

Carolina Peters <carolina.peters@lacity.org>

Tue, Jan 16, 2018 at 8:08 AM

# Fwd: Comment for Council File: 14-0163-S3

1 message

Staci Roberts <staci.roberts@lacity.org> To: Carolina Peters <carolina.peters@lacity.org>

Carol,

Please attach to file 14-0163-s3 Thanks -------Forwarded message -------From: Anna Martinez <anna.martinez@lacity.org> Date: Tue, Jan 16, 2018 at 8:04 AM Subject: Fwd: Comment for Council File: 14-0163-S3 To: Richard Williams <richard.williams@lacity.org>, Maria Espinoza <maria.espinoza@lacity.org>, Staci Roberts <staci.roberts@lacity.org>

Please see email below.

Anna Martinez Office of the City Clerk 200 N. Spring St., Rm. 360 Los Angeles, CA 90012 213-978-1025 213-978-1027 - FAX Mail Stop 160-01



------ Forwarded message ------From: **Megan McClaire** <MMcClaire@advanceproj.org> Date: Fri, Jan 12, 2018 at 5:44 PM Subject: Comment for Council File: 14-0163-S3 To: "CityClerk@lacity.org" <CityClerk@lacity.org> Cc: Amanda Staples <amanda@investinginplace.org>

Hello,

On behalf Advancement Project California, I would like to submit a comment letter to Council File 14-0163-S3. I think it is critical that this be fixed and the for the Los Angeles City Council to retain the Vision Zero High Injury Network (HIN) in the Bureau of Engineering (BOE) proposed Sidewalk Repair Program (SRP) prioritization methodology. The HIN represents the only prioritization criteria in the BOE-proposed SRP to include City interdepartmental coordination, social equity, and a tool to potentially accelerate and scale-up this program.

Thanks,

Megan

### 1/17/2018

## Megan McClaire

Director of Health Equity

ADVANCEMENT PROJECT CALIFORNIA

Office: 213-989-1300 Direct Line: 213-406-9135 1910 West Sunset Blvd., Suite 500, Los Angeles, CA 90026

Learn more: AdvancementProjectCA.org

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Educational Equity | Equity in Public Funds | Health Equity | Political Voice



Carolina Peters <carolina.peters@lacity.org>

# Fwd: comment for Council File: 14-0163-S3.

2 messages

Staci Roberts <staci.roberts@lacity.org> To: Carolina Peters <carolina.peters@lacity.org> Fri, Jan 12, 2018 at 4:01 PM

Please add to file.

------ Forwarded message ------From: **Anna Martinez** <anna.martinez@lacity.org> Date: Fri, Jan 12, 2018 at 3:47 PM Subject: Fwd: comment for Council File: 14-0163-S3. To: Maria Espinoza <maria.espinoza@lacity.org>, Staci Roberts <staci.roberts@lacity.org>, Gloria Pinon <gloria.pinon@lacity.org>

Please see email below.

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------ Forwarded message ------From: **Azad Amir-Ghassemi** <azadag@me.com> Date: Fri, Jan 12, 2018 at 3:43 PM Subject: comment for Council File: 14-0163-S3. To: CityClerk@lacity.org

1. I would like to submit a comment letter to Council File 14-0163-S3

I think it is critical that this be fixed and the for the Los Angeles City Council to retain the Vision Zero High Injury Network (HIN) in the Bureau of Engineering (BOE) proposed Sidewalk Repair Program (SRP) prioritization methodology.

In many through fares like Western Ave side walks have no repairs, ramps or access for people with disabilities. Improvements have to be made with pedestrian safety as a goal and metric, for example I was hit as a pedestrian in as dark dangerous residential street which only had a two way stop breaking both wrists.

The HIN represents the only prioritization criteria in the BOE-proposed SRP to include City interdepartmental coordination, social equity, and a tool to potentially accelerate and scale-up this program.

Signed: Azad Amirghassemi, 1718 Middleton PI. Los Angeles, ca 90063 --

Staci Roberts <staci.roberts@lacity.org> To: Carolina Peters <carolina.peters@lacity.org> Tue, Jan 16, 2018 at 8:09 AM

Please attach to file.

------ Forwarded message ------From: Anna Martinez <anna.martinez@lacity.org> Date: Tue, Jan 16, 2018 at 8:06 AM Subject: Fwd: comment for Council File: 14-0163-S3. To: Richard Williams <richard.williams@lacity.org>, Maria Espinoza <maria.espinoza@lacity.org>, Staci Roberts <staci.roberts@lacity.org>, Gloria Pinon <gloria.pinon@lacity.org>

Please see email below.

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------ Forwarded message ------From: **Malcolm Harris** <malcolmharris@trustsouthla.org> Date: Sat, Jan 13, 2018 at 9:26 AM Subject: comment for Council File: 14-0163-S3. To: CityClerk@lacity.org Cc: Amanda Meza <amanda@investinginplace.org>

I would like to submit a comment letter to Council File 14-0163-S3. I think it is critical that this be fixed and the for the Los Angeles City Council to retain the Vision Zero High Injury Network (HIN) in the Bureau of Engineering (BOE) proposed Sidewalk Repair Program (SRP) prioritization methodology. The HIN represents the only prioritization criteria in the BOE-proposed SRP to include City interdepartmental coordination, social equity, and a tool to potentially accelerate and scale-up this program.

