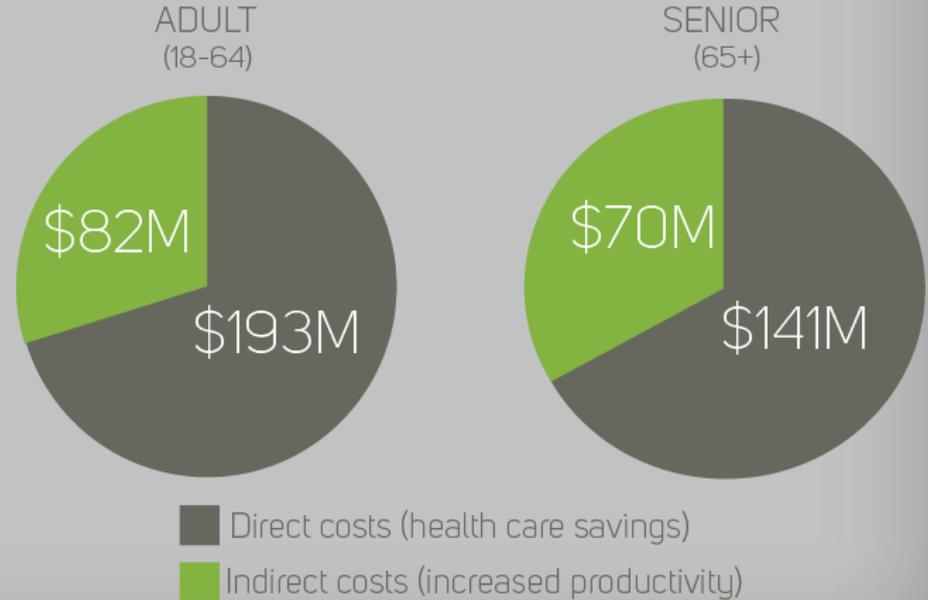
\$12.8 Billion

Total annual regional costs of diabetes, heart disease, and hypertension in ages 18-64. Seniors add an additional \$8.5 billion in health costs for the same conditions.

Current Infrastructure

\$488 Million

Estimated total annual physical activity health savings for adults and seniors due to avoided health care expenditures and increased productivity



Additional Savings from 2016 RTP/SCS Implementation

Predicted Annual Physical Activity Savings in 2040 for Adults (Age 18-64)

Diabetes

\$167M

Heart Disease

\$122M

Hypertension

\$48M

\$337 Million

Predicted annual physical activity savings in 2040 in adults ages 18-64 from full RTP implementation



■ Direct costs (health care savings)
■ Indirect costs (increased productivity)

2016 RTP/SCS Implementation

\$4.5 Billion

Overall, accumulated savings from reduced hypertension, diabetes, and heart disease in adults (ages 18-64) is predicted to be \$4.5 billion throughout the life of the RTP.

2016 RTP/SCS Implementation

RTP Active Transportation Investment Areas

\$2.8B

Regional Trip
Strategies

\$2.2B

Transit Integration
Strategies

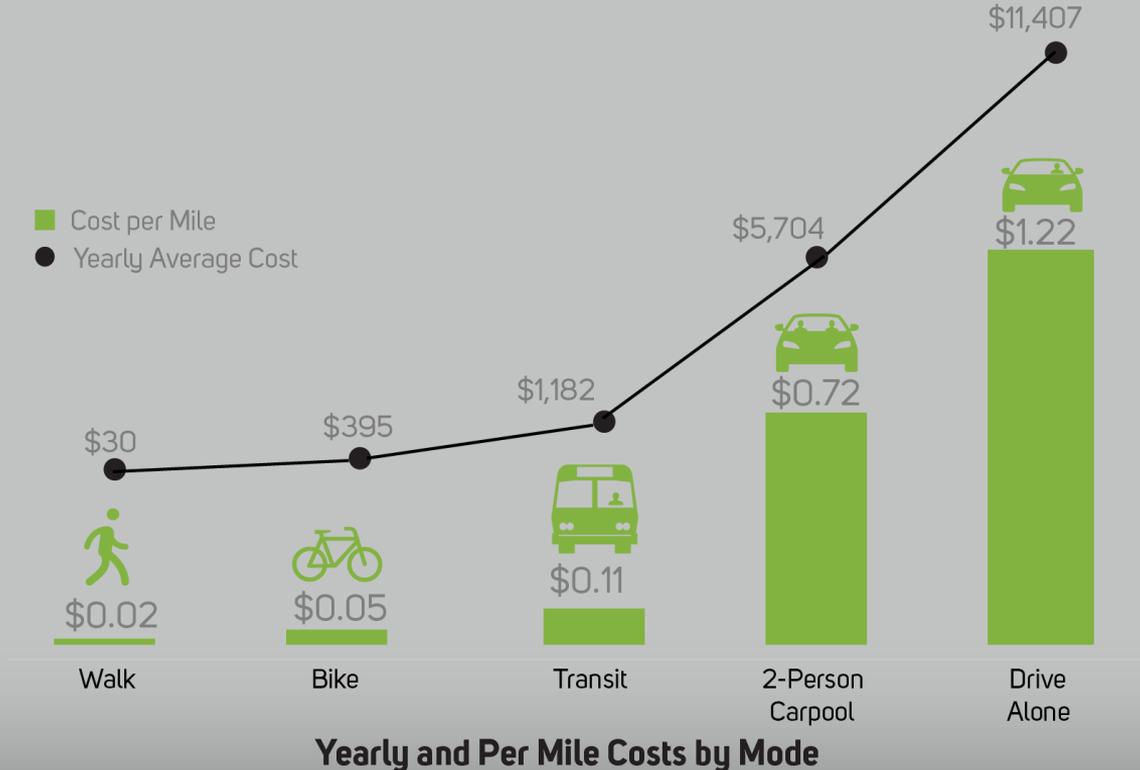
\$7.6B

Short Trip
Enhancements
(sidewalks and
bikeways)

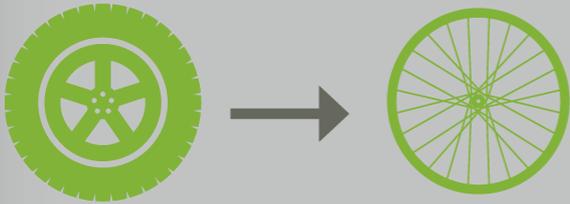
\$288M

Education and
Encouragement
Campaigns

Consumer Savings



Consumer Savings



2.3 Million

Estimated annual vehicle-miles traveled daily that could be eliminated in the year 2040 through RTP active transportation programming

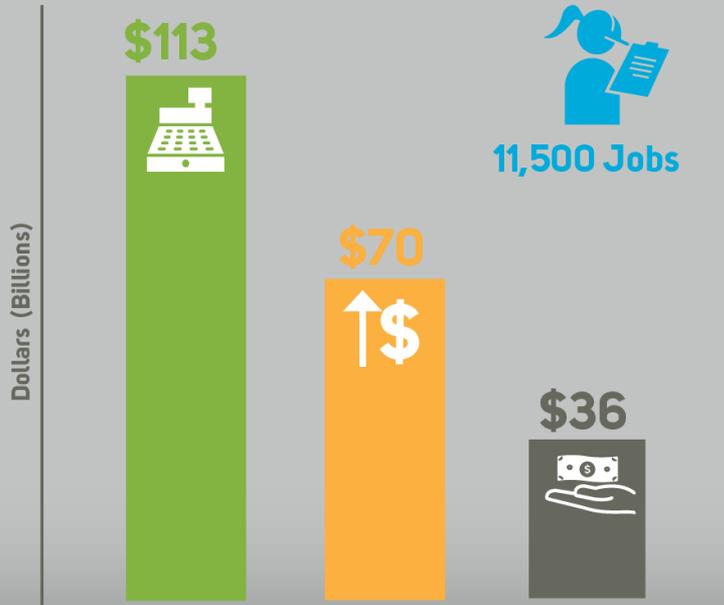


\$976 Million

Potential annual savings in the year 2040 from estimated reduced vehicle-miles traveled

Regional Impact

Average Annual Economic Impacts due to Active Transportation



Employment (total jobs)

The total number of jobs associated with active transportation infrastructure spending and the associated health effects



Personal Income (\$B)

Employment total multiplied by average wages by position type



Sales Output (\$B)

Sales output discounted for prior stages of manufacturing that occurred outside the SCAG region.

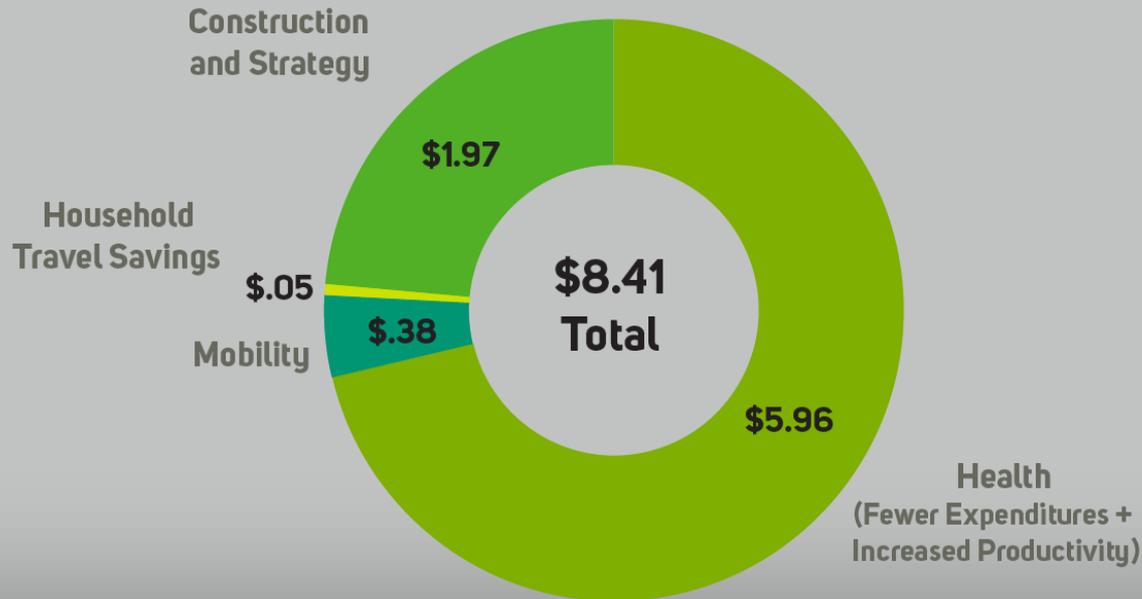


Value Added (\$B)

The difference between retail sale prices and the cost to purchase the item being sold.

Benefits by Input

Sales Output Return Breakdown of 2016-2040 RTP/SCS



Thank you!

Rye Baerg

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