

**Meeting Notes**  
**October 12, 2021**

1.0 New Business

1.1 Welcome & Introductions

**Attendance:** Carrie Ward (CDTC), Jody Binnix (GTC), Jen Ceponis (CDTC), Janette Kaddo Marino (Bikeatoga), David Woodin (Town of Waterford), Benjamin Woelk (Urban Design 4 Health), Ivan Vamos (NYBC), Tina Carton (City of Saratoga Springs), Maxime Fokoua Dongmo (Albany County Department of Health), Martin Daley (CDRPC), Jim Moore (DASNY), Charles Welge (Albany County Department of Health), Linda von der Heide (Rensselaer County), Lauren Stairs (Schenectady County Department of Health), Fred Mastroianni (GPI), Valerie Deane (NYSDOT), Melissa Cherubino (Town of Glenville), Art Clayman (Cycle Schenectady), Rogerio Ridrigues (CMPAC), John Mitchell (Halfmoon Trails), Rima Shamieh (CDTC staff), John Gillivan (ABC), Meg Webster (NYSDOT), John DiMura (LaBella), Barbara Nazarewicz (Stantec), Lindsey Garney (CDTA), James Rath (City of Troy), Kyle Hatch (Chazen Companies), Sam Morreale (City of Albany)

1.2 Presentation: How the Genesee Transportation Council is Using Health Impact Assessments, Jody Binnix

Jody discusses the process that the Genesee Transportation Council (GTC) used to conduct a [Health Impact Assessment](#). Looking at decisions through a health focused lens was identified in GTC's 2011 Long Range Transportation Plan. Common Ground Health served as the consultant for the project because they had access to health care data. The project began in 2014 with a memorandum of understanding and was completed in 2018. They followed the Pew Charitable Trust 6 step process framework and applied it to two case studies – the Rochester Bike Share and the [Genesee Valley Greenway State Park](#). Health determinants considered for bikeshare were physical activity, social cohesion, economic benefit and equitable access, and food access. Health determinants considered for the state park were physical activity, access and infrastructure, safety, and social cohesion. The document didn't define discrete success metrics to measure after completion, though it did have specific recommendations. The HIA was referenced in a Transportation Alternatives Program application. Charles Welge noted that the local community health needs assessment and companion community health improvement plan for the 2022-2024 planning period is underway now, and there is a public survey available to feed into the priorities.

1.3 CDTC/NYSDOT/CDTA Update

1.3.1.1 2022-23 UPWP

Jen noted that the Unified Planning Work Program (UPWP) has typically been a two year plan for CDTC's planning activities, but will be a one year program for next year, 2022-2023. In addition, we are planning to solicit local governments for planning projects and programs. Guidance on rating proposals will be released soon. Jen outlined the recommendations from the New Visions Bicycle and Pedestrian recommendations. Ivan suggested looking at the impacts of COVID-related sidewalk changes in support

of businesses and restaurants. In addition, it may be worthwhile to look now at the maintenance plans for the Empire State Trail. Jen noted that she would like to reserve some funding to explore Health Impact Assessments.

### 1.3.1.2 2022-27 TIP solicitation

Jen noted that the Transportation Improvement Program (TIP) solicitation deadline has been moved out to December 3<sup>rd</sup>. The [TIP workshop](#) held in September was recorded and is available on CDTC's website.

### 1.3.1.3 2021 Capital Coexist 2.0

Some of the projects were delayed or are unable to move forward. The Corinth PTSA project was implemented last month.

### 1.3.1.4 Bike/Ped Counting Program Update

The program is on hold because one of them was stolen. Staff is researching better ways to secure and label them.

### 1.3.1.5 Smart Communities Update

The consultant team will be reaching out to people to conduct focus groups, including for bicycle/pedestrian and other types of mobility.

### 1.3.1.6 Ditch the Car Pledge

There was no update.

### 1.3.1.7 CDTC Technical Assistance Program

The solicitation remains open through December 1<sup>st</sup>. Contact [techassist@CDRPC.org](mailto:techassist@CDRPC.org) to discuss ideas.

### 1.3.1.8 New Visions 2050 Implementation

The New Visions Virtual Learning Series is ongoing with monthly presentations. Last month's presentation was about economic development and highlighted how important transportation infrastructure and trails are for companies considering relocating to the area. Next week there will be a webinar about the basics of the TIP, and in November the presentation will be about Generic Environmental Impact Statements as a transportation planning tool.

### 1.3.1.9 Status of CDTC Planning Initiatives

Jen referenced a table showing status of the initiatives.

## 1.4 Other Updates

Martin Daley noted that CDRPC will be working with the Town of Guilderland as it updates its Comprehensive Plan. Art Clayman asked if the new way of funding projects will hurt the chances of

small scale types of projects such as Capital Coexist, especially for small organizations like Cycle Schenectady. There was a successful ride in the Hamilton Hill neighborhood in September, led by the local Councilmember. They worked with the Electric City Bike Rescue for a bike repair and rodeo. Metroplex is looking at signage on the Schenectady Downtown Connector Trail (N Brandywine & Bradley Streets). Art also provided updates on new ideas that Cycle Schenectady can undertake, including improvements at a road crossing in Central Park in Schenectady. James Rath advised that the separated cycle track on the Green Island Bridge has been a difficult conversation with the Town of Green Island. The City of Troy is wrapping up a city-wide parks plan, which includes trail recommendations into communities. James will be leaving the City of Troy for a private planning firm. Jen noted that CDTC is hiring for two positions, including one for public participation and engagement. Tina Carton noted that the Saratoga Springs website now includes all of the engineering studies for the Greenbelt Trail, as well as a snapshot of the bikeshare heat map so people can see where people are going, which is quite different than the locations shown on Strava maps. She is also working on a trail asset inventory. The City Council approved a resolution for implementing the bike lanes in the City. The Saratoga County trails meeting is scheduled for tomorrow evening in Ballston Spa at the County planning office. John Gillivan noted that the Albany Bicycle Coalition held a bike the branches ride among libraries in September. The Daily Grind ride will be held this upcoming weekend, starting at 9:30 at the Albany location. The Capital NY bike map was recently updated and includes some additional trails. On Route 7, Keeler Motor Car is undergoing a significant renovation, and is considering installing a multi-use trail on the rear of the properties, which would connect to the Albany County connector.

### 2.0 Upcoming Meetings

The next meeting is scheduled for November 9<sup>th</sup> at 9am via Zoom. Please [register in advance](#).



## **Process Insight Report**

### **Advancing Health Informed Transportation Decision-Making**

**PREPARED BY:** Benjamin Woelk, M.S.

March 2018



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# Introduction

The purpose of this report is to document insights, lessons learned, and recommendations from Common Ground Health's experience in conducting two Health Impact Assessments (HIAs) during the Advancing-Health Informed Decision Making project. In an effort to inform future transportation-health analysis and HIA practice in the region, this report analyzes the data, methods, and resources that were compiled when inventorying candidate plans, relevant literature, and available data and identifies any gaps or barriers that were encountered. This report defines, gathers insights, and documents lessons learned from each one of the six steps of the HIA process, as defined by the PEW Charitable Trust.<sup>1</sup>

## Project Background

Beginning in August of 2016, a joint Memorandum of Understanding (MOU) was signed between Common Ground Health and the Genesee Transportation Council to advance health-informed decision-making in the realm of transportation. The project convened key stakeholders in the fields of transportation, land use, and health and set forth four different goals to be accomplished over a 12 month timeline. Those goals included:

- 1) Build knowledge about transportation-built environment health linkages nationally and in our region.
- 2) Inventory and analyze strategic transportation/land use plan or project opportunities in the region that could benefit from explicitly incorporating health consideration or analysis to determine potential health outcomes.
- 3) Catalogue the data, methods, and resources available to do so (as well as any gaps or barriers) and,
- 4) Select two types of plans or projects to receive a "desktop" Health Impact Assessment (HIA). Common Ground Health would then conduct two desktops HIAs for the selected initiatives, including recommendations for how future similar initiatives could more explicitly address health and document insights, lessons learned, and recommendations to inform future HIA development and practice in the region.

A Steering Committee was established from a wide array of stakeholders in the realms of community health, transportation, planning and community engagement. After convening the committee six separate times over a period of 18 months, the work of the two HIAs was finalized in March of 2018.

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<sup>1</sup> <http://www.pewtrusts.org/en/research-and-analysis/analysis/2014/08/28/the-hia-process>

## Step 1 of 6: Screening

### Definitions

The first step of Health Impact Assessment involves determining whether an HIA for a given policy or project proposal is warranted and feasible, which is defined as Screening.<sup>2</sup>

### Insights

During the initial phases of the project several key challenges emerged. HIAs had historically never been implemented or utilized by Common Ground Health and only two HIAs had been published across New York State at the inception of the project.<sup>3</sup> The initial phase of the project consisted of researching HIA Methodology and other published HIAs to guide the HIA process itself. We have provided a list of HIA resources consulted in the references portion of this report. The project also benefited from involving two steering committee members who had recent experience working with, and publishing, HIAs. To help learn more about the HIA process, a Health in all Policies (HiaP) workshop with representatives from PEW Charitable Trust and the Kansas Health Institute (KHI) was held in October of 2016 at Common Ground Health. Based on the guidance provided at that training, a Screening Exercise template was applied to our project. This report includes examples of the Screening Exercise conducted for both HIAs. A list of nearly a dozen potential projects were examined, with two specific projects that had received early positive feedback from the Steering Committee put through the Screening Exercise to determine if they each warranted a Health Impact Assessment. After vetting the project through the exercise, it was determined that those two projects, the Genesee Valley Greenway (GVG) and Rochester Bike Share (RBS), were viable candidates for Health Impact Assessment. The Genesee Valley Greenway is a 90 mile trail that covers four counties, while the Rochester Bike Share is a project that represents an inaugural city-wide effort to bring bike share to the city. The comprehensive Screening Exercise was presented to the Steering Committee who endorsed the selection of the projects based on the results of that exercise. The Screening Exercise and the criteria each project was vetted through may be found in the Appendices of each HIA.