Signed:

Malcolm Harris

4331 S. Main St, LA, Ca 90038



Carolina Peters <carolina.peters@lacity.org>

# Fwd: 14-0163-S3

1 message

Staci Roberts <staci.roberts@lacity.org> To: Carolina Peters <carolina.peters@lacity.org> Tue, Jan 16, 2018 at 8:09 AM

Please attach to file.

------Forwarded message ------From: Anna Martinez <anna.martinez@lacity.org> Date: Tue, Jan 16, 2018 at 8:06 AM Subject: Fwd: 14-0163-S3 To: Richard Williams <richard.williams@lacity.org>, Maria Espinoza <maria.espinoza@lacity.org>, Staci Roberts <staci.roberts@lacity.org>, Gloria Pinon <gloria.pinon@lacity.org>

Please see email below.

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------ Forwarded message ------From: Ross Zelen <rosszelen@gmail.com> Date: Sun, Jan 14, 2018 at 12:45 PM Subject: 14-0163-S3 To: CityClerk@lacity.org

### To whom it may concern

I would like to submit a comment letter to Council File 14-0163-S3. I think it is critical that this be fixed and the for the Los Angeles City Council to retain the Vision Zero High Injury Network (HIN) in the Bureau of Engineering (BOE) proposed Sidewalk Repair Program (SRP) prioritization methodology. The HIN represents the only prioritization criteria in the BOE-proposed SRP to include City interdepartmental coordination, social equity, and a tool to potentially accelerate and scale-up this program. Vision Zero funding and implementation are critical to making Los Angeles a more sustainable city by incentivizing walking, a more equitable city for residents of all ages and abilities, and a more vibrant city that residents commit themselves to upkeeping and improving.

Thanks Ross Zelen 13019 Hartsook St, Sherman Oaks, CA, 91423



January 16, 2018

Dear Honorable Council President Herb J. Wesson, Jr. and City Council Members:

## RE: 14-0163-S3 Sidewalks Prioritization Program

The Alliance for Community Transit Los Angeles (ACT-LA) strongly encourages the Los Angeles City Council to retain the Vision Zero High Injury Network (HIN) in the Bureau of Engineering (BOE) proposed Sidewalk Repair Program (SRP) prioritization methodology. The HIN represents the only prioritization criteria in the BOE-proposed SRP to include City interdepartmental coordination, social equity, and a tool to potentially accelerate/scale-up the program.

We are concerned by last month's Council's Budget and Finance Committee meeting motion to undo this coordination and remove the HIN from the scoring system. Long-time underinvestment and disinvestment in LA's low-income and marginalized neighborhoods has produced unsafe street design and public infrastructure in our poorest neighborhoods. The HIN is one of few transportation planning methodologies that reflects the disproportionate need for urgent safety improvements in our most vulnerable communities.

We urge the City Council to draw on its own precedent (CF# 11-1872) of applying Safe Routes to School prioritization criteria based on citywide need. One year after adopting this citywide prioritization criteria, the City of Los Angeles was awarded \$22 million in statewide Safe Routes to School funds. We see that demonstrating data-supported need rather than geographical division leads to leveraging additional dollars for Los Angeles public investment. Addressing areas with the highest need, and therefore investing in projects with the most potential impact, should not be limited to intra-City jurisdictional boundaries. Retaining the HIN as one of the prioritization criteria for the SRP allows this citywide needs-based assessment to most efficiently and effectively invest public funds as well as address social equity disparities.

We envision a Los Angeles that is a transit-rich city where all people have access to ample mobility options. That vision relies on a commitment to eliminating the barriers and institutional policies that unduly and historically burden low-income communities and communities of color. We thank you for your continued leadership on advancing equitable solutions to our City's problems, and reiterate our strong encouragement to retain the Vision Zero High Injury Network as a prioritization criteria in the City's Sidewalk Repair Program.

Sincerely,

Laura Raymond Campaign Director Alliance for Community Transit Los Angeles (ACT-LA)



## CC:

Honorable Councilmember Gil Cedillo, City Council District 1 Honorable Councilmember Paul Krekorian, City Council District 2 Honorable Councilmember Bob Blumenfield, City Council District 3 Honorable Councilmember David Ryu, City Council District 4 Honorable Councilmember Paul Koretz, City Council District 5 Honorable Councilmember Nury Martinez, City Council District 6 Honorable Councilmember Monica Rodriguez, City Council District 7 Honorable Councilmember Marqueece Harris-Dawson, City Council District 8 Honorable Councilmember Curren D. Price, Jr., City Council District 9 Honorable Councilmember Mike Bonin, City Council District 11 Honorable Councilmember Mitch Englander, City Council District 12 Honorable Councilmember Mitch O'Farrell, City Council District 13 Honorable Councilmember José Huizar, City Council District 14 Honorable Councilmember Joe Buscaino, City Council District 15 Los Angeles City City Clerk



Carolina Peters <carolina.peters@lacity.org>

# Fwd: comment for Council File: 14-0163-S3

2 messages

Staci Roberts <staci.roberts@lacity.org> To: Carolina Peters <carolina.peters@lacity.org> Tue, Jan 16, 2018 at 8:10 AM

Please attach to file.

------ Forwarded message ------From: **Anna Martinez** <anna.martinez@lacity.org> Date: Tue, Jan 16, 2018 at 8:07 AM Subject: Fwd: comment for Council File: 14-0163-S3 To: Richard Williams <richard.williams@lacity.org>, Maria Espinoza <maria.espinoza@lacity.org>, Staci Roberts <staci.roberts@lacity.org>, Gloria Pinon <gloria.pinon@lacity.org>

Please see email below.

