Public Health and Equity Principles for Transportation

Research increasingly indicates that current transportation investments can have a profound impact on public health for the poor, the elderly, people with disabilities and other vulnerable populations. These impacts may include increased risk of obesity, cancer, mental health disorders, asthma and heart disease. The public health community is strongly supportive of transportation investments that support the growth and establishment of health and equity in all communities; this is critical to the nation’s economic revival and health.

The public health community envisions a transportation system that is carefully designed to support and improve community health. We must ensure that the billions of public dollars spent on transportation projects enhance the health, equity and well-being of communities.

APHA and its partners developed these ten principles, so that transportation policies may be reviewed with these principles in mind to ensure that health and equity are well-represented. We seek transportation policies that prioritize health and equity by (in no specific ranking):

1. Encouraging transportation and land-use planning policies, such as a complete streets policy, that support healthy communities.
2. Establishing performance measures to promote safe, affordable and equitable public transit and alternative modes of transportation such as walking and cycling.
3. Using health impact assessments to inform and guide transportation policy, projects and planning.
4. Fostering the participation of local communities and underserved populations in all stages of the transportation planning and development process.
5. Expanding the funding of community-based transportation programs and services that promote health and provide access to healthy food and water, affordable housing, employment, schools, health care and recreation.
6. Funding programs that expand transportation options for disadvantaged populations and people with disabilities, and that promote safe, convenient transportation options for children and seniors.
7. Designing and constructing multi-modal transportation systems within each state and metropolitan area to meet the needs of users of all ages and abilities, including those in rural areas.
8. Collecting data and funding research to evaluate how transportation and planning policies affect public health and health equity.
9. Supporting reductions in transportation-related emissions and greenhouse gases.
10. Increasing vehicle, motorist, passenger, cyclist and pedestrian safety.
A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

SOCIAL INEQUITIES
- Class
- Race/ethnicity
- Immigration status
- Gender
- Sexual orientation

INSTITUTIONAL POWER
- Corporations & businesses
- Government agencies
- Schools
- Laws & regulations
- Not-for-profit organizations

LIVING CONDITIONS
- Physical environment
- Land use
- Transportation
- Housing
- Residential segregation
- Exposure to toxins
- Social environment
- Experience of class, racism, gender, immigration
- Culture, incl. media
- Violence
- Economic & Work Environment
- Employment
- Income
- Retail businesses
- Occupational hazards
- Service environment
- Health care
- Education
- Social services

RISK BEHAVIORS
- Risk Behaviors
- Smoking
- Poor nutrition
- Low physical activity
- Violence
- Alcohol & other Drugs
- Sexual behavior

DISEASE & INJURY
- Communicable disease
- Chronic disease
- Injury (intentional & unintentional)

MORTALITY
- Infant mortality
- Life expectancy

UPSTREAM
- Community capacity building
- Community organizing
- Civic engagement
- Strategic partnerships
- Advocacy

DOWNSTREAM
- Individual health education
- Health care
- Case management

POLICY
- Emerging Public Health Practice
- Current Public Health Practice

Bay Area Regional Health Inequities Initiative website: http://www.barhii.org
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1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.

2. Public health should achieve community health in a way that respects the rights of individuals in the community.

3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.

4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.

5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.

6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.

7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.

8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.

9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.

10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.

11. Public health institutions should ensure the professional competence of their employees.

12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public’s trust and the institution’s effectiveness.