A second challenge experienced during the Screening process was that the MOU initially identified the scope of the project as conducting two "Desktop" HIAs. PEW Charitable Trusts identifies a Desktop HIA as something that can be completed in a period of weeks.<sup>4</sup> One resource further defines a desktop HIA as most appropriate for policies or interventions that are expected to have only little impact on health

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<sup>2</sup> <http://www.hiaguide.org/methods-resources/methods/phases-hia-1-screening>

<sup>3</sup> <http://www.pewtrusts.org/en/multimedia/data-visualizations/2015/hia-map>

<sup>4</sup> <http://www.pewtrusts.org/en/research-and-analysis/analysis/2014/08/28/the-hia-process>

and as the most basic form of HIA requiring the least amount of resources. Whether it is appropriate to carry out a desktop, or rapid, HIA, a comprehensive HIA is determined by the likelihood and magnitude of expected impacts on health and health inequalities and the expected footprint of the project including its resources, area affected, and overall complexity of the project.<sup>5</sup>

Based on the large geographic representation of the GVG (90 miles of trail across New York State) and in analyzing the Rochester Bike Share as an opportunity to conduct primary research and analysis (based on census tract level health data on health disparities), it became evident that our projects would exceed the initial planned scope of a Desktop HIA. The expanded scope for each project selected for HIA led to an initial anticipated timeframe of 12 months for the project to expand to an 18 month project duration.

### Lessons Learned

During the onset of the report, additional clarity was needed about not only how to appropriately scope our HIAs, but also how to conduct HIAs. Having local representatives at the table was critically necessary to the success of the project. In addition, having a broader understanding of HIA before developing a MOU may better identify which type of HIA to conduct. Based on our experience with Screening, we submit the following recommendations:

- 1)** Implement the Screening process to assist in helping to scope the overall duration of the HIA before attempting to determine its scope to ensure appropriate timeline and resource allocation.
- 2)** Have local experts with HIA experience at the table; if there are none available reach out to national experts to guide and advise the HIA process.
- 3)** Have a better idea of a dynamic array of projects that may be candidates for HIA by enabling time at the onset of the project to accept potential HIA project submissions from the steering committee.
- 4)** Choose projects that currently have the opportunity to influence decision-makers and benefit the project's future - this was one of the key successes of selecting both the GVG and RBS for HIA.

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<sup>5</sup> <https://survey.erasmusmc.nl/he2020/phase-4-impact-assessment/main-steps-of-hia/step-2-scoping/types-of-hia/>

## Step 2 of 6: Scoping

### Definitions

Scoping establishes the foundation under which the health impact assessment is conducted and is instrumental in informing the design and planning of the HIA.<sup>6</sup> Scoping includes the identification of potential health risks and benefits and is a participatory process driven by an HIA team.

### Insights

Upon the selection of our projects during the Screening phase, we organized a half day Scoping workshop with our steering committee. When establishing the scoping process for the selected projects of the Genesee Valley Greenway and Rochester Bike Share, a critical component was to identify and define what the geographic and population study area of our HIA should be and to prioritize which of the social determinants of health would be analyzed. The social determinants of health are defined as the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.<sup>7</sup> Based on the HiaP training we received, we gained insight on how to conduct a scoping exercise that put each of our projects through criteria to better identify our plan of study for both HIAs, and which health risks and benefits should be assessed. The scoping exercise identified research questions based on existing conditions, questions to better frame these issues, potential indicators to assess, and identified data sources where this information may be found. This report includes examples of the Scoping Exercise conducted for both HIAs. Based on this insight, we were then able to identify a range of potential social determinants of health to study. At our half-day workshop we worked with the steering committee to help prioritize seven unique health determinants of study for our HIAs. Based on feedback received from stakeholders after the workshop, it was indicated that an additional determinant should be studied. After submitting the request to our steering committee, it was added, bringing the total number of health determinants to 8 (4 per HIA) for our two selected projects.

### Lessons Learned

An initial, unique challenge we experienced was to define the study area for the GVG. The GVG travels across 90 miles of New York State and through four counties. Based on the large scope of the project, issues of representation in several of the counties by our project sponsor GTC (several counties fell outside of their Municipal

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<sup>6</sup> <http://www.hiaguide.org/methods-resources/methods/phases-hia-2-scoping>

<sup>7</sup> <https://www.cdc.gov/socialdeterminants/>

Planning Organization's assigned territory), as well as Common Ground Health's regional representation, it was determined that only the northernmost 50 miles of the Greenway in Monroe and Livingston Counties would be assessed. Having the steering committee weigh in on this important decision was critical to being able to successfully identify a study area to which we could appropriately allocate time and resources necessary to complete the HIA. When focusing on the study area of the Rochester Bike Share, this project benefitted from the fact the bike share had a predefined territory in the City of Rochester, however the project evolved through the duration of our HIA, which led to additional needs during the assessment phase, which are identified in the Assessment portion of this report. In our unique experience of conducting 2 separate HIAs simultaneously, it was vital to distinguish specific characteristics of each project through the Scoping Exercise in order to utilize a unique basis or research. Based on our experience with Scoping, we submit the following recommendations:

- 1) We have learned that scope can sprawl, it may be necessary to make difficult choices in further narrowing the study area or other parameters in order to accomplish the HIA.
- 2) A comprehensive scoping workshop is vital to engage stakeholders and towards creating a participatory process that builds consensus.
- 3) Confirm that identified indicators have data sets that exist in order to study the issues and health determinants identified for study.
- 4) Determine if scoping confirms that the correct experts are at the table. In the example of the GVG HIA, we learned that an identified safety issue would require partners to be at the table that were not initially included. This led to a barrier in conducting further analysis on this particular issue which we did not identify until the Recommendations phase (Step 4) of the HIA.

## Step 3 of 6: Assessment

### Definitions

Describes the baseline health of affected communities and assess the potential impacts of the decision.

### Insights

One of our greatest challenges during the assessment process was due in part to the evolution of a project we were studying. When we initially scoped the Rochester Bike Share, we built our research assumptions on phasing and targeted neighborhoods that were identified in a feasibility report for the Rochester Bike Share. Throughout the first 9 months of our project, the Rochester Bike Share expanded in ways that were not initially forecasted. The assessment process also further anchored the importance of having subject matter experts at the table who could answer primary questions that went beyond what data sets could identify. For example, we were able to learn about specific sections of trail surface condition issues on the Greenway due to first-hand experience and knowledge from the State Park Manager who sat on our steering committee. We also encountered a barrier that dealt with specific data issues regarding traffic safety, we were able to identify that pedestrian and vehicular accidents had occurred on roadways near the trail, but there was no way to identify whether these accidents involved trail users of the Greenway. Finally, due to the need to produce multiple HIAs, primary data collection was not a part of our HIA process. Other HIAs have utilized survey data, but it is not considered a requirement when conducting a HIA. The assessment work conducted for each of the HIAs is integrated in the final report as well as a Summary Assessment Report.

### Lessons Learned

As mentioned, the RBS evolved during the course of our HIA, which required the ability to be fluid and adapt our data collection to the finalized phasing of the project. Based on the culmination of the first season of bike share in the city, we were able to assess new data on the actual phasing and implementation of the bike share based on where the stations were installed. The RBS HIA was able to synthesize new station placements based on this new information and anticipated improved health outcomes where bike stations had not been placed during the initial phase.

Based on our experience with Assessment, we submit the following recommendations:

- 1)** Anticipate that the project, program, or policy you have selected for HIA may evolve or change throughout the scope of the project and discuss how to address these changes with your steering committee.
- 2)** Let the data “tell the story” with initial assumptions established during the first phases of Screening and Scoping may change and may require new analysis or research.
- 3)** Some data may determine that previously identified health determinants may not be of relevant concern however, performing due diligence and reporting on these issues is still of value as social determinants of health may transition and change over time.
- 4)** Where data sets do not address a problem, look to primary data collection opportunities and subject matter experts to gain insight and perspective.



## Step 4 of 6: Recommendations

### Definitions

Develop practical solutions that can be implemented within the political, economic or technical limitations of the project or policy being assessed.

### Insights

The key role of the steering committee and Common Ground Health was to provide evidence-based recommendations to mitigate negative health impacts and maximize potential positive health outcomes. We presented the results of our assessment data to the Steering Committee throughout multiple meetings over the summer of 2017 in an effort to review that data and synthesize new recommendations. A survey was developed that compiled a comprehensive list of potential recommendations for each identified health determinant previously identified during the Scoping phase. The survey was designed as a prioritization exercise and to assist in identifying which recommendations should be included in the final reports. The survey helped to identify which recommendations achieved consensus among our steering committee for inclusion in our HIAs. From the results of the survey, we compiled a Summary of Recommendations report. An additional opportunity for steering committee review and input was included as part of that final process. Several revisions of the recommendations followed in an effort to thoroughly ensure that our final recommendations were both specific and actionable. The final recommendations were able to be categorized by both their aligned health determinant (i.e. Physical Activity, Social Cohesion, etc.) as well as the relevant actions they represented (i.e. Data Collection, Community Engagement, etc.).

### Lessons Learned

The task to create what was essentially the core product of our HIAs involved significant involvement from our steering committee but also required synthesis from the HIA Team. In developing new recommendations, it became evident that performing the initial work of developing and presenting sample recommendations was a necessary first step in order to have a tangible examples for the steering committee to review. The survey process was instrumental in combining synthesized recommendations that were submitted by Common Ground Health while also enabling the steering committee to prioritize or submit new recommendations for further review and consideration. Upon producing the Summary of Recommendations report for both HIAs, the steering committee had the opportunity to review, and improve upon, a list of recommendations before they were formally included in the final HIA reports.

Based on our experience with Recommendations we advise the following:

- 1)** Provide stakeholders the opportunity to review all data collected during the assessment phase to aid the recommendation process.
- 2)** Synthesize recommendations based on the data collected, to create tangible examples for the steering committee to respond to and build upon.
- 3)** Enable steering committee members to submit their own recommendations for considerations via a survey *after* providing key examples for greater context and guidance.
- 4)** To help build consensus among the steering committee, provide clear timetables for when feedback is expected to be received.

