



OCCUPATIONAL & ENVIRONMENTAL HEALTH

Testimony to the Metropolitan Transportation Commission

Relationship of Transportation 2030 Planning Priorities to Health Impacts

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For many low income residents of the bay area, public transportation is not optional; rather, they depend on public transport for access to get work, to take their children to schools and child care, to shop for groceries and other retail services, and to obtain health care and other critical services. Results of the Metropolitan Transportation Commission's (MTC) telephone polls, focus groups and community workshops demonstrate that current levels of public transit availability are lacking for many vulnerable population groups in the San Francisco Bay Area. For those of us with multiple transportation choices, these gaps may seem like 'inconveniences.' The reality of such experiences is that they produce deleterious effects on physical and mental health with significant social and economic costs.

The San Francisco Department of Public Health Section for Occupational and Environmental Health is a collaborator on the San Francisco Bay Area Social Equity Caucus's Transportation Justice Working Group. Our purpose in this partnership is to support the analysis of health impacts of regional transportation planning including the plans of the MTC. Priorities for health and equity impacted by the *Transportation 2030 Plan* include adequacy for rail and bus services for low income populations, improved connectivity between services, more routes

from disadvantaged communities to jobs, goods, and services, targeted transportation for marginalized populations (i.e. disabled, elderly, children, low-income), and creation of new routes for bikes and pedestrians. Today, I wish to highlight why achieving these priorities is critical to community health, to the work of public health agencies, and to overall efficiency in government services.

First, public transportation services provide a critical link to good nutrition, a requirement for healthy childhood development, successful educational outcomes, and the prevention of disease. A good deal of research, including research in which I have participated in San Francisco and Oakland, demonstrates that low-income communities have limited access to high quality affordably priced food in their own communities. While the long term solution requires support of community and economic development, at present, by providing uncomplicated and more direct transit and travel routes to sources of good food, public transportation plays a vital role in mitigating these barriers and preventing avoidable health costs.

Second, for many diseases, we can prevent serious consequences such as hospitalizations with more adequate, regular, and timely care. Public transportation is one factor that promotes access timely medical care. Avoidable hospitalizations are more frequent in low income communities with fewer transportation options. Similarly, MTC research, including focus group and workshops, confirms that residents may not utilize medical services if they are difficult to get to. This research suggests that improving transportation services for populations with vulnerable health status may prevent more advanced illness or shorten the time needed for recovery from illness.

Third, disconnected and lengthy transit routes make the experience of commuting to daily activities more time intensive, tiring, and stressful. Long travel distances/times translating into less time for family care and leisure activities. The demand for accessible transit is also a response to the difficult and likely frustrating experiences associated with daily travel. Chronic stress affects health in numerous ways, impairing the immune system, leading to susceptibility to infection, affecting obesity, and increasing risks of pre-term delivery and low birth weight birth. Providing more direct and shorter transit routes will allow for less time to be spent taking public transit and more time for daily and leisure activities and family life, potentially removing an important stressor in the lives of disadvantaged populations.

Fourth, limited access to public transit creates barriers to participation in community and civic life, particularly for populations such as the elderly and disabled. Strong social relationships and community cohesion protect health in multiple ways. Neighbors, friends, and family provide material as well as emotional support. Support, perceived or provided, buffers stressful situations, prevents damaging feelings of isolation, and contributes to a sense of self-esteem and value. Illustrating the magnitude of these effects, in the Alameda County Study, those with fewer social contacts had twice the risk of early death, even accounting for other factors including income, race, smoking, obesity, and exercise.

Fifth, many people describe public support for transportation improvement for bicycling and walking as ‘optional,’ or a luxury. An alternative perspective, would describe the prioritization of the automobile as a social addiction that has immeasurable local, state, and global costs to health and environmental quality. From a public health perspective, structural changes in land use and transportation that enable and promote walking and bicycling are necessary, not optional, to support the health of our communities and to reduce the tremendous

social costs of inactivity. Every year, obesity claims 300,000 lives and costs our society as much as \$117 billion. Given how our urban environments have grown dependent on automobiles, changing course and prioritizing bikes and pedestrians is a critical social priority.

In sum, by improving networks of public transit, providing better access to daily necessities, focusing on marginalized communities, and promoting walking and bicycling, health and equity oriented transportation priorities have the opportunity to positively improve health and improve well-being of vulnerable communities in particular and the society as a whole. Prioritizing transportation investments to improve health would be a wise public investment.