“Tools and techniques to increase active transportation in San Mateo County”

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Abstract:

San Mateo County residents are walking, biking, and using public transportation more than 10 years ago. However, San Mateo County has high walking and biking collision rates, across many cities, near schools, and along the main arterial corridor through the peninsula. 2,362 people died or were injured while walking or biking in San Mateo County between 2009 and 2013.

- 39% of all pedestrian and bike collisions occur within a quarter mile of a school countywide.
- 1 in 3 of pedestrian and bicycle deaths are among our Black population, although they are only 3% of San Mateo County’s population.
- 76% of youth and elderly, people of color, low income populations and those with disabilities lack access to high frequency public transportation within a half mile walking distance.

An environment that supports active transportation should be safe and offer people convenient choices for walking & biking, and for taking public transit. Such environments also offer a number of positive health impacts, including, preventing chronic diseases, improving environmental quality, reducing vehicle-related injuries and deaths and facilitating independence and access for disadvantaged groups. During this session, San Mateo County Health System current and former staff will share tools and strategies being used to educate and encourage communities improve safety, access and opportunities for people of all ages and abilities to walk, ride a bicycle, and use transit such as collision data, Safe Routes to School equity research and implementation plan, transit accessibility maps, safety and active transportation assessments and Vision Zero resolution and policies.
Get Healthy San Mateo County (GHSMC) is a local collaborative of community-based organizations, county agencies, cities, schools, and hospitals working together to advance policy change to prevent diseases and ensure everyone has equitable opportunities to live a long and healthy life.

**GHSMC’s Mission and Vision**

Get Healthy’s mission is to use policy change to prevent diseases and ensure everyone has equitable opportunities to live a long and healthy life; the vision for success is when all residents, regardless of income, race/ethnicity, age, ability, immigration status, sexual orientation, or gender have the opportunity to reach their full potential.

**History of Strategic Planning for Health**

In 2004, under the leadership of then-San Mateo County Supervisor Rose Jacobs Gibson, a county-wide task force developed the Blueprint for Prevention of Childhood Obesity: A Call to Action to guide San Mateo County’s work to build healthy communities and prevent childhood obesity. The blueprint was the catalyst for creating Get Healthy, which is spearheaded by the San Mateo County Health System in collaboration with community-based organizations, schools, cities, hospitals and leaders throughout the county.

Since 2004, Get Healthy has moved from focusing solely on the priorities outlined in the Blueprint, and with a growing understanding of local health issues and successful strategies for building healthy communities, GHSMC implemented a strategic refresh process. The process included reviewing local data and best practices and extensive community engagement to identify a collective vision for a healthy, equitable San Mateo County. The new plan, **GHSMC Strategies for Building Healthy, Equitable Communities 2015–2020**, reflects the priorities of nearly 400 community members that participated in workshops, multi-lingual surveys, and focus groups, along with guidance from a committed Get Healthy Advisory Council and various workgroups who showed a deep dedication to GHSMC.

**The Ten Key Components for Building Healthy Equitable Communities**

The ten key components for creating healthy, equitable communities build on the work of GHSMC’s partners and were identified through analyzing local health data and research, and gathering extensive community feedback. (For more detailed information and data, please link here: [http://www.gethealthysmc.org/10-key-components-healthy-equitable-communities](http://www.gethealthysmc.org/10-key-components-healthy-equitable-communities)) Each component promotes themes of accessibility, affordability, equity, diversity and safety:

1. Healthy, stable and affordable housing
2. Complete neighborhoods and communities
3. High-quality education system
4. Thriving and inclusive economy
5. Healthy food access
6. Active transportation options
7. Safe and diverse public spaces, parks, and open space
8. Sense of community where everyone feels like they belong and are safe
9. Clean environment
10. Community-based public services and infrastructure for all people
GHSMC identified four priority areas within the ten components as key priorities for healthy, equitable communities that focus on the root causes of health, grouped as: **Healthy Housing, Healthy Neighborhoods, Healthy Schools**, and a **Healthy Economy**.

**Health by the Numbers in San Mateo County and Place-Based Prevention**

- **Obesity and Overweight:** 77% of adults are overweight or obese. Although the rate of overweight or obese children decreased by 6% from 2005 to 2010 — one of the highest decreases in the Bay Area — 1 in 3 children are overweight or obese.

- **Diabetes:** Diabetes rates increased countywide over the past 15 years. 10% of adults have diabetes and the number of new cases continues to increase.

- **Asthma:** 18% of adults have asthma. The percentage of adults with asthma doubled from 1989 to 2013.

- **Physical Activity:** Lower physical activity rates increase the likelihood of high blood pressure, diabetes, and cardiovascular diseases. Two thirds of youth fail to meet basic physical fitness standards and this percentage is increasing.

GHSMC sees inequities in health outcomes by race, place and income. The average age of death also varies dramatically across San Mateo County from 62 years old in East Palo Alto to 81 years old in more affluent Atherton. Those with less opportunity to be healthy also have poorer health outcomes:

- 90% of low income adults, blacks, Latinos and adults with high school education or less are overweight or obese,
- 15% African Americans and 18% low income adults have diabetes,
- 21% of low income and 26% African Americans have asthma.

Where we live, work, play, and go to school profoundly shape our health. People who live in neighborhoods or places that make the healthy choice the easy choice live longer, healthier lives.

Place-based primary prevention focuses on creating healthy places that reduce the chances of people becoming sick.