## Step 5 of 6: Reporting

### Definitions

Disseminate the findings to decision makers, affected communities and other stakeholders.

### Insights

The reporting process involved a significant allocation of staff resources and time to appropriately organize and disseminate the project background, assessment work compiled, and synthesized recommendations. There were clear examples of different aspects of how to report on different sections and segments of the HIAs. After the Screening and Scoping processes, it was possible to initiate the reporting phase. Screening enabled the reporting on the introduction and background sections of the report, including why the project was selected for HIA. Scoping assisted the reporting process by enabling the ability to document the selected study area, identify the actors and components of each project, and identify which health determinants were being included within the report and why. The assessment phase enabled the ability to conduct literature reviews at international, national, and local levels and to include relevant material within each of the health determinants sections in the reports. As aforementioned a list of finalized recommendations was able to be integrated into the report. Reporting on the monitoring and evaluation phase of the HIA and writing the executive summary were the last aspects of the reporting process, an intentional decision to ensure that the full report was written and comprehensible. Being able to identify the content of the report and the final results of what was reported also enabled the ability to suggest expanded scope ideas towards new projects or studies based on the work performed and insights gathered.

### Lessons Learned

Based on the insights documented above, we learned to develop and integrate some aspect of the reporting process at every phase to inform and work towards our final HIAs. The production of both the Summary of Assessment and Summary of Recommendations documents were critical components of the final reports. This material had been previously identified and endorsed for inclusion of the HIA and performed as a quality control measure due to the fact these documents received peer review from our steering committee. In managing two HIAs, it was also necessary to prioritize the formal publication of the HIAs in a consecutive manner, even though we worked on both reports simultaneously. This approach enabled us to move both reports along, but allowed for a full HIA report to be reviewed ahead

of the other to gather insight and lessons learned, and apply them towards the subsequent HIA. Upon the production of our first HIA draft, for example, we learned that the flow of the report had identified barriers on how the research and assessment were reported. A re-work of the report enabled us to better illustrate and integrate the research gathered (including what was literature review material versus primary analysis) on the project to improve the linkages between the Assessment and Recommendations. The edits and changes to the report were critical to producing a final HIA that better helped to appropriately guide the reader through the report. Based on our experience with Reporting we advise the following:

- 1)** Report on each phase of the HIA as you encounter them.
- 2)** When opportunities arise for peer review, utilize the steering committee to review incremental reports that integrate and inform the final HIA.
- 3)** Clearly distinguish between literature review material and primary assessment work completed to better identify how the HIA was informed.
- 4)** Closely monitor the reporting between the assessment and recommendations sections and ensure that strong linkages are formed and articulated.
- 5)** Consult a range of HIA reports to determine what report flow works best for your selected project. Consult materials that identify how to write HIAs.
- 6)** Enable the steering committee and other project partners to review and provide feedback on the final draft reports.

## Step 6 of 6: Monitoring and Evaluation

### Definitions

Monitor the changes in health or risk factors and evaluate the efficacy of measures that are implemented and the HIA process as a whole.

### Insights

Based on a review of other HIAs, Monitoring and Evaluation seems to differ widely. In some cases other conducted HIAs have allocated additional time and resources to measure the health outcomes that were identified within the scope of their reports. Other HIAs, identify measures and methods to evaluate over time, but do not include reporting on those outcomes or determining whether health outcomes have changed based on a lack of time or resources. The HIAs we developed fall into the latter category as, during this project, we have not yet been able to evaluate the impact of our HIAs on our selected projects. Finally, it is worth noting that this Process Insight Report represents our key deliverable in the internal evaluation of each of our two HIAs. This last step in the HIA process represents the last formal step to expound on current conditions and potential future outcomes.

### Lessons Learned

In the Monitoring and Evaluation phase, it is important to note that the nature of the projects selected may lend themselves to identifiable changes over time. As aforementioned, one of our HIAs, the Rochester Bike Share, was responsive to monitoring changes that occurred over the duration of project and adapting itself to include new assessments and recommendations based on those changes. It is also believed that the Genesee Valley Greenway may take longer to evaluate the recommendations identified and their related improved health outcomes. In the absence of being able to currently evaluate those measures as part of our HIA, we have identified protocols to ensure that potential decisions and their related health impacts are evaluated in the future. We recommended data collection and annual user trail surveys be conducted to determine changes in the demographics of trial users, for example.

Based on our experience with Monitoring and Evaluation we advise the following:

- 1)** Document the process of the HIA and identify gaps and barriers encountered during each phase of the project.
- 2)** Identify parameters on how to measure recommendations made within the document which may include identifiable changes in policy, programs, data collection, or evolved scope.
- 3)** Be adaptive and monitor changes with your project during the HIA process to ensure the project has been comprehensively and accurately profiled.
- 4)** Identify other opportunities for expanded scope and study which may include geographic or populations to study, new data collection protocols, or future ideas for HIA.
- 5)** Define the audience your HIA may target and ensure you have included relevant monitoring and evaluation ideas suitable for those decision makers to integrate.

## Final Project Timeline

Step 1: Screening: October 2017 – January 2017

Step 2: Scoping: February 2017 – May 2017

Step 3: Assessment: April 2017 – August 2017

Step 4: Recommendations: September 2017 - January 2018

Step 5: Reporting: September 2017 – March 2018

Step 6: Monitoring & Evaluation: March 2018 – onward

## HIA Online Resources

American Planning Association (APA) – HIAs Role in Planning:  
[\*\*https://www.planning.org/nationalcenters/health/planninghia/\*\*](https://www.planning.org/nationalcenters/health/planninghia/)

Center for Disease Control and Prevention (CDC) – Healthy Places:  
[\*\*http://www.cdc.gov/healthyplaces/hia.htm\*\*](http://www.cdc.gov/healthyplaces/hia.htm)

Design for Health (DFH):  
[\*\*http://designforhealth.net/hia/\*\*](http://designforhealth.net/hia/)

Society of Practitioners of Health Impact Assessment (SOPHIA):  
[\*\*https://hiasociety.org/HIA-Guidance-and-Tools\*\*](https://hiasociety.org/HIA-Guidance-and-Tools)

Human Impact Partners (HIP):  
[\*\*http://www.humanimpactpartners.org\*\*](http://www.humanimpactpartners.org)

The Pew Charitable Trusts – Health Impact Project:  
[\*\*http://www.pewtrusts.org/en/projects/health-impact-project\*\*](http://www.pewtrusts.org/en/projects/health-impact-project)

Health and Places Institute (HAPI):  
[\*\*https://research.gsd.harvard.edu/hapi/\*\*](https://research.gsd.harvard.edu/hapi/)

World Health Organization (WHO) – Health Impact Assessment:  
[\*\*http://www.who.int/hia/en/\*\*](http://www.who.int/hia/en/)



## HIA Methodology Resources

- Bhatia. 2011. "Health Impact Assessment - A Guide for Practice." Human Impact Partners. Accessed March 26, 2018. <https://humanimpact.org/wp-content/uploads/2011/01/HIA-Guide-for-Practice.pdf>.
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## Example Screening Exercise

Screening Criteria	Genesee Valley Greenway State Park	Rochester Area Bicycle Sharing
1. Is there a <b>DECISION</b> regarding a policy, plan, or project, <b>CURRENTLY UNDER CONSIDERATION</b> whose outcomes are likely to impact health?	<p>Identifying sustainable NYS funding for state-designated parks and trails (NYS Legislature approves NYS Parks budget; budget allocation at NYS state parks regional level)</p> <p>The revenue/support model at a state level could be changed from its currently based park admission fees to incorporate the value of health outcomes. (Greenway admission is free.)</p> <p><b>Stakeholders:</b> <i>Friends of Genesee Valley Greenway, New York State Parks, Monroe County, Livingston County, Wyoming County, Alleghany County.</i></p> <p>Integration and engagement of active transportation policies at the county/municipal level in communities within close proximity to the Greenway.</p> <p>Public safety</p> <p>Regional integration to other trail systems/parks (NYS Parks, NYS DEC, Monroe County, City of Rochester)</p> <p>Announcement of Empire State Trail, 750-mile trail traversing NYS (January 2017)</p> <p>Transportation Alternative Program (TAP, NYSDOT) (active transportation) – federal funding (Greenway trail enhancement between Rochester, NY and Scottsville, NY 12 miles.)</p> <p>Regional economic development. Could be making funding decisions about how they might connect businesses to the greenway.</p> <p>(LRTP 2040) Tourism is linked to economic development and then, in turn, linked to health.</p>	<p>Implementation of program through Phase 1 with potential projection through Phase 4:</p> <ul style="list-style-type: none"> <li>- Locations of bike docks,</li> <li>- Cost</li> <li>- Linkages to municipal active transportation networks</li> <li>- Provision of safety equipment</li> <li>- How will program be funded (advertising, public/private sources)</li> <li>- Timeline for program expansion</li> <li>- Location of future phases</li> <li>- Use of other trail systems</li> <li>- Public safety</li> </ul> <p>Other transportation policies related to the bike share program: Are bikes allowed on public buses?</p> <p>What are the policies that incentivize or hinder bike infrastructure (worksite wellness, universities, green certification)?</p> <p>Are there programs or resources to support children biking?</p> <p>Are there options for different types of bikes, tricycles, senior friendly?</p> <p>Learning from other municipal bike share programs on issues related to equity and health disparities.</p>

