

Frequently Asked Questions

1. How do the U.S. Department of Transportation (USDOT) and the Federal Highway Administration (FHWA) address health through transportation planning and decision-making?

A. The U.S. Department of Transportation and the Federal Highway Administration have a history of promoting health through our policies and funding programs. FHWA has made significant investments in transit infrastructure; bicycle and pedestrian plans, coordinators, and facilities; Safe Routes to School programs; road safety; air quality improvements and congestion reduction; and the management and operations of regional transportation systems. FHWA promotes sustainable and livable communities through involvement in the [Partnership for Sustainable Communities](#), FHWA's [Livability Initiative](#), USDOT's [policy statement](#) in support of "the development of fully integrated active transportation networks," and FHWA's support for [context sensitive solutions](#) (CSS), [community impact assessment](#) (CIA), and [environmental justice](#) to ensure that transportation facilities fit appropriately into their surrounding environments. Our partners at metropolitan planning organizations (MPOs), State Departments of Transportation (DOTs), and tribal and other Federal, State, and local government agencies have developed transportation plans, programs, and projects that improve mode choice and access, thereby promoting health.

2. How does transportation affect public health?

A. Transportation can affect human health, either positively or negatively, in several ways. For example:

- **Safety:** Motor vehicle crashes are a leading cause of death. Using effective [safety countermeasures](#) and encouraging safe behaviors by all road users can reduce the number of fatalities and injuries. This is particularly important for vulnerable road users like pedestrians, bicyclists, children, and older adults.
- **Air Quality:** Transportation planning that reduces vehicle emissions improves air quality for everyone. The populations that benefit most from cleaner air are children, older adults, and individuals with respiratory diseases.
- **Physical Activity:** Incorporating bicycle and pedestrian (active transportation and recreation) infrastructure and facilities promotes physical activity. There is strong evidence that this activity can lower the risk of early death, heart disease, stroke, high blood pressure, and type 2 diabetes.ⁱ Physical activity also can help prevent weight gain, reduce depression, and improve cognitive function (for older adults).ⁱⁱ
- **Access to Goods, Services and Opportunities:** Transportation systems can support individuals in leading a healthy life by improving access to recreational opportunities, healthy foods and health care as well as jobs, education and other necessities that

improve quality of life. Providing affordable and convenient transportation options can promote more equitable opportunities within and between communities.

- **Noise:** Alternatives can be designed to reduce noise and thereby prevent or reduce adverse health effects like hearing loss, sleep disturbances, cardiovascular problems, performance reduction, annoyance responses, and adverse social behavior – all of which are associated with exposure to varying levels of noise.

3. What are the opportunities to address health through transportation?

A. Early in the process, when a State DOT or MPO is developing a long-range transportation plan (LRTP), health can be included in the vision for the State or metropolitan area's future. When a State DOT is developing a statewide transportation improvement program (STIP) or an MPO is developing a transportation improvement program (TIP), they can consider health when prioritizing transportation improvements. Health also may be considered during project design as well as during the National Environmental Policy Act (NEPA) review process. Several public health considerations, like air quality and safety, are routinely addressed through the planning and NEPA project development process, and these are important considerations that guide project design.

4. How can members of the community and other stakeholders influence transportation planning?

A. The public plays an important role in the transportation planning process. Public input can help State DOTs and MPOs develop a more complete understanding of the community's needs and concerns as they develop transportation plans. Members of a community and other stakeholders can attend public meetings to learn about the planning process and provide input on draft transportation plans. Stakeholders can also serve on focus groups or advisory committees, and join mailing lists to receive periodic updates about the planning process and opportunities to be involved. By getting involved, members of the public have an opportunity to offer input about how the transportation system can be delivered in a way that promotes healthy and livable communities.

5. How can transportation planners work with public health professionals to leverage resources?

A. State DOTs and MPOs can also build partnerships with their colleagues in State and local health departments to tap their public health knowledge and expertise. Leveraging resources across the transportation and public health sectors has the potential to lead to better health and transportation outcomes.

6. How are State and metropolitan transportation planners addressing health through the transportation planning process?

A. The best opportunity to incorporate health into transportation decision-making is during the transportation planning process. State DOTs and MPOs across the country have used a range of strategies for addressing health through the transportation planning process. A 2012 FHWA report, [Metropolitan Area Transportation Planning for Healthy Communities](#), reviewed the practices of 12 MPOs with demonstrated leadership in integrating health and transportation, and it included detailed [case studies](#) on four MPOs that have employed a “comprehensive, balanced, or holistic approach to health” that goes beyond well-established assessments of health impacts related to safety and air quality.ⁱⁱⁱ Some of the MPOs highlighted in the report include the [Nashville Area MPO](#), and the [Puget Sound Regional Council](#). Additional examples of MPOs working to promote active transportation and transit to increase physical activity and access essential services are the [Delaware Valley Regional Planning Commission](#), and the [Denver Regional Council of Governments](#).

A 2014 FHWA report, [Statewide Transportation for Healthy Communities](#), examines the experiences of five State DOTs that have demonstrated leadership in integrating health and transportation: [California](#), [Iowa](#), [Massachusetts](#), [Minnesota](#), and [North Carolina](#). The report presents insights and a flexible framework for State DOTs that choose to integrate public health considerations into their transportation planning and decision-making.