**Anna Martinez Office of the City Clerk** 200 N. Spring St., Rm. 360 Los Angeles, CA 90012 213-978-1025 213-978-1027 - FAX Mail Stop 160-01



------ Forwarded message ------From: **Colin Piethe** <colin.piethe@gmail.com> Date: Sat, Jan 13, 2018 at 9:10 PM Subject: comment for Council File: 14-0163-S3 To: CityClerk@lacity.org

I would like to submit a comment letter to Council File 14-0163-S3. I think it is critical that this be fixed and the for the Los Angeles City Council to retain the Vision Zero High Injury Network (HIN) in the Bureau of Engineering (BOE) proposed Sidewalk Repair Program (SRP) prioritization methodology. The HIN represents the only prioritization criteria in the BOE-proposed SRP to include City interdepartmental coordination, social equity, and a tool to potentially accelerate and scale-up this program.

Thank you for your time, Colin Piethe

Staci Roberts <staci.roberts@lacity.org> To: Carolina Peters <carolina.peters@lacity.org> Tue, Jan 16, 2018 at 12:02 PM

https://mail.google.com/mail/u/0/?ui=2&ik=5be92e88ae&jsver=dSZRinUJdWo.en.&view=pt&search=inbox&th=161009134285ec83&siml=160ffbc4da7b... 1/3

#### 1/17/2018

- ---

Carol,

Please attach to file.

------ Forwarded message ------From: **Anna Martinez** <anna.martinez@lacity.org> Date: Tue, Jan 16, 2018 at 11:43 AM Subject: Fwd: comment for Council File: 14-0163-S3 To: Richard Williams <richard.williams@lacity.org>, Maria Espinoza <maria.espinoza@lacity.org>, Staci Roberts <staci.roberts@lacity.org>, Gloria Pinon <gloria.pinon@lacity.org>

Please see email below.

# Anna Martinez

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------ Forwarded message ------From: **Rob Baird** <rob@preventioninstitute.org> Date: Tue, Jan 16, 2018 at 11:42 AM Subject: comment for Council File: 14-0163-S3 To: "CityClerk@lacity.org" <CityClerk@lacity.org>

Please enter into the Council File the attached comment letter and report document from Prevention Institute regarding the Sidewalks Prioritization Program.

### **Robert Baird**

### Program Manager | Prevention Institute

4315 Leimert Blvd. | Los Angeles, Ca. 90008

(323) 294-4527 x370 | rob@preventioninstitute.org

Putting prevention and health equity at the center of community well-being



### 2 attachments

- Prevention Institute Comment Letter Sidewalks Prioritization Program 1....pdf 304K
- Vision Zero A Health Equity Road Map for Getting to Zero in Every Community FINAL.pdf 566K



January 16, 2018

Los Angeles City Council 200 N. Spring Street Los Angeles, CA 90012

### RE: 14-0163-S3 Sidewalks Prioritization Program

Honorable City Councilmembers,

Prevention Institute strongly encourages the City Council to retain Vision Zero High Injury Network data in the Sidewalk Repair Program prioritization methodology proposed by the Bureau of Engineering (BOE). Retention of the High Injury Network prioritization criteria in the Sidewalk Repair Program is crucial to achieving health equity in traffic safety outcomes in Los Angeles, especially for our most vulnerable residents in our most impacted neighborhoods.

Prevention Institute is a national non-profit organization dedicated to preventing illness and injury *in the first place*, with offices in Los Angeles' Leimert Park. We have an extensive track record in traffic safety and unintentional injury and have been actively involved in shaping the evolution of the Vision Zero movement in the US toward a more proactive approach to addressing diversity, inclusion and health equity. In 2016, Prevention Institute conducted a health equity analysis of Los Angeles' Vision Zero Action Plan on behalf of the Department of Transportation. Last year, Prevention Institute produced a brief, *Vision Zero: a Health Equity Roadmap for Getting to Zero in Every Community*, for a national audience. A core recommendation of both reports is the importance of integrating relevant data that advances health equity in traffic safety initiatives at the point of startup. The High Injury Network is one of few transportation planning methodologies that reflects the disproportionate need for pedestrian and bicycle safety improvements in our most vulnerable communities.

A growing body of research demonstrates that unfair and unjust traffic safety inequities are experienced across racial and socio-economic lines. For example, African-American and Latino children under 10 are hospitalized with pedestrian injuries more often than other groups<sup>1</sup>, and traffic-related deaths occur most often in high-poverty census tracts<sup>2</sup>. Yet these inequities are preventable. Chronic underinvestment in the city's marginalized neighborhoods yields street design and infrastructure that results in higher rates of traffic collisions as well as pedestrian and bicycle injuries and fatalities that would be deemed unacceptable in more affluent communities. When overlaid with the LA Health Atlas, half the streets indicated by the High Injury Network fall within the city's most health disadvantaged communities. Retaining the High Injury Network as a prioritization criteria is needed to ensure the Sidewalk Repair Program maximizes limited resources and produces the fullest impact for the city overall, by identifying projects at locations of highest need.

Demonstrating data-supported need, rather than geographic distribution, is the smart, strategic and equitable approach to leverage additional public investment in pedestrian safety. In this regard, the City Council can draw on its own precedent (CF# 11-1872) of applying Safe Routes to School prioritization criteria based on need, specifically. One year after adopting citywide prioritization criteria, the City was awarded \$22 million in Safe Routes to School funding.