Screening Criteria (cont'd)	Genesee Valley Greenway State Park	Rochester Area Bicycle Sharing
2. Does the decision-making <b>PROCESS</b> allow for input from an HIA?	May be interest at state level (NYS Parks) in engagement in HIA process. The HIA may raise awareness of the Greenway and potential health outcomes in nearby municipal population centers.	More information on key project stakeholders and decision-makers needed.
3. Would the HIA bring <b>NEW INFORMATION</b> to the decision- making process? Is <b>HEALTH</b> already a part of the discussion?	<p>Health outcomes are not currently part of the conversation/evaluation regarding the Greenway.</p> <p>An HIA would help reframe the discussion to include health and bring new info re: rates of physical activity and the impact on the populations in close proximity to the trail. To date, no studies on neighborhoods close to trail and how they do or do not connect to and use it.</p> <p>One outcome would be to systematically document the value of the Greenway in terms of health as, has been documented in other multi-use trail reports and HIAs.</p>	<p>The HIA may raise awareness of equity and health disparities related to Phase 1 implementation.</p> <p>Highlight equity implications of funding, locations, etc. May highlight nuances in tradeoffs for health (traffic safety, physical activity, air quality improvement)</p> <p>HIA could connect economic development and health implications (or perhaps was already considered and just not explicitly stated as health)</p>
4. Can the HIA be completed within the <b>TIMELINE</b> for the decision, and with the <b>RESOURCES</b> available?	Yes, depending on decision. Ex: Annual budget for NYS Parks via NYS Legislature.	Dependent upon how the bike share is phased and related to what equity and health disparities are identified.
5. What is the likelihood that the HIA findings and recommendations will <b>RECEIVE CONSIDERATION</b> by decision- makers?	Likely. NY Parks, Monroe County, municipalities would be open to recommendations.	<p>Likely. The City of Rochester may implement new policies/procedures because of related health outcome data.</p> <p>Other municipalities with active transportation plans must have appropriate infrastructure prior to integration into the Rochester Area Bike Share program.</p>
6. Is there the potential for <b>VULNERABLE POPULATIONS</b> to be more adversely affected than others?	Potentially. There may be equity issues associated with varying levels of access to the trails and recreational opportunities.	There are likely to be equity issues around location and cost.

## Example Scoping Worksheets

<b>Project:</b>	<b>Genesee Valley Greenway</b>			
<b>Health Determinant:</b>	Physical Activity			
<b>Priority:</b>	1 of 4 (identified health determinant)			
<b>Geographic Scope:</b>	Monroe/Livingston			
<b>Existing Conditions Research Questions</b>	<b>Framing</b>	<b>Indicators</b>	<b>Data Sources</b>	<b>Notes</b>
Who are the people living near the Greenway? How do their demographics compare to people living elsewhere?	What population centers are in close proximity to the Greenway? What is the makeup of those population centers? Will people with social or economic vulnerabilities be impacted?	Population by Town/Village/CDP, Racial/Ethnicity, SES	U.S. Census - American Fact Finder, 2015 ACS 5- year Population Estimate, SPARCS	Evaluation metrics for determining if attendance rates improved over time will be established. Comparing to a national example that has similar urban/suburban make-up, trail length. Segments of Erie Canalway Trail. (Rochester Area towards the West - Orleans County) Possibly limited to NYS. Geographic proximity of population centers/ Erie Canal comparison.
What are the existing health conditions of those living in proximity of the Greenway?	What are the current rates of chronic diseases? Will chronic disease and poor mental health rates be affected by an increase in physical activity levels?	Chronic Disease (Obesity, Diabetes, Asthma, CAD, Stroke, HTN), Mental Health	U.S. Census, SPARCS, BRFSS, other HIAs	Review rates over time. Projection of local versus visitor. Economic Impact of the Erie Canalway Trail report - Fran. (within 5 miles)
What are the current levels of physical activity for people living near the Greenway?	How would the population be impacted by increased physical activity? Will projected changes in access/exposure physical activity levels?	Engagement in physical activity	BRFSS, County Health Profiles - Common Ground Health	Is this data available, and does it make the assumption that people are using the Greenway if they live near it? Change in physical activity levels should be measured over time. Inventory of existing exercise resources (park outdoors, indoor)
What decisions are currently being made that may impact physical activity levels on the Greenway?	Are there pre-existing policies that encourage Physical Activity at a State, County, (Monroe, Livingston) or Municipal level? Are there opportunities to adopt additional policies that will increase physical activity levels along the GVG? Are there policies that are creating barriers to physical activity on the Greenway?	NYS Parks policy documents, County-level Master Plans, NYS Legislature approved funding budgets.	Livingston County Transportation Connectivity Plan, Monroe County DES, DOT, Parks/ NYSDOH, NYS Parks, Identified municipalities (TBD) Comprehensive Plans. Monroe County Land Use report - R. Bell. Regional Planning Council, GTC LRTP - Jody, Capital Improvement Program, Genesee-Finger Lakes Regional Planning Council	Should national policies regarding active transportation also be addressed? Private decisions should also be integrated.

<b>Project:</b>	<b>Rochester Bike Share</b>			
<b>Health Determinant:</b>	(2 of 4) Social Cohesion			
<b>Geographic Scope:</b>	City of Rochester, Monroe County			
<b>Existing Conditions Research Questions</b>	<b>Framing</b>	<b>Indicators</b>	<b>Data Sources</b>	
What is the existing population in proximity to the identified bike- share stations (Phases 1-4)?	What population centers are in close proximity to the bike- share stations in Phases 1-4? What are the makeup of those populations? What is the population density of targeted neighborhoods?	Population by census tract, racial/ethnic makeup, household income	U.S. Census - American Fact Finder, 2015 ACS 5-year Population Estimate, GTC Bike Share Feasibility Study, ArcGIS	A repeat question reframed in the efforts to draw attention to social cohesion. - Baseline demographic and population information may still be needed.
What are the current trends in social cohesion in the proposed bike station phase neighborhoods?	What are current crime rates in the neighborhoods? Is there basic access to healthcare? What are home ownership/security rates? Do residents feel their neighborhood is suitable for walking and physical activity?	Home ownership/security rates, % that feel is suitable for walking and physical activity.	SPARCS, BRFSS, other HIAs, Monroe County Adolescent Health Report Card, MCAHS, Monroe County Youth Risk Behavior Survey - MCYRBS, Rochester 4.0 PAC Profiles.	Chronic disease, mental health, substance abuse are all identifiable health disparities within social cohesion. PEW Charitable Trusts also cites cancer as an affected health outcome of social cohesion.
	Are there other bike shares around the nation that have implemented programs to increase access and users within bike shares? Are there barriers to increased social cohesion occurring?	Reports from cities with successful bike-share programs, economic, social, or political factors.	Other HIAs, BRFSS, Bernard's typology of social cohesion	<a href="https://www.oecd.org/dev/pgd/46839973.pdf">https://www.oecd.org/dev/pgd/46839973.pdf</a>
What are examples of positive health outcomes that occur from increased social cohesion?	Are there identifiable issues of mental health? What are chronic-disease levels as they pertain to physical activity?	Chronic disease (obesity, diabetes, CHD, Stroke, HTN) mental health - including substance abuse (drug-related hospitalizations), stress, suicide mortality rates.	SPARCS, BRFSS, other HIAs, Monroe County Adolescent Health Report Card, MCAHS, Monroe County Youth Risk Behavior Survey - MCYRBS, Rochester 4.0 PAC Profiles.	
Are there any existing programs that are encouraging social cohesion in targeted neighborhoods here in Rochester/Monroe County?	What are these programs and how have they impacted social cohesion? What populations are these programs affecting?	Increased engagement, population demographics, increased physical activity, increased health outcomes.	Conkey Cruisers, Community Centers, YMCA, YWCA, RCA, R Community Bikes, NACTO, GTC, City of Rochester Bicycle Master Plan	Should national social cohesion efforts focused on bike share usage be integrated into this HIA?

# Executive Summary

The Genesee Valley Greenway State Park (GVG) offers great potential as a recreational amenity that could also play a role in helping area residents improve their health.

This western New York open-space corridor passes through woodlands, wetlands, river and stream valleys, farmlands, glacial gorges and historic villages across 90-miles in Monroe, Livingston, Wyoming, Allegany and Cattaraugus counties. Its northernmost, 50-mile portion is located within Monroe and Livingston counties.

Operated by the New York State Office of Parks, Recreation and Historic Preservation (OPRHP), the master plan envisions the GVG as a regional destination by creating an interstate trail system. Existing recreational opportunities within the GVG include hiking, walking, biking, cross-country skiing and snowshoeing.

As with all forms of active transportation, increased and enhanced physical activity at the GVG may lead to improved health outcomes. However, current issues related to public access, infrastructure and safety could be keeping the GVG from reaching its potential as a destination for public recreation, off-road linkages to nearby communities, parks and other trails – and contributing to health disparities.

Key issues potentially contributing to health disparities and affecting health outcomes include trail-surface conditions, safe-road trail crossings and limitations to usage by vulnerable populations.

- Existing trail conditions are rough and composed of soil, grass, and cinders, as opposed to crushed gravel.
- The GVG crosses many state or county routes with intersections that are not clearly marked with pedestrian-crossing signs or other warnings.
- Some portions of the trail are not easily accessible or do not meet the needs of all potential users, including low-income and at-risk populations, older adults and people with disabilities.

Common Ground Health and the Genesee Transportation Council (GTC) produced this Health Impact Assessment (HIA) as part of their efforts to advance health-informed transportation decision-making across the Genesee-Finger Lakes region. It is the result of extensive research and analysis, as well as guidance and feedback from an array of stakeholders from community health, transportation, planning and community engagement.

To assess the potential health disparities that may currently exist, four health determinants were identified for further analysis: physical activity, access and infrastructure, safety and social cohesion (how well integrated and connected a community is socially).





Following are a set of recommendations that can help increase usage of the GVG, and in the process, help improve people's health. The recommendations involve:

- Promoting more physical activity along the Greenway and increasing trail use, understanding that insufficient physical activity can lead to significant health disparities such as cardiovascular diseases, cancers, diabetes and depression.
- Maximizing Greenway utilization through better-connected infrastructure.
- Encouraging more community engagement with the Greenway, including accommodating the needs of vulnerable populations.
- Enhancing user safety, by adding more crosswalks at roadways, providing lighting and signage improvements and designing safer road crossings.
- Better integrating community-outreach efforts and increasing structured activities to draw more users.

This HIA could lead to concrete actions that could positively impact the Greenway's future appeal, safety and viability; help to overcome identified health disparities; and foster improved health outcomes among its proximate population centers and throughout the region.