**Health Equity**

Not everyone in San Mateo County has the same opportunity to live a healthy life. Using data and long-term, sustained collaboration across disciplines with agencies and community partners, GHSMC focuses on populations with higher percentages of preventable health issues and on places with fewer opportunities for good health.
Active Transportation

Streets are an enormous public asset. Increasing opportunities for people to get out of their cars and safely walk, bike, and take public transit saves lives, prevents injuries, and improves health.

- Safe places to walk and bike increases everyday physical activity, and is the leading strategy for preventing overweight and obesity as well as diabetes and heart disease.
- When people drive less, air pollution declines and asthma and other health issues decrease while slowing the negative effects of climate change.
- Safe outdoor spaces for people to gather help build strong social connections, relieve stress, and help people recover more quickly from illness.
- More people are injured or killed in cars than by walking or biking. The more people can get out of our cars, the safer and healthier everyone can be.

Unfortunately, San Mateo County residents are faced with challenges similar to communities across the country when it comes to walking, riding a bicycle, or using transit to commute to work, school, or for daily/nightly activities. More than 80% of workers drive to work, and about half of San Mateo County census tracts have 10% or less of residents taking active transportation to work.

For those who were able to get out of their cars, many faced challenging and sometimes deadly conditions on the roadways. 2,362 people died or were injured while walking or biking throughout San Mateo County between 2009 and 2013. According to the Statewide Integrated Traffic Records System, here’s where the collisions occurred:
Youth and Vulnerable Populations Impacted by Collisions (Source: SWITRS)

GHSMC utilized mapping tools and data in order to assess conditions in close proximity of schools throughout the county, and discovered that overall, 39% of all collisions occurred within a ¼ mile of schools, and the numbers were much higher in some cities. Among all bike and pedestrian collision victims under the age of nineteen, 49% are injured or killed within a quarter mile of a school.

Youth are not the only vulnerable group affected more seriously by traffic collisions. One in three pedestrian and bicycle deaths are among San Mateo County African Americans, although they only represent three percent of the county’s population. Pedestrians using designated crosswalks and sidewalks are also vulnerable to collisions, with 44% of all pedestrian collisions taking place in what’s considered safe refuge for people who walk.

Publication on Creating Safer Streets

GHSMC released findings from the collision analysis in 2016 (access the report here: http://www.gethealthysmc.org/sites/main/files/file-attachments/ghsmc_creating_safer_streets_final_report_1.pdf) with several opportunities for action to improve safety throughout the county:

- Identify community values and priorities to better balance the needs of all users.
- Adopt Vision Zero policies and make safety a top goal.
- Design streets to prioritize people, not just cars.
- Create and track performance metrics so that over time, a community can evaluate how all modes of traffic are being accommodated, including cars.
- Focus on development near transit, especially in a community’s downtown.
- Use existing streets more efficiently, and convert space to encourage growth while also allowing all modes to use the streets.
- Implement strong Complete Streets policies to serve all users.
Enforce safety on streets.

GHSMC provides a variety of data, research and resources to help communities address safety for all modes of transportation, including ongoing updates to collision data and analysis, key indicators, emerging best practices, capacity building and technical assistance, policy assessments, engagement in the planning process, and assessment of areas for opportunities to increase or improve safety and active transportation usage.

**Safe Routes to School**

Get Healthy recognized that safety on and near school campuses is a critical goal in order to reduce collisions that impact students, teachers and parents, and also encourage more people to try a different mode of transportation. The collision data provided an opportunity for GHSMC staff to collaborate with agencies and partners to examine conditions, assess policies, and examine new strategies for safely encouraging more students to walk, ride a bike and use transit to get to and from school.

In 2016, staff began to work closely with the County’s Office of Education (SMCOE) on a pilot project not only to improve safety but also to examine if schools that are more affected by collisions are also applying for and utilizing local Safe Routes to School (SRTS) funding. The group was also interested in examining if there was a nexus for schools in low income communities that were also in areas with higher numbers of collisions and if they had utilized SRTS funding. Get Healthy staff is currently researching and gathering the data for the County Office of Education.

Subsequently, SMCOE intends to use the research and analysis to help school districts identify schools near intersections with high numbers of collisions between vehicles, pedestrians and bicyclists, and if they are located in areas of higher poverty and/or lack the resources needed to apply for SRTS funding.

SMCOE is evaluating the SRTS funding they have awarded over the past several years in an effort to determine which schools have received dollars, and if there are potential funding candidates in the county that may also demonstrate a need for more technical assistance, grant writing assistance, and more collaboration with SMCOE to assess their needs and context.

**Transit Accessibility in San Mateo County**

Often referred to as the “Peninsula” among Bay Area residents, San Mateo County sits between San Francisco City/County and Santa Clara County, and many residents travel from San Mateo to locations outside the county for a variety of reasons. Bus, rail and shuttle transit service is provided by private contractors, SamTrans, Caltrain and BART, and many areas of the county lack access to high-frequency service due to their location. The geography of the county can also be a barrier, and there are several rural communities located along the coast and in the southern portion of the county that have more limited public transportation choices than the more heavily populated bayside communities.

GHSMC is in the process of examining access to transit with an emphasis on learning if vulnerable populations (i.e. older adults, youth, low-income populations, people with disabilities, etc.) are being impacted by the availability of high-frequency transit options.
Staff will be utilizing ArcGIS to define quarter and half mile walking distances to not only high-frequency transit, but also medium and low frequency service, and will utilize census data to identify the populations which lack access.

Once the methodology and process have been solidified, GHSMC staff will share their research and findings with partners at the transit agencies in order to assist with their planning efforts for future bus, rail and shuttle services. Staff will also share their findings with partners throughout the county who are working to increase transit access for vulnerable populations.