7. How are health effects addressed in Federal actions?

A. FHWA routinely includes detailed assessments of health effects, such as safety, air and water quality, and noise, in environmental documents. The Council on Environmental Quality’s (CEQ) regulations implementing NEPA^{iv} state that environmental documents should “include only brief discussion of other than significant issues,” which gives Federal agencies flexibility to determine which topics to carry forward for detailed environmental analysis. While the CEQ regulations include provisions for considering health effects of Federal actions, the lead Federal agency decides how and when to analyze health through the NEPA process. For some plans and programs, it may be appropriate to establish baseline health and social conditions in a community when identifying the affected environment and to determine whether health-related issues other than those routinely analyzed warrant detailed study. Additionally, in accordance with CEQ regulations, Federal agencies should consider whether their action may violate State or local environmental laws.

Environmental specialists should use all available information to make informed decisions about what health topics may be appropriate to analyze for a given plan, program, or project. For example, MPOs and State DOTs often conduct a great deal of study on issues with health

implications during the planning process. On a case-by-case basis, environmental specialists may coordinate with planners on these studies and/or consider whether previously prepared planning efforts may meet statutory and regulatory environmental requirements related to health in the NEPA review process. Environmental specialists should consider regulations on transportation planning and environmental linkages at 23 CFR 450.212 and 450.318 and should determine whether they can apply the provisions of 40 CFR 1502.21, “Incorporation by Reference,” to use health-related planning studies when developing a NEPA document.

8. How does transportation project design address health?

A. Transportation projects can be designed to promote health by: using geometric design that promotes safety for all road users; including adequate, accessible pedestrian and bicycle facilities, and safe connections to transit; incorporating signs, signals, and safe crossings for pedestrians; providing appropriate lighting, wayfinding, street furniture, bus shelters, and trees; and mitigating traffic noise. Public involvement can help provide transportation engineers with input and feedback to ensure that planned designs adequately meet the community’s needs.

9. What tools are USDOT/FHWA developing to help transportation planners consider public health in the transportation planning process?

A. USDOT and the Centers for Disease Control and Prevention (CDC) have developed an easy-to-use online [transportation and health tool](#) to help transportation planners and decisionmakers assess how their transportation system influences the health of their State or metropolitan area population and how their jurisdiction compares to other jurisdictions. The tool uses health and transportation indicators to help inform health-supportive State and regional transportation policies and project decisions. The indicators are:

- Complete Streets policies, plans, and projects;
- Commute mode shares;
- Vehicle miles traveled per capita;
- Miles traveled, by mode;
- Physical activity from transportation;
- Walkability;
- Housing and transportation affordability;
- Exposure to air pollution;
- Road traffic fatalities and injuries, by mode, and fatalities exposure rate;
- Seat belt use; and
- Fatalities associated with driving under the influence (DUI)/driving while intoxicated (DWI).

These indicators help State DOTs and MPOs assess how the jurisdiction’s transportation system is performing related to health. The Tool provides recommendations for making improvements by further incorporating health considerations into the transportation planning and decisionmaking processes.

FHWA is also developing a [Framework for Health in Corridor Transportation Planning](#). The goal for this framework is to provide information that transportation professionals need to incorporate health into their corridor planning process. The framework will be action-oriented and provide step-by-step guidance for planners in corridor planning to identify stakeholders, resources and issues, data and tools, and alternatives that promote healthy outcomes.

10. How can health impact assessment (HIA) be used in transportation planning and decision-making?

A. Health Impact Assessment (HIA) is a tool some have used to assess the health effects – both positive and negative – of proposed policies, plans, programs, and projects in a variety of contexts. In the transportation context, it has been used to evaluate certain programs, plans, and proposed projects. Although HIA is not required, it can inform transportation planning and decision-making when transportation officials and stakeholders agree to use it. HIA can be most effective when it is used in the transportation planning process. When a jurisdiction decides to complete an HIA during the project development process, it is most likely to influence the project if it is conducted early – during the scoping or development of purpose and need phases.

In 2009, Massachusetts enacted transportation legislation that established a Healthy Transportation Compact requiring State transportation and health officials to develop “methods to implement the use of health impact assessments to determine the effect of transportation projects on public health and vulnerable populations” and “institute a health impact assessment for use by planners, transportation administrators, public health administrators, and developers[.]”^v The State’s first transportation-related HIA completed under the compact was the [McGrath Highway Corridor HIA](#). Several other examples of transportation-related HIAs are the [Atlanta BeltLine HIA](#), [Clark County Bicycle and Pedestrian Master Plan HIA](#), and [South 24th Street Road Diet HIA](#). The [Health Impact Project](#) is a good resource for more information about HIA.

ⁱ 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services, pp. 9-11 <http://www.health.gov/paguidelines/guidelines/default.aspx>.

ⁱⁱ 2008 Physical Activity Guidelines for Americans, U.S. Department of Health and Human Services, pp. 9, 12-14, <http://www.health.gov/paguidelines/guidelines/default.aspx>.

ⁱⁱⁱ Metropolitan Area Transportation Planning for Healthy Communities, Federal Highway Administration and John A. Volpe National Transportation Systems Center, December 2012,
http://www.planning.dot.gov/documents/Volpe_FHWA_MPOHealth_12122012.pdf.

^{iv} 40 CFR 1500-1508

^v An Act Modernizing the Transportation Systems of the Commonwealth, Chapter 25, Section 33, 2009
<https://malegislature.gov/Laws/SessionLaws/Acts/2009/Chapter25>