# Health Impact Assessment Recommendations

## Physical Activity

**Ensure accessible, safe, and maintained trails to promote physical activity.**

**Specific Actions:**

- Partner with governments and community organizations to promote physical activity.
- Ensure that programming and events are inclusive of vulnerable populations.

**Promote trail use along the Genesee Valley Greenway.**

**Specific Actions:**

- Work with regional tourism organizations to develop campaigns on active-living health benefits of local trails/hubs for area residents/visitors.
- Utilize campaigns to increase overall awareness and usage of the Greenway as an active transportation/recreation corridor.

## Access and Infrastructure

**Encourage overall engagement with the Greenway.**

**Specific Actions:**

- Make trail-access points frequent near population centers and integrate with off-trail amenities.
- Provide trail hub connections to nearby business districts, parks and schools.
- Create both public transportation/rideshare hubs at trailheads near population centers.
- Encourage adjacent businesses to promote the trail and partner with farmers markets to promote activity on the trail.

**Develop protocols to capture baseline data on trail usage over time.**

**Specific Actions:**

- Install trail counters at multiple locations, including trail heads near municipal centers.
- Document changes/improvements of trail conditions and corresponding data on increased trail usage.
- Analyze data collected to inform trail infrastructure/maintenance enhancement.
- Report trail counts and overall trail utilization to NYS Parks.

**Accommodate needs of all potential Greenway users, especially vulnerable populations.**

**Specific Actions:**

- Ensure trails are ADA-compliant when in proximity to residential/senior housing, with ADA parking available.
- Enhance trail surface conditions to stone dust or asphalt near population centers.

- Enhance trail where cyclists are impeded, especially in the southern Livingston County.
- Encourage public transportation providers with routes along Greenway to include bike racks on buses.
- Create parking areas with room for horse trailer parking.
- Improve cross-slope and remove tree roots to create a firm and stable surface.

#### **Maximize utilization of Greenway by encouraging infrastructure that connects with trail.**

##### **Specific Actions:**

- Provide connections such as new trails, sidewalks, bicycle lanes and public-transit stops.
- In rural areas where the trail utilizes the road, expand the shoulder width to accommodate cyclists/hikers.

#### **Promote walking and biking as mobility options to low-income and at-risk groups.**

##### **Specific Actions:**

- Develop safety campaigns/trail-use education to raise awareness/improve trail usage.

#### **Increase access to healthy foods and encourage physical activity.**

##### **Specific Actions:**

- Coordinate and co-promote the location of farmers' markets near trail heads.

## **Safety**

#### **Enhance traffic safety for all users.**

##### **Specific Actions:**

- Ensure crosswalks are designed for all users.
- Develop crosswalks at roadways in Livingston and Monroe counties that cross trail points.
- Where paths for pedestrians/cyclists must intersect with the road, place crossings to increase visibility and clearly mark crosswalks for motor-vehicle drivers to identify.
- An ADA-compliant grade/trail surface condition should be present at all road crossings.

#### **Enhance personal safety within the Genesee Valley Greenway State Park.**

##### **Specific Actions:**

- Provide adequate way-finding signage and lighting.
- Implement solar lighting in high-use areas near well-traveled roads and parking lots.
- Create mile markers every half mile on the trail.
- Provide information kiosks with maps at major trail heads to guide trail users.
- Indicate proximity to municipalities including POIs/facilities on wayfinding signage.

**Trail/road intersections are advertisements for trail and must be kept to a high standard.****Specific Actions:**

- Paint gates regularly, remove weeds from guard rails, replace faded signs and remove graffiti.
- Provide “graffiti walls” or other opportunities for creative expression, where graffiti exists.
- Facilitate easy ways to report graffiti/illegal dumping to NYS Parks Police via text messaging or a mobile mobile-optimized application.

**Design road crossings to be safe and to mitigate pedestrian-bicyclist accidents.****Specific Actions:**

- Design signage/crosswalks with traffic-calming infrastructure to lower speeds/make motorists aware of pedestrian/bicyclist intersections along the Greenway.
- Prioritize road-crossing infrastructure enhancements around intersections that currently have incidents of pedestrian-bicyclist and motor-vehicle accidents.
- Disallow curbside parking near trail intersections and provide adequate off-road parking.
- Work with NYSDOT/Governor’s Traffic Safety Committee to educate motorists on pedestrian/dismounted cyclists’ right-of-way laws.

**Social Cohesion****Foster ownership and involvement in the Greenway.****Specific Actions:**

- Design environments that promote formal and informal social interaction.
- Involve those living around the Greenway in the planning process.
- Update the community on activities and trail maintenance.

**Encourage better integration of community-outreach efforts.****Specific Actions:**

- Develop annual stakeholder touchpoints with Greenway-managing entities.
- Work with the NYS OPRHP and FOGVG to create an annual stakeholder meeting to strengthen relationships and gather feedback on the Greenway.
- Develop strategic operational/programming/promotional guidelines based on stakeholder feedback to enhance outreach efforts to prospective new trail users of the Greenway.

**Increase engagement with Greenway over the long-term.****Specific Actions:**

- Work to integrate the Greenway into local/regional comprehensive and economic plans.
- Focus on local town/village planning and development within Livingston and Monroe counties.
- Integrate other ecological/heritage tourism planning on a local, county or state level.



**Initiate surveys on an annual/bi-annual basis for trail users/non-users local to the Greenway.**

**Specific Actions:**

- Establish baseline data on trail users' demographics.
- Track median physical-activity levels on the Greenway.
- Utilize survey results to inform policy development and involve stakeholders (NYS Parks).
- Utilize collected data to inform trail infrastructure/maintenance enhancement.

**Increase programming/structured activities to draw low-income and at-risk groups.**

**Specific Actions:**

- Coordinate bike rides and walks with area community groups.
- Work with schools to offer after-school youth-development programs.
- Hold community events/activities at trail hubs within proximity to population centers to increase use of the trail.





# Executive Summary

The Rochester Bike Share program can play a more integral role in helping the city of Rochester become a healthier community and in helping city residents achieve better health outcomes.

The Rochester Bike Share grew out of a study designed to determine whether implementing a bike-share program would be feasible in Rochester. Following an analysis of population and employment trends, an evaluation of existing plans and regulations, a review of existing conditions, and a stakeholder and public engagement process, it was determined that a bike share in and around Rochester's Center City was viable.

When launched in 2015, the Rochester Bike Share exceeded its initial goal of 250 bicycles and 25 bike-share stations, to reach 340 bicycles via 46 bike stations, utilizing the more than 60 miles of on-street bike lanes currently available in Rochester.

The bike-share system is currently available seven days per week, 24 hours per day between April and November. It is operated solely by Zagster Incorporated., selected as the official provider based on the city's decision that the company had the best bike model and shared the city's vision for a system with access throughout city neighborhoods. As of April 1st, 2018 Zagster Inc. is rebranding the bike share here in Rochester as "Pace." (Zagster Inc., 2017)

The Rochester Bike Share offers an active transportation network throughout Rochester. For residents who do not own a bicycle, or for those who want an alternative to an automobile, the Rochester Bike Share provides a means of increasing physical activity through recreation. It also offers potential for improving health through greater physical activity for those commuting from home to work, improved socialization among neighborhoods and improved access to food by creating efficient routes to grocery stores.

Some aspects of the program, however, may be unintentionally limiting its utilization and its potential positive impact on people's health – and helping lead to health disparities. These include:

- Access to the bike-share program – and subsequently to more physical activity – is largely dependent on the geographic location of bike-share stations as they relate to the proximity to neighborhoods.
- Not all city residents can utilize the system, as Zagster Inc.'s current payment model requires users to have both a credit card and a smartphone with Bluetooth technology to unlock bikes.
- While the bike share may help to improve access to healthy-food options, including supermarkets and other public markets, no bike-share stations are located directly at supermarkets (as of the time of this report).

Common Ground Health and the Genesee Transportation Council (GTC) produced this Health Impact Assessment (HIA) as part of their efforts to advance health-informed transportation decision-making across the Genesee-Finger Lakes region. This report focuses on the RBS inaugural phase's link to health disparities and health outcomes within the city of Rochester. Conducted from 2016 to 2018, it is the result of extensive research and analysis, as well as guidance and feedback from an array of stakeholders from community health, transportation, planning and community engagement.

This HIA also seeks to identify any potential barriers to access, including where vulnerable populations such as those with health disparities may not yet have bike sharing available to them.

Four health determinants were identified for further analysis to assess the health disparities that may currently exist: physical activity, social cohesion (how well integrated and connected a community is socially), economic benefit and equitable access, and food access.

Following are a set of recommendations that can help increase Rochester Bike Share usage, and in the process, help improve people's health. The recommendations involve:

- Promoting more physical activity in Rochester by placing bike stations closer to grocery stores, farmers markets, parks and other community resources.
- Maximizing RBS utilization through improved bicycle facilities and infrastructure.
- Encouraging more community education about the RBS and its potential health impact, especially with vulnerable populations.
- Enhancing user safety by ensuring bike-station placement in high visibility areas.
- Improve the payment system to reduce barriers for all populations and allow different membership options to reach low-income residents.

These suggested recommendations could increase bike-share utilization, help to overcome identified health disparities and foster improved health outcomes in the region.

# Health Impact Assessment Recommendations

## Physical Activity

**Locate bike stations within 0.5 miles of community resources to improve health outcomes.**

**Specific Actions:**

- Expand access to grocery stores, farmers markets, city parks, community centers, schools, and places of employment.

**Encourage recreational cyclists, non-cyclists and pedestrians to be more physically active.**

**Specific Actions:**

- Improve bicycle facilities/infrastructure, including bike lanes and new-station placement, which may increase opportunities for physical activity.

**Establish baseline conditions and physical-activity goals for users.**

**Specific Actions:**

- Integrate recorded Zagster Inc. data on total minutes of physical activity per trip.

