

November 10, 2008

The Honorable Chairman James L. Oberstar
House Committee on Transportation and Infrastructure
2165 Rayburn Building
Washington, DC 20515

The Honorable Ranking Member John L. Mica
House Committee on Transportation and Infrastructure
2163 Rayburn Building
Washington, DC 20515

Re: Request for the next transportation bill to include performance-based outcomes on public health

Dear Chairman Oberstar and Ranking Member Mica:

As you are drafting the legislation for the successor to SAFETEA-LU, we, the [#] undersigned national, state and local organizations, write to urge you to recognize the key role the federal government holds with respect to how surface transportation affects public health—in particular, outcomes on physical activity, safety, and air quality. We urge Congress to develop performance-based outcomes for the next transportation bill related to public health.

We understand that there are many important and fundamental considerations for the next transportation bill, such as financing the bill and how to manage the nation's aging infrastructure system. At the same time, we believe that this next transportation bill provides Congress with an important choice and responsibility, at a critical time. As leaders who will design the future of our transportation system, you have a choice to make between creating additional costs or producing positive benefits for the health and safety of Americans and the quality of our air. These issues are inextricably linked to the connection between transportation and land use.

Congress should ensure that transportation projects improve opportunities for public health, and do not create additional public health hazards.

Physical Activity

Transportation policies are contributing to the obesity epidemic. Today in America, 67 percent of adults are overweight or obese and nearly one-third of all children are overweight or obese. In addition, childhood obesity has increased nearly five-fold for children aged 6-11 over the past forty years, and doctors state that the current generation might be the first in more than two hundred years to live shorter life spans than their parents.

Numerous studies have confirmed the relationship between the built environment and physical activity. Studies have consistently found that people living in auto-oriented communities drive more, walk less, and are more obese than people living in walkable communities. For each hour of driving per day, obesity increases 6 percent. On the contrary, studies show that individuals

who walk or bicycle to get around or access public transit reduce the risk of obesity and gain public health benefits. This demonstrates how transportation shapes land-use, and how those factors are linked to obesity. The Center for Disease Control and Prevention's (CDC) *Community Guide to Preventative Services* indicates that building facilities for physical activity, such as sidewalks and trails, is an effective means of increasing physical activity.

Regarding costs, CDC estimated that obesity cost America \$117 billion in the year 2000, and another study showed that physical inactivity results in \$76 billion in direct medical costs annually in the United States. The Surgeon General recommends thirty minutes of physical activity each day for adults and sixty minutes of physical activity most days for children. New data based on objective monitoring of physical activity shows that less than 20 percent of adolescents and less than 5 percent of adults are meeting these guidelines.

Physical inactivity is a crisis in America. This crisis is directly related to the fact that our surface transportation system has largely ignored the needs of cyclists and pedestrians, and does not have a comprehensive, connected, and convenient public transit system. In many cases, Americans can not even safely cross the street or walk or bicycle a short distance to access public transit, stores, or schools because of hazardous conditions.

Safety and Injuries

Over the past two decades, traffic fatalities on United States roadways have averaged about 43,000 per year, and approximately 2.5 million people are injured on roadways each year. In addition to the loss of human life and health, traffic crashes cost Americans an estimated \$164 billion each year.

Further, 13 percent of traffic fatalities in the United States are pedestrians and bicyclists, a number that is grossly disproportionate to the approximately 1 percent of funding that supported these modes in SAFETEA-LU, and the approximately 9.5 percent of trips in the United States that are made by walking and bicycling.

Air Quality

Nearly half of Americans live in areas with unhealthy air quality. Air pollutants from cars, buses and trucks can worsen respiratory diseases, trigger asthma attacks, and are tied to heart disease and cancer. Asthma is on the rise in the United States, with one in ten children now suffering from this disease. Researchers have found that one in three schools are located in air pollution danger zones. And, the public health costs of pollution from cars and trucks have been estimated at between \$40 billion and \$64 billion per year.

In addition to air pollutants that contribute to poor air quality, transportation is responsible for one-third of U.S. carbon dioxide emissions, and approximately half of carbon monoxide emissions. Curbing increasing trends in the amount that Americans drive and the aggregate amount of vehicle miles traveled (VMT) in the United States is imperative. Otherwise, these trends will soon undercut the progress achieved in reducing pollution through increased vehicle fuel efficiency standards and reduced carbon content of transportation fuels as provided for in the Energy Independence and Security Act of 2007.

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In conclusion, we urge Congress to recognize that there is an important federal role in the next transportation bill to improve public health and ensure that transportation projects do not continue to have harmful effects on public health. We ask that you consider these themes as overarching performance outcomes in structuring the programs and priorities in next transportation bill. As demonstrated through the statistics presented above, Americans and government agencies are spending more money each year on health care costs due to the negative impacts of transportation on public health than the federal government is spending annually to improve transportation.

To further highlight these critical issues, we urge the House Transportation and Infrastructure Committee to hold a hearing (or other suitable format as determined by Congress) on public health and to consider holding a joint hearing with the Senate Environment and Public Works Committee with public health professionals, researchers, and advocates who can further explain the federal role in the relationships between transportation policies, land use, public health, air quality, and harmful automobile emissions. This hearing should also illustrate the need for improved surveillance, evaluation and research associated with measuring the costs and benefits of all transportation modes and public health outcomes.

Should you have any questions about the statistics or issues contained within in this letter, please contact Deb Hubsmith, Director of the Safe Routes to School National Partnership at 415-454-7430 or deb@saferoutespartnership.org.

We, the undersigned, thank you for your leadership on transportation policies. We hope to have the opportunity to work with you on a transportation bill that will address the nation's infrastructure, safety and mobility needs, while also recognizing performance outcomes related to public health, including physical activity, safety and air quality.

Sincerely,

Name
Title
Organization

Name
Title
Organization