Prevention Institute | 4315 Leimert Boulevard, Los Angeles, CA | 323-294-4527 | preventioninstitute.org

<sup>&</sup>lt;sup>1</sup> California Department of Public Health. *Pedestrian Injuries in California: Race and Age Differences*. September 2014

Governing. America's Poor Neighborhoods Plagued by Pedestrian Deaths. August 2014.



BOE engineers have estimated that at current funding levels, requests for residential sidewalk segments will take up to a decade to fulfill – despite constituents ranking sidewalk repair as the city's most needed improvement (CF#17-1311). Retaining the connection between the High Injury Network and Sidewalk Repair Program priority locations can unlock additional local, state and federal funding opportunities based on safety, mobility and reduced emissions (e.g. Measure M, Measure R, Proposition C, SB 1, Active Transportation Program, State cap-and-trade grant funds) to ensure quicker implementation of sidewalks, crosswalks, and overall street design to support healthy and safe communities.

Prevention Institute respectfully urges the City Council to advance a coordinated and cohesive transportation network that accommodates travelers of all abilities, ages, and modes by retaining the Vision Zero High Injury Network as foundational prioritization criteria in the City's Sidewalk Repair Program. This approach will advance interdepartmental coordination because it links closely related city efforts to provide consistently accessible sidewalks and eliminate traffic fatalities and serious injuries. As sidewalks are repaired in high-need locations, the resulting complete sidewalk networks will make pedestrian conflicts within the vehicle realm less necessary and frequent.

Prevention Institute thanks the City Council for its continued leadership on these issues and is committed to supporting the City's efforts to advance health equity in its traffic safety and injury prevention initiatives.

Sincerely,

Manal Hordat

Manal J. Aboelata, MPH Managing Director, Prevention Institute

CC:

Honorable Councilmember Gil Cedillo, City Council District 1 Honorable Councilmember Paul Krekorian, City Council District 2 Honorable Councilmember Bob Blumenfield, City Council District 3 Honorable Councilmember David Ryu, City Council District 4 Honorable Councilmember Paul Koretz, City Council District 5 Honorable Councilmember Nury Martinez, City Council District 6 Honorable Councilmember Monica Rodriguez, City Council District 7 Honorable Councilmember Marqueece Harris-Dawson, City Council District 8 Honorable Councilmember Curren D. Price, Jr., City Council District 9 Honorable Councilmember Mike Bonin, City Council District 11 Honorable Councilmember Mitch Englander, City Council District 12 Honorable Councilmember Mitch O'Farrell, City Council District 13 Honorable Councilmember José Huizar, City Council District 14 Honorable Councilmember Joe Buscaino, City Council District 15 Los Angeles City Clerk

### Attachment:

Vision Zero: a Health Equity Roadmap for Getting to Zero, Prevention Institute brief (2017)



# Vision Zero: A Health Equity Road Map for Getting to Zero in Every Community

By Manal Aboelata, Elva Yanez, and Rebekah Kharrazi

With its audacious goal to eliminate traffic fatalities and severe injuries, Vision Zero represents the opportunity to rethink how we utilize data, invest resources, and operate today's transportation system to improve conditions so that all road users, including pedestrians and bicyclists, have the opportunity to travel safely. In the US context, "getting to zero" requires an explicit focus on health equity involving data collection, community engagement, and public investments in low-income communities, communities of color, and among road users most disproportionately involved in traffic fatalities and severe injuries.

Motor vehicle safety measures implemented throughout the 20<sup>th</sup> century — like improved vehicle and roadway design, broader use of safety belts and car seats, and stronger drunk driving laws and enforcement — have contributed to substantial reductions in traffic-related death rates in the United States, even as annual vehicle miles traveled increased steadily during the same time period.<sup>1</sup> Despite this progress, traffic collisions remain a leading cause of death and disability in the US and are responsible for more deaths among children and young adults than any other cause.<sup>2,3</sup> Motor vehicle crashes resulted in more than 35,000 deaths — approximately 96 deaths per day — in 2014, and two million non-fatal injuries in 2013.<sup>4,5</sup> The US motor vehicle crash death rate of 10.3 deaths per 100,000 people far outstripped such deaths in peer nations in 2013.<sup>6</sup> Motor vehicle crashes are also extremely costly in the US with fatalities totaling \$44 billion in medical and work loss costs in 2013 and injuries totaling \$18 billion in lifetime medical costs and another \$33 billion in lifetime work loss costs in 2012.<sup>7,8</sup>

Injuries are not accidents — they are predictable and preventable. As the 20<sup>th</sup> century experience demonstrates, employing comprehensive, integrated, and quality prevention strategies saves and

improves lives and reduces healthcare, law enforcement, and other governmental and business costs to society. Today, nearly two decades into the 21<sup>st</sup> century, promising traffic safety policies, programs, and initiatives are emerging. These include active transportation investments, Complete Streets policies, Safe Routes to School programs, and — the particular focus of this brief — Vision Zero initiatives. Vision Zero is a growing movement in cities across the US and around the globe to eliminate all trafficrelated deaths and severe injuries within a designated time period. Distinct in its acknowledgement that traffic-related deaths and severe injuries are preventable, and its focus on

"Health Equity means that everyone has a fair & just opportunity to be healthy. This requires removing obstacles to health such as poverty, discrimination & their consequences —including powerlessness & lack of access to good jobs, education, housing, environments, & health care."

- Paula Braveman

Working definition presented at the American Public Health Association Annual Conference. November 2016

improving traffic safety through systems-level approaches, Vision Zero strives for better transportation systems and infrastructure for vehicle traffic as well as for people who walk, ride bicycles, and use other forms of transportation. Vision Zero is a bold vision that is not only possible, but necessary.