**Locate and prioritize bike stations in city-census tracts with high rates of chronic disease.**

**Specific Actions:**

- Priority 1: Tracts 65, 92, 49, 15, 96.03
- Priority 2: Tracts 96.02, 52, 50, 93.01, 46.02
- Priority 3: Tracts 27, 80, 64, 79, 13

## Social Cohesion

**Encourage face-to-face communication and education around the bike share.**

**Specific Actions:**

- Empower ambassadors/advocates of RBS at a neighborhood/census tract level
- Offer training courses through the City of Rochester or community partners to educate new users on how to utilize the bike-share system.
- Educate on New York State Department of Motor Vehicles safety policy and advocate that material on cyclists and bike share be included in driver-safety material.

**Maximize communication on RBS health impacts, especially with vulnerable populations.****Specific Actions:**

- Develop strong relationships with area health-based employers.
- Produce incentive-based promotional events through Zagster Inc. and local businesses to encourage the public to ride.

**Increase overall social connectedness to the bike share.****Specific Actions:**

- Connect bicycle paths and transit lines and streets via sidewalks.
- Enhance connection between neighborhood destinations. Make active transportation modes (walk, biking) easier to engage.

**Determine where to locate future bike-share stations.****Specific Actions:**

- Prioritize locations by health disparities or other barriers to access, including chronic-disease rates; low socioeconomic status; lack of access to reliable transportation; ethnicity; age; proximity to community resources/transit stops.

**Ensure station placement maximizes safe locations and provides user guidance.****Specific Actions:**

- Support station placement in areas with high visibility.
- Increase wayfinding signage to guide cyclists, increase engagement of riders and mitigate the potential for getting lost.
- Provide signage at stations with proximity to nearby destinations, including cultural institutions, parks, markets and area neighborhoods.

**Economic Benefit & Equitable Access****Promote the integration of the bike share with other public-transportation options.****Specific Actions:**

- Partner with public-transit providers to create mobility hubs across Rochester.
- Partner with ridesharing services such as Uber/Lyft.

**Move away from individual station sponsorships to new models to support RBS overall.****Specific Actions:**

- Explore methods to increase investment from public and nonprofit sectors.
- Partner with local institutions and organizations to provide subsidized memberships to low-income city residents.



Improve the bike-share payment system to reduce barriers to access for all populations.

**Specific Actions:**

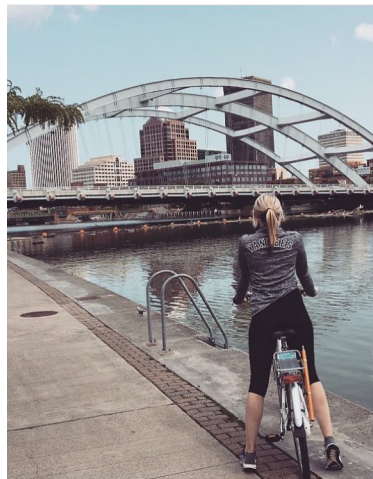
- Move away from a smartphone requirement and enable a cash-membership option.
- Allow different membership tiers such as subsidized annual options for low-income users.

## Food Access

Increase food access and improve health.

**Specific Actions:**

- Partner with area food advocates and farmers markets to increase food access.
- Demonstrate health impacts of the bike share to food providers to enable stronger ties and foster food access as a stated goal of the RBS.





# BICYCLE & PEDESTRIAN ADVISORY COMMITTEE

October 13, 2021



**Upcoming Meeting:** Meetings Open to the Public: The next meeting is scheduled for **November 9 at 9:00am**

- **New Business**
- Welcome & Introductions
- COVID-19 Updates
- Presentation: How the Genesee Transportation Council is Using Health Impact Assessments, Jody Binnix
- CDTC/NYSDOT Updates (see attachments)
  - 2022-23 UPWP
  - 2022-27 TIP solicitation
  - 2021 Capital Coexist 2.0
  - Bike/Ped Counting Program Update
  - Smart Communities Update
  - Ditch the Car Pledge update
  - CDTC Technical Assistance Program
  - Status of CDTC Planning Initiatives
  - New Visions 2050 Implementation
- Other Updates

# **Health Impact Assessments**

## **Advancing Health-Informed Transportation Decision-Making**

**Jody Binnix, AICP**

**CDTC Regional Bicycle and Pedestrian Advisory Committee**

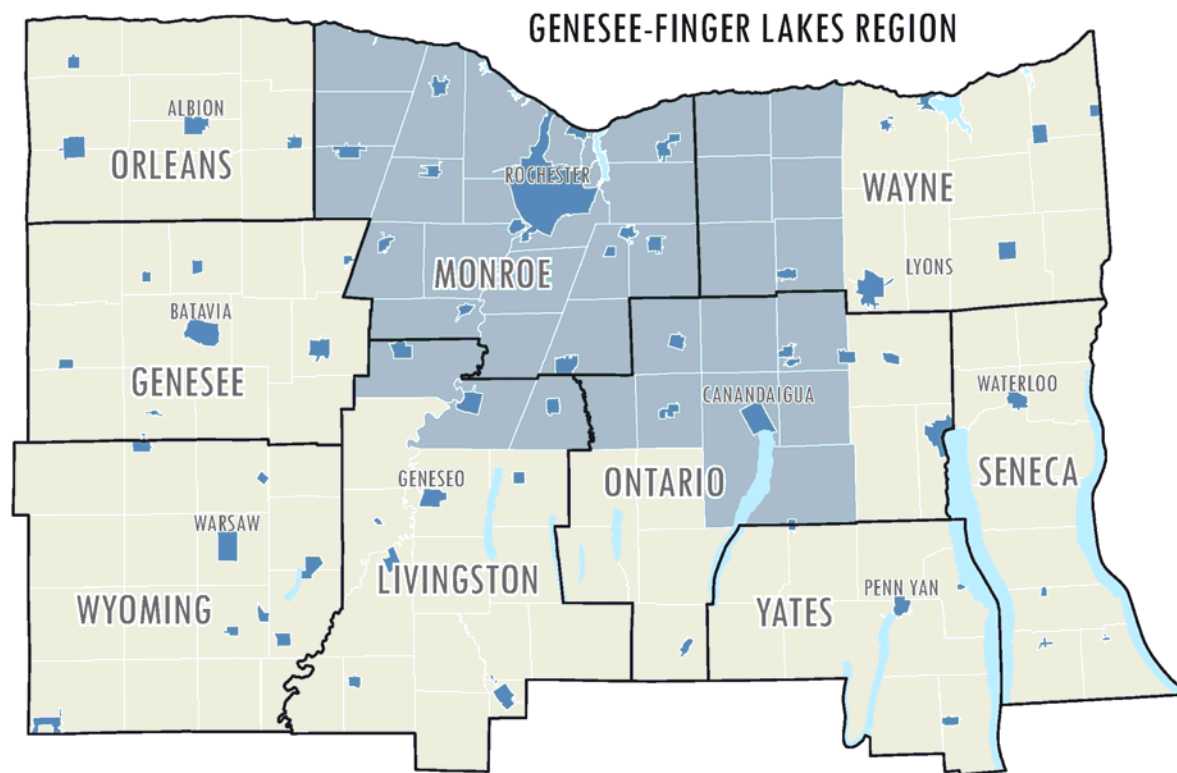
**October 12, 2021**

## **Presentation Outline**

- **What is GTC?**
- **What is a Health Impact Assessment or HIA?**
- **Our Partner – Common Ground Health**
- **How did we fund the HIA?**
- **HIA Process**
- **Rochester Bike Share**
- **Genesee Valley Greenway State Park**
- **Lessons Learned**

## What is GTC?

- **Metropolitan Planning Organization (MPO) for the nine-county Genesee-Finger Lakes Region**



## **What is a Health Impact Assessment or HIA?**

- **A systematic assessment – using quantitative and qualitative data to evaluate the potential health effects of a given initiative and develop recommendations to maximize the positive effects while minimizing the negative ones.**

**Looking at decisions through  
a health focused lens**

## **Why a Health Impact Assessment or HIA?**

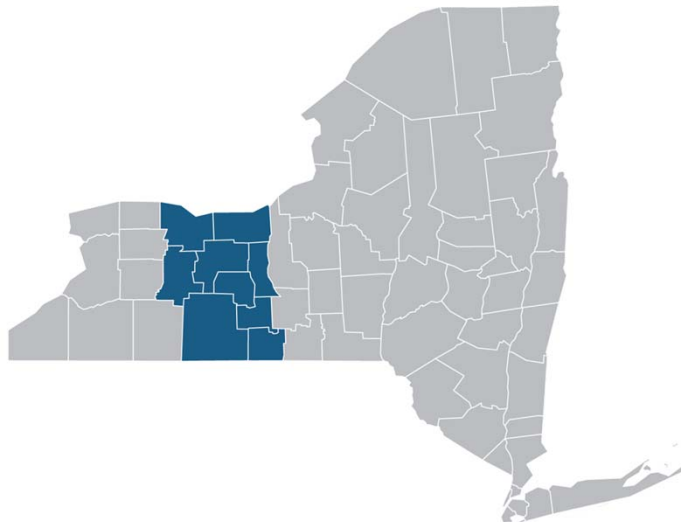
- **Supported by Long Range Transportation Plan 2035 (adopted June 2011)**
- **Emerging Issues & Opportunities**
  - ❑ **The Transportation System's Role in Public Health: Beyond Safety**

“...health considerations should be more prominently considered in transportation planning activities via Health Impact Assessments or some other form of analysis of proposed improvements and services.”



## **Our Partner - Common Ground Health**

- **GTC could NOT administrator the project alone**
- **Common Ground Health to serve as consultant**
- **Access to health care data ➡ KEY**
- **Four-year process 2014-2018**



## **How did we fund the HIA?**

- **Applied via GTC's UPWP process fall 2014**
  - ❑ **Similar to CDTC's Linkage Program**
- **Federal Highway Administration (FHWA) Planning Funds**
  - ❑ **\$60,000**
- **Common Ground Health contribution**
  - ❑ **\$30,000**
- **Total Project Cost**
  - ❑ **\$90,000**
- **Memorandum of Understanding (MOU) signed**

## **HIA Development Process**

- **Pew Charitable Trust 6 step process**
  - 1. Screening**
  - 2. Scoping**
  - 3. Assessment**
  - 4. Recommendations**
  - 5. Reporting**
  - 6. Monitoring and Evaluation**
- **Framework applied to both case studies**

## **Two Case Studies Scoped/Selected**

- **The Rochester Bike Share**
- **Genesee Valley Greenway State Park**



## **Rochester Bike Share**

- **Bike share first came to Rochester in 2017**
- **Has undergone many transformations since**
  - ❑ **Multiple vendor changes**
  - ❑ **COVID-19 impacts**
- **Currently run by HOPR**
  - ❑ **Bicycles and scooters available**



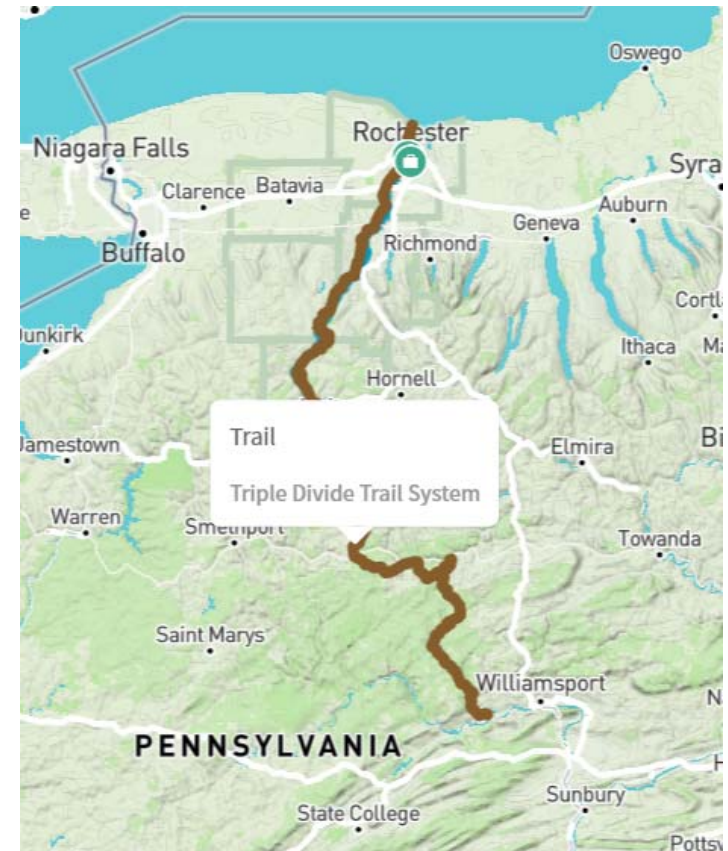
## **Rochester Bike Share**

- **Natural fit for the HIA process**
- **Four Health Determinates Identified**
  1. **Physical Activity**
  2. **Social Cohesion - how well integrated and connected a community is socially**
  3. **Economic Benefit and Equitable Access**
  4. **Food Access**
- **Many environmental justice implications**

**Private sector driven – harder to influence change  
for health's sake**

## **Genesee Valley Greenway State Park**

- **90-mile trail extending north south from Rochester's Genesee Valley Park to the Village of Cuba in Allegany County**
- **Part of the Triple Divide Trail System**
  - ❑ **Over 200 miles**
  - ❑ **Future plans to extend off road portions**



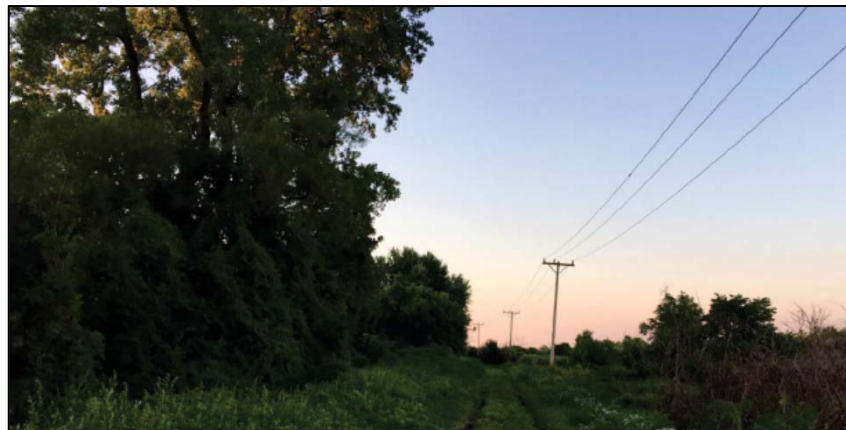


## **Genesee Valley Greenway State Park**

- **Four Health Determinates Identified**
  - 1. Physical Activity**
  - 2. Access and Infrastructure**
  - 3. Safety**
  - 4. Social Cohesion – how well integrated and connected a community is socially**
- **Recommendations focused on the above categories**

## **Genesee Valley Greenway State Park**

- **HIA harder to execute due to geographic scope**
  - ❑ **90 miles over five counties (three in GTC's domain)**
  - ❑ **Hard to include all the players at the table**
- **Varying communities along the corridor had different needs**



## **Genesee Valley Greenway State Park Implementation Success**

### **➤ \$1.5 million Transportation Alternatives Program (TAP) award, 2018**

- ❑ “accommodate the needs of all potential users, especially vulnerable populations by enhancing trail surface conditions”
- ❑ “enhance personal safety by providing adequate wayfinding signage and lighting”

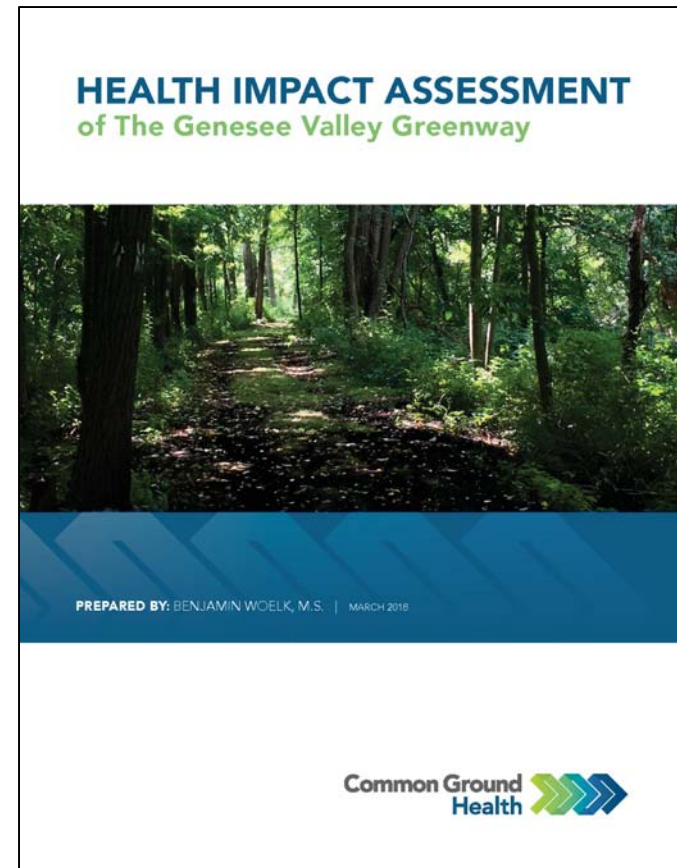
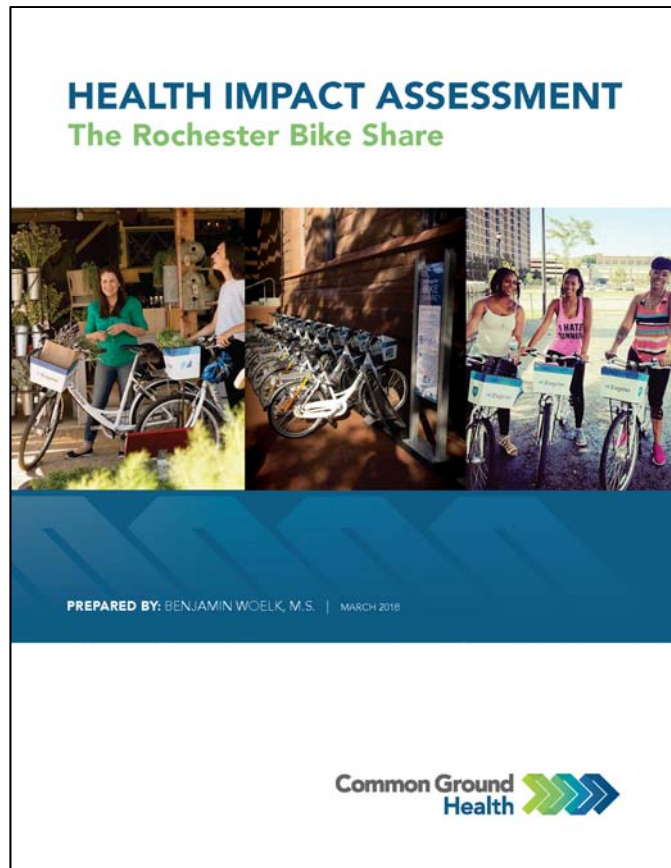
### **➤ TAP, application submitted 2021**

- ❑ “The Greenway may be able to improve mental health through a variety of ways, including the psychological benefits of being in nature and the building of community through trail programming.”