First implemented in Sweden in 1997, then successfully across Europe and other parts of the world, Vision Zero is now actively being implemented in over two dozen US cities from Anchorage, Alaska, to Fort Lauderdale, Florida.<sup>9</sup> Compared to other countries, there are major differences in travel behaviors,



modes of transportation used, and economic and racial demographics in the US. Current practices and historic legacies that are unique to the US and perpetuate bias and discrimination have further resulted in differential access to and investments in the transportation system.

Though translating Vision Zero from its birthplace in Europe to the US context presents challenges, it also creates opportunities. In an effort to bolster the success of Vision Zero in the US, this brief focuses on the opportunity for Vision Zero to address longstanding health inequities experienced by people of color and low-income communities by addressing the underlying policy decisions, allocations, enforcement, and design issues that impede our transportation system and produce inequities. Intentionally focusing on achieving health equity in traffic safety is essential to operating a high-quality transportation system and "getting to zero."

Like other leading causes of morbidity and mortality, traffic-related injuries and fatalities are not evenly distributed across the population. In locales across the country, people of color and low-income populations are over-represented in traffic-related injuries and fatalities. These preventable and reversible inequities in injuries are frequently rooted in differences in the transportation infrastructure, not solely attributable to driver behavior. Many low-income communities, especially communities of color, have not received the same level of policy attention, public and private investment, and other types of innovation in safe, equitable land uses that have benefitted higher income neighborhoods — and these decisions typically rest in the hands of municipalities.<sup>10</sup>

Further, low-income communities and communities of color are frequently starved for basic infrastructure like crosswalks, functioning street lights, and sidewalks, much less safety-promoting resources and infrastructure like effective traffic calming and safe walkability infrastructure. These same communities are typically overburdened by high-speed thoroughfares and concentrations of land uses, such as liquor stores or bars, that may be associated with unsafe road user behavior and increased incidences of injuries and fatalities.<sup>11</sup> These conditions are commonplace in low-income, Native American, Latino, and African American neighborhoods throughout the US, reflecting the systematic production of inequities through historical and current day policies, practices, and procedures.<sup>12</sup>

But just as traffic-related inequities have been produced, there are pathways to build, operate, and maintain a safer, more equitable transportation system. To this end, the following recommendations offer a starting point for practitioners to incorporate health equity considerations into planning and implementation of existing and future Vision Zero initiatives.

### Recommendations for Advancing Health Equity through Vision Zero

- 1. Develop and implement strategies to address the conditions that create traffic-safety inequities *in the first place*.
- 2. Engage the diverse range of partners within and outside government and start with community members in defining solutions that will create safer traffic conditions.
- 3. Get and use data that gets at equity that will create safer traffic conditions.



**Recommendation 1:** Develop and implement strategies to address the conditions that create traffic-safety inequities *in the first place*. Understanding the impact of historic and current policies and laws, practices, and procedures is a necessary first step to begin to address and reverse inequities in health and safety outcomes, particularly in communities that have been marginalized by virtue of race/ethnicity or income. To reduce injuries and fatalities in communities of

greatest need, it is critical to identify and act upon the policies and practices of government, businesses, and institutions that create unsafe traffic conditions. Transportation planners, engineers, and boards of transportation, among others, can use their knowledge of historic and present-day decisions to implement specific strategies to rectify the conditions that produce inequities in transportation infrastructure (e.g., public and private investments, allocation decisions, construction, operations, and responsiveness to community concerns) that are associated with traffic fatalities and severe injuries. Proposed strategies include:

Pursue a set of strategies that address what is causing traffic crashes in the first place. To fully
address the factors that lead to differences in traffic-related injuries, it is critical to address not
just individual-level factors — such as knowledge, attitudes, and behaviors of drivers,
pedestrians, and bicyclists — but also policy, systems, and environmental factors like safe
speeds, inadequate land-use planning, and persistent divestment in low-income communities
and communities of color. Prevention Institute's <u>Spectrum of Prevention</u> provides a useful
framework for developing comprehensive, interdisciplinary, and collaborative prevention
strategies that facilitate norms change. Rather than just asking what can be done to address
traffic collisions, the key question is what can be done to address the conditions that lead to
traffic crashes, in the first place.

The Spectrum of Prevention is a framework that promotes a multifaceted range of activities for effective prevention, designed to help people move beyond education approaches alone to focus on the policies, systems, and environments that shape health and safety. The Spectrum has been used to develop comprehensive prevention strategies in traffic safety, injury prevention, and many other fields. See below for a detailed Spectrum example applied to car seat safety.



• Address the underlying causes of disinvestment. Work to undo the historic and current forces that have led and continue to lead to uneven investment across communities, with some communities benefitting from greater investment while others experience public and private



disinvestment. Consider how public and private investments in transportation infrastructure are dispersed between neighborhoods. For instance, jurisdictions that rely heavily on private investment for routine upgrades to transportation infrastructure (e.g. sidewalks, curb ramps, crosswalks, and traffic signals) will generate inequalities in resources, favoring communities with strong real estate markets and starving less advantaged communities of needed resources. Consider how prioritized allocations of public funding can address these gaps in private funding, and determine how to institutionalize and sustain ongoing investment in these areas.

• Engage community members from the start. Create forums that enable residents to identify the underlying structural and policy factors that they see as undermining transportation safety. Ask residents to identify what design decisions, enforcement practices, and neighborhood-level policies can be addressed to make their neighborhoods safer and improve local conditions for people who walk, ride bicycles, and use other forms of active transportation as well as for people who have unique mobility needs. Resident engagement strategies like community walk audits that document unsafe walking conditions and then ask who is responsible for fixing these conditions are just one example of engagement processes. If working directly with residents is not feasible, partner with organizations that engage directly with community members to secure resident perspectives.

Enforcement has been identified as an important strategy for redirecting unsafe behaviors on roads, trails, and sidewalks, by creating a "stick" that motivates people to obey traffic signals and signs, use protective gear like seat belts and helmets, and deter dangerous behaviors, such as driving while under the influence of alcohol or texting while driving. However, Vision Zero efforts must take great care in implementing strategies that rely on law enforcement, recognizing that police discrimination and disparities in enforcement practices — like disproportionate traffic stops and searches of people of color — are problems and relations with law enforcement are oftentimes perceived and experienced as negative. This may require training police officers and engaging residents to discuss how they would like to address these issues so that "getting to zero" builds community champions and ownership, rather than alienating residents in the process.

 Assess the effectiveness of countermeasures, including their cultural relevancy. Draw upon existing evaluations or develop new tools to evaluate injury prevention countermeasures for effectiveness in low-income communities, communities of color, and non-English speaking communities that can be adapted to diverse community contexts. Educational activities and materials should be tailored so that they are community relevant, culturally appropriate and linguistically accessible, and should be combined with other strategies. Seek to understand what countermeasures may need to be modified to work best in low-income communities and communities of color and always seek to identify what institutional practices (e.g. law enforcement bias/discrimination) may need to be addressed to increase Vision Zero effectiveness. Where possible, contract directly with local residents or community-based organizations.

- Share and learn from others. Engage with Vision Zero initiatives around the country to identify
  what other localities have done to meaningfully engage diverse populations and across a wide
  range of sectors in leadership and participation roles. This should complement the use of local
  knowledge from community members and other stakeholders and partners who can account for
  the unique circumstances and needs of the community.
- Consider unintended consequences for equity. As Vision Zero brings together multiple sectors to improve traffic safety, it's important to ensure that these efforts don't exacerbate other community concerns. Conduct deeper investigation, such as an Equity Impact Review, which seeks to understand the impacts of countermeasures, including unintended consequences that may exacerbate inequities in communities of color and low-income communities. For example, consider engaging the housing sector including public housing agencies, affordable housing developers, and community-based advocates to coordinate strategies so that all Vision Zero interventions proactively anticipate and mitigate the potential for displacement.

Recommendation 2: Engage the diverse range of partners within and outside government and start with community members in defining solutions that will create safer traffic conditions. When Vision Zero initiatives successfully identify which areas of their municipalities are experiencing the highest rates of trafficrelated injuries and deaths, they can learn a lot about the profile of the community. It is important for transportation departments to proactively seek out data and resident perspectives in immigrant and non-English speaking communities, low-income

neighborhoods, and neighborhoods that are predominantly people of color, as the residents of these communities may be disinclined to reach out to government to communicate concerns about traffic safety, or they may reach out but not receive timely and complete responsiveness. Beyond demographics, factors like local investment, density of alcohol outlets, and community-relations with police can all become part of a process of understanding the decisions local government officials and businesses have or have not made that influence traffic safety conditions. Looking at decisions and practices across sectors represents a key opportunity for communities to identify what will lead to improvements in transportation, health, safety, and equity outcomes, particularly by addressing the root causes of poor outcomes, while at the same time producing co-benefits for a wide range of sectors. Proposed strategies include:

• Implement a "Safety in All Policies"<sup>i</sup> approach. Solving today's complex health and social issues effectively and equitably is beyond the purview of any one agency, organization, or discipline. A Safety in All Policies approach and mindset could serve to elevate traffic safety and more

<sup>&</sup>lt;sup>1</sup> Prevention Institute's idea for <u>Safety in All Policies</u> (SiAP) was inspired by *Health in All Policies* (HiAP), a collaborative, multisector policymaking approach gaining national momentum. While SiAP was formulated with violence prevention in mind, it can be adapted for traffic safety as well. The terms HiAP and SiAP can be misleading as they can imply a focus on policy only and don't explicitly acknowledge the win-win nature of such an approach. In fact, considerations for health and safety can be embedded in policies as well as organizational practices and broader decision-making of multiple sectors. Further, these considerations can serve to improve outcomes for participating sectors. For example, safer street infrastructure can increase a community's walkability and create opportunities for improved physical activity.



effectively engage a diverse range of partners within and outside of government. Local law enforcement, city planning, the business sector, and regulatory agencies all have specific roles related to decision-making, resource allocations, and enforcement, among others, that are central to improving the conditions that lead to traffic safety inequities. Safety in All Policies is also about achieving benefits beyond safety, such improved efficiency, increased sales for local businesses, and enhanced community participation and engagement.

Involve the community throughout the process. Build and sustain meaningful community
engagement in all Vision Zero data collection, planning, implementation, and evaluation efforts.
Prioritize engagement in communities of greatest need where there are concentrations of lowincome households, people of color, non-English speaking residents, older adults, people with
disabilities, and children. One model is to provide grants to well-respected community based
organizations that have existing relationships with residents and other stakeholders to serve as
organizing hubs for identifying and addressing the conditions that lead to traffic safety
problems. Community residents and stakeholders, working with local transportation and health
agencies, can analyze and understand where to focus action.

Moving Beyond the E's. Traffic safety initiatives commonly employ a framework of E's — frequently, **Engineering, Education, Enforcement,** and **Evaluation** and sometimes the addition of a fifth E such as **Encouragement, Emergency Medical Services**, or **Equity** — to promote a multifaceted approach for reducing traffic-related deaths and injuries. When leveraging the four/five E's framework, it is important to incorporate policy, systems, and environmental change approaches as these strategies have the greatest potential to improve health and safety. As part of a comprehensive prevention approach, it is also necessary to prioritize community residents and build their leadership and ownership of traffic safety and to anticipate and monitor unintended negative consequences that might arise as a result of various approaches.

- Engage city and county departments. Municipal agencies involved with Vision Zero efforts should engage a wide range of city and county departments, including public health, transportation, public works, parks and recreation, public safety, and others, along with local residents and community-based organizations, in identifying policies and practices, particularly those aimed at systems and population-level changes, that could improve conditions underlying traffic safety. Discuss leveraging of resources, such as data collection, research capacity, community engagement opportunities, and programming.
- Build and strengthen partnerships. Collaborate with existing coalitions, networks, task forces, and movements to share data, strategies, and lessons learned to increase the reach and effectiveness of collective Vision Zero efforts. Prevention Institute's <u>Collaboration Multiplier</u> tool provides a useful methodology for identifying and enlisting potential partners — including private and non-governmental actors — around shared goals.



Recommendation 3: Get and use data that gets at equity that will create safer traffic conditions. Traffic safety has long relied on — and been subject to the limitations of — data collected by police officers. Measures of race/ethnicity, for instance, are frequently unreliable. To begin to identify the underlying policy decisions and institutional practices that lead to traffic collision

inequities, Vision Zero will need to draw upon data that tells a more complex story about why disparities in traffic safety exist and point the way toward what can be done to improve these policy decisions, investments, and institutional practices. Vision Zero can be a catalyst in helping locales to set up the data framework and systems that will enable better data to be captured, link and integrate multiple sources, make data publically available, and conduct more informative analyses. What's key is to ensure that agencies as well as the residents and community stakeholders involved with Vision Zero initiatives can use these data to work toward traffic safety improvements that are purposeful and relevant and that data are employed to support better strategy and engagement. Proposed strategies include:

- Improve data quality. Data that focuses on disparities, makes explicit who experiences them, and helps to answer "why?" is essential to developing and implementing health equity initiatives. What are factors beyond driver behavior and road design that lead to collisions? When residents look at the data, what do they know and understand? Law enforcement data needs to become more complete, and Vision Zero should set models for the kind of local data that's needed (including allocations by neighborhood for traffic safety improvements, response times to community-identified traffic concerns, etc.) and improve data collection at the outset. This includes, but is not limited to, measures of race/ethnicity, language, and gender. Consider revising existing data collection forms to incorporate relevant demographic and environmental information, improving training for individuals collecting the data, and establishing more rigorous data collection standards. Go beyond individual-level data to include neighborhood contextual profiles and data mapping to help guide decision making.
- Conduct informative data analyses. To comprehensively address the differences we see in traffic safety collisions, in terms of incidence and severity, it is vital to develop a more complete picture of what's happening in neighborhoods and the municipalities that provide the context in which any given collision occurs. With an analysis of traffic safety patterns by race/ethnicity and income, situated in a neighborhood context, differences in traffic safety can be better understood, and more importantly, approaches can be better designed to address the unique challenges and opportunities that may exist when addressing traffic safety in any communities that have been marginalized or disenfranchised, whether that be by race, income, or any other social dimension. Subgroup analyses by race/ethnicity and income are also necessary to lay the foundation for public engagement, outreach, and development of targeted interventions.
- Engage community-based organizations with ties to local residents in data collection and analysis. Community members need to become the stewards of their own data and be engaged to help define the strategies that will work for their particular needs. To do this, community members must have access to the data in a form that is easily accessible and usable. In some cases, community members are fully engaged in undertaking research and generating data. For example, participatory action research initiatives that involve residents, community based



organizations, and academic researchers have been highly successful in other issue areas. Having a central and public hub, like a Vision Zero data dashboard, for all relevant data can further support access, accountability, and engagement.

- Integrate data sources. Data sources should be used that link key environmental variables, such as alcohol outlet density or street and highway classifications, to traffic collisions to determine whether there are relevant links between environmental factors and collisions. Collision data collected by law enforcement should be linked with health data from hospitals, emergency rooms, and trauma centers, and data-sharing agreements should also be established with nonhealth sectors, such as land use and planning, public works, public safety, transportation, housing, economic development, and parks and recreation. Once community profiles are developed to provide local context, the question that must be asked and answered is: why does this injury profile look the way it does and what can be done to address the physical, social, political, and structural conditions that lead to these patterns in the first place?
- Conduct community needs assessments. Community needs assessments should include multidisciplinary data from a number of sources in addition to direct community input. Survey community residents — particularly older adults, people with physical disabilities, children/parents, and other people with unique mobility needs — to better understand the barriers they face in safely getting around.
- Monitor and evaluate interventions. Conduct ongoing analyses to assess whether interventions
  are working as intended and screen for unintended negative consequences. Evaluate the impact
  of interventions on different race/ethnicity, income, and age groups, and make necessary
  changes or adjustments to interventions if they are found to exacerbate or produce new
  inequities.

Vision Zero represents a bold vision with the potential to save lives, change norms, and shift the culture nationwide when it comes to how people view and experience traffic collisions. Vision Zero initiatives with a health equity lens firmly in place reset the current view of traffic-related injuries and fatalities as regrettable but to some extent inevitable by insisting that serious injuries can be prevented and that we should aspire to achieve zero traffic fatalities in all communities. Vision Zero helps us all to own the idea that even one traffic fatality is too many — one life lost means a family destroyed and a community deprived. Vision Zero is not just bold, it's essential.

This brief was adapted from a health equity analysis of the <u>Vision Zero of Los Angeles Action Plan</u> conducted by Prevention Institute in 2016 and includes critical input provided by Leah Shahum (Founder and Director, Vision Zero Network), Eric Bruins (Principal, Bruins Policy Solutions), and Tamika Butler (Executive Director, Los Angeles County Bicycle Coalition).

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**About Prevention Institute** 

<u>Prevention Institute</u> (PI), founded in 1997, is a national non-profit center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention is defined as taking action to build resiliency and to prevent problems before they occur. PI is committed to preventing injury and illness, to fostering health and social equity, and to building momentum for community prevention as an integral component of a quality health system. We do this by synthesizing research and practice; developing prevention tools and frameworks; designing and guiding interdisciplinary partnerships; and conducting training and strategic consultation with government, foundations, and community-based organizations nationwide and internationally. Our work is characterized by a strong commitment to community participation and promotion of equitable health and safety outcomes among all social and economic groups.

**Prevention Institute publications** 

- <u>Traffic Safety in Communities of Color</u> highlights major traffic safety needs within specific communities of color, and concludes that ongoing data collection and analysis are necessary to provide a more complete picture of the issue.
- <u>Safety in All Policies: Multi-Sector Actions for a Safer California</u> provides a framework and actionable recommendations to advance community safety and violence prevention in California through a multi-sector public health approach.
- <u>The Transportation Prescription: Bold New Ideas for Healthy, Equitable Transportation Reform in</u> <u>America</u>, co-authored by PolicyLink, analyzes the intersection of transportation, health, and policy.
- <u>Walk On: Strategies to Promote Walkable Communities</u> explores the nuts and bolts of planning and policies that help make communities more walkable and safer for pedestrians, including case studies of rural and urban communities that are making real strides to encourage walking.
- Bridging the Gap: Bringing Together Intentional and Unintentional Injury Prevention Efforts to Improve Health and Well Being describes how unintentional injury prevention and violence prevention practitioners can more effectively collaborate to promote safer environments and reduce the incidence of injuries.
- <u>The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention</u> applies PI's signature framework, The Spectrum of Prevention, to the development of comprehensive, interdisciplinary, collaborative injury prevention strategies.
- <u>Collaboration Multiplier: Enhancing the Effectiveness of Multi-Field Collaboration</u> provides an overview of Collaboration Multiplier, an interactive tool for strengthening collaborative efforts across diverse fields.



## Spectrum of Prevention example

A Comprehensive Approach to Promoting Car Seat Usage and Preventing Child Passenger Injuries Cities, counties, health departments, academic institutions, community-based and non-governmental agencies, and foundations use the Spectrum of Prevention to guide initiatives and incorporate policy proposals to address significant health and social issues. The following example demonstrates how this comprehensive approach helped shift social norms and practices related to preventing motor vehicle passenger injuries among children.

LEVEL OF SPECTRUM	ACTION STEPS TOWARD CHANGE
6. INFLUENCING POLICY AND LEGISLATION Influencing outcomes by developing strategies to change laws and policies	<ul> <li>Local ordinances mandate that all children be properly buckled in age and size-appropriate child safety seats.</li> <li>State laws require the use of child passenger safety seats.</li> <li>Legislation designates that revenue from tickets for lack of or improper use of car seats be spent on car seat education and on providing free car seats to families that can't afford them.</li> </ul>
5. CHANGING ORGANIZATIONAL PRACTICES Adopting standards and shaping norms to improve health and safety	<ul> <li>In all hospitals, discharge staff and neonatal nurses escort new parents to the car in which a baby will be transported from the hospital to ensure proper installation and use of infant car seats.</li> <li>Fire departments conduct periodic child safety seat trainings and giveaways.</li> <li>Police officers enforce child passenger laws.</li> </ul>
4. FOSTERING COALITIONS AND NETWORKS Bringing together groups and individuals for broader goals and greater impact	<ul> <li>Public health, law enforcement, fire department, community-based organizations, health-care providers, and residents work together to identify strategies to support car seat usage through policy and program development.</li> </ul>
<b>3. EDUCATING PROVIDERS</b> Informing providers, who will then transmit skills and knowledge to others	• Public health community liaisons provide training to fire, police, and hospital staff and community leaders on importance of the car seat laws and proper installation.
2. PROMOTING COMMUNITY EDUCATION Reaching groups of people with information and resources to promote health and safety 1. STRENGTHENING INDIVIDUAL KNOWLEDGE AND SKILLS Enhancing an individual's capacity to prevent injury or illness and promote health and safety	<ul> <li>Local fire departments participate in car seat giveaways and engage large groups of residents in events where car seats will be distributed.</li> <li>Local media promotes car seat safety messages, with a special focus on ensuring that the messages are linguistically and culturally relevant to all members of the community.</li> <li>Police, fire, and hospital staff provide information and guidance on proper installation and use of car seats.</li> <li>Store owners that sell car seats provide brochures on the importance of child safety and installation manuals.</li> </ul>

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