## **Lessons Learned**

- **Process Insight Report completed by Common Ground Health**
  - ❑ **Valuable takeaways**
  - ❑ **Insights, Lessons Learned, and Recommendations**

## Questions?



# COVID-19 Update

- CDTC Office is open 5 days/week
- Staff is in 4 days/week on shift schedule
- Staff can now be reached more easily via the office phone number
- Visitors are allowed at CDTC with an appointment and must wear masks
- Meetings continue to be mostly virtual
- Staff is continuing to monitor the evolving situation with COVID-19 variants



# 2022-23 UPWP

- 1 year program instead of 2 year program
- Planning to solicit for planning projects and programs
  - No funding limit / cap
- Try new things

Unified Planning Work Program  
Summary  
FYs 2020-21



March 2020



# New Visions Bike/Ped Recommendations

1. Develop a robust bicycle & pedestrian data collection program
  - i.d. vulnerable assets
  - Develop ADA Transition Plans
  - Locate gaps & barriers in the overall network
  - Communicate relevant safety information
  - Tailor public outreach efforts to communities
  - Create route maps & mapping tools
2. Measure the economic value of walking & bicycling infrastructure
3. Plan to be AV-Ready
4. Implement Regional Trail Network
5. Explore integration Health Impact Assessments into the metropolitan planning process
6. Leverage emerging technology to promote walking & bicycling for transportation
7. Cultivate partnerships in the Capital District
8. Provide training, educational opportunities, tools, & resources specifically on bicycle & pedestrian infrastructure design to local planners & engineers



# New Visions Bike/Ped Recommendations

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# 2022-27 TIP Solicitation



*The 2022-2027 TIP update schedule is subject to change.*

- September 24 - TIP Workshop
- December 3 - Project Proposals Due
- January 2022 - Project evaluations completed. CDTC Planning Committee prioritizes projects for funding.
- February 2022 - CDTC Planning Committee Reviews Draft 2022-2027 TIP
- March 2022 - CDTC Policy Board approves Draft 2022-2027 TIP for public review. Begin 60 day public review process
- March/April 2022 - Virtual Public Workshop held (Date/Time TBD)
- June 2022 - Final 2022-2027 TIP Approved by CDTC Policy Board

9/10/21

6/30/21

# Capital Coexist 2.0



**Corinth PTSA**

# Counting Program



# Smart Communities

**Project Objective:** Develop a Smart Cities Toolbox

- Goal(s):**
- Define “Smart Cities”
  - Identify underutilized, evolving technologies that can be deployed in the Capital Region
  - Provide examples (case studies) of similar-sized towns and cities that have successfully implemented Smart Cities projects.
  - Develop a “Roadmap” for interested local governments to implement Smart Cities projects.

**Consultant Team:** WSP with River Street Planning

# Ditch the Car Pledge





# CDTC / CDRPC Technical Assistance Program

- CDTC and the [Capital District Regional Planning Commission \(CDRPC\)](#) are seeking applications for the [2020 Community Planning Technical Assistance Program](#). The program offers CDTC and CDRPC staff time and expertise to local governments undertaking small scale community planning initiatives.
- Comprehensive / Neighborhood Planning
- Land Use Plan Implementation
- Community Design Assessment
- General Community Planning
- Data Collection
- Data Analysis and Mapping
- Recreational Trail Planning
- Transportation Safety & Operations Planning
- Zoning & Site Planning



# CDTC / CDRPC Technical Assistance Program

- If your community is interested in applying, you must contact CDRPC and CDTC to discuss your request. Send an email to [techassist@CDRPC.org](mailto:techassist@CDRPC.org) or call 518-458-2161 and provide your name, phone number and a time convenient for representatives to call you.
- Applications will be accepted through Dec. 1, 2021.

# New Visions

- New Visions Virtual Learning Series

**Tuesday, October 19 at 3:30 - 5:00 pm: What's the Transportation Improvement Program (TIP) & how does it work?**

*Panelists:*

*Jen Ceponis, CDTC*

*Jacob Beeman, CDTC*

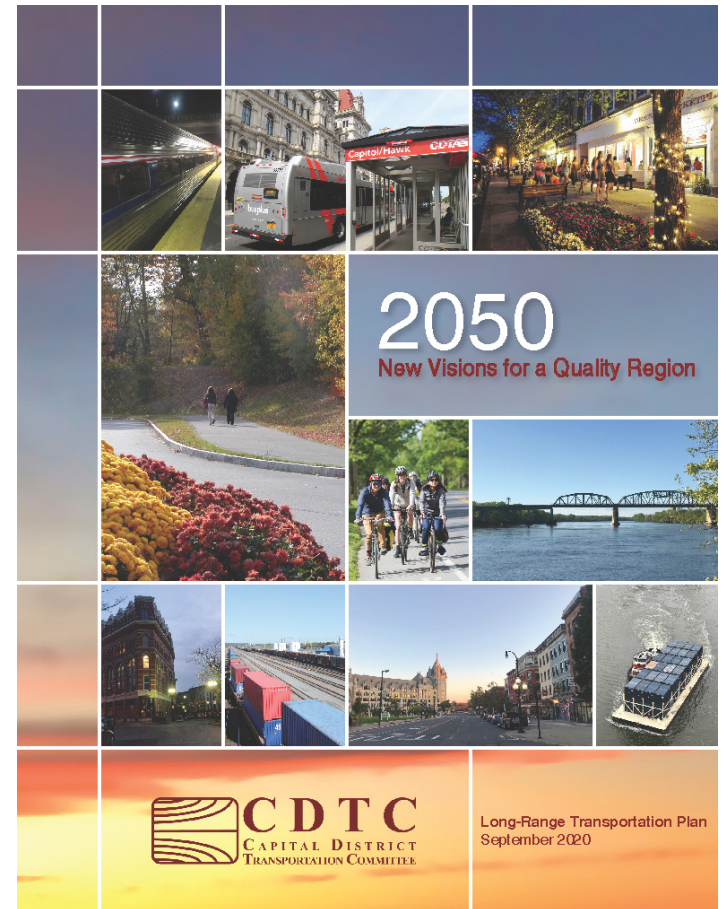
*Greg Wishcer, NYSDOT*

*Bob Rice, NYSDOT*

**Tuesday, November 16 at 3:30 - 5:00 pm: Generic Environmental Impact Statements (GEIS) as a transportation planning tool**

**Tuesday, December 21 at 3:30 - 5:00 pm: TBA**

- All materials & upcoming training opportunities are on website at [www.cdtcmpo.org/nv2050](http://www.cdtcmpo.org/nv2050)
- Request virtual training



**STATUS OF CDTC PLANNING INITIATIVES AS OF OCTOBER 1, 2021**

NAME AND LOCAL SPONSOR	SPONSOR, CONSULTANT OR STAFF, PROJECT COST, CDTC CONTACT	FUNDING APPROVAL DATE	STATUS	COMPLETION DATE (EST.) AND TIME TO COMPLETE THE PROJECT (FUNDING DATE TO ESTIMATED COMPLETION DATE)	PROJECT WEBSITE LINK
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**LINKAGE PROGRAM**

1. Ballston Spa Pedestrian & Bicycle Master Plan Village of Ballston Spa	VHB \$60,000 Jacob Beeman	Policy Board Approved 3/5/20	The consultant team has developed a first draft pedestrian and bicycle master plan report. Comments from the project team are being incorporated into the report and will be distributed to the SAC shortly. A second public meeting is anticipated for mid October 2021.	November 2021 20 Months	<a href="https://projects.vhb.com/ballstonspapbpm/default.htm">https://projects.vhb.com/ballstonspapbpm/default.htm</a>
2. Land Use Regulations Update Village of Menands	The Chazen Companies \$80,000 Rima Shamieh	Policy Board Approved 3/5/20	The project team is gathering public input. Stakeholder interviews and focus group meetings are being held. A visual preference survey was open for about 5 weeks, closing on October 1. The project team is developing a youth survey for 6-8 graders to be completed in early October.	March 2022 24 Months	<a href="https://villageofmenands.com/government/land-use-regulations-zoning-update/">https://villageofmenands.com/government/land-use-regulations-zoning-update/</a>
3. Scotia Downtown Connections Plan Village of Scotia	MJ Engineering and Land Surveying \$60,000 Andrew Tracy	Policy Board Approved 3/5/20	Project website live. First public workshop held August 12. Draft Concept plan now under development. Status meeting held Sept 8 - draft concept plan and next SAC meeting discussed.	November 2021 20 Months	<a href="https://www.scotiaconnections.com/">https://www.scotiaconnections.com/</a>
4. Route 4 Corridor Study: Inter-Municipal Update Town of East Greenbush	TBD \$90,000 Chris Bauer	Policy Board Approved 3/4/21	The REI was finalized and released on September 21, 2021, with a due date of October 21, 2021. The Consultant Selection Committee is being assembled.	February 2023 23 Months	TBD
5. Rensselaer Waterfront Connectivity Study City of Rensselaer	TBD \$60,000 Andrew Tracy	Policy Board Approved 3/4/21	The Request for Expressions of Interest (REI) and scope was reviewed by project partners including NYSDOT, CDRPC, and Rensselaer County. REI was issued and proposals were received on Sept 3. Consultant selection process is ongoing.	December 2022 20 Months	TBD
6. Federal Street Corridor Study City of Troy	TBD \$50,000 Carrie Ward	Policy Board Approved 3/4/21	CDTC is finalizing the draft REI after partner review.	December 2022 20 Months	TBD

**COMMUNITY PLANNING TECHNICAL ASSISTANCE PROGRAM**

1. Regional Growth and Infrastructure Capacity Analysis City of Troy	CDRPC, CDTC and Town Staff \$16,626 Chris Bauer	Planning Committee Approved 11/4/20	The draft Transportation Tech Memo was distributed to the City of Troy at the end of August. Once comments are received, they will be reviewed and edits to the memo will be made as needed.	December 2021	N/A
2. Development Growth Trends Analysis Town of Guilderland	CDTC, CDRPC and Town Staff \$12,765 Chris Bauer	Planning Committee Approved 6/2/21	The project kickoff meeting was held on September 15, 2021. CDTC staff has begun collecting and analyzing traffic count data.	December 2021	N/A

NAME AND LOCAL SPONSOR	SPONSOR, CONSULTANT OR STAFF, PROJECT COST, CDTC CONTACT	FUNDING APPROVAL DATE	STATUS	COMPLETION DATE (EST.) AND TIME TO COMPLETE THE PROJECT (FUNDING DATE TO ESTIMATED COMPLETION DATE)	PROJECT WEBSITE LINK
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**COMMUNITY PLANNING TECHNICAL ASSISTANCE PROGRAM (Continued)**

3. Existing Conditions and Resource Mapping  Town of North Greenbush	CDTC, CDRPC and Town Staff \$12,364  Teresa LaSalle	Planning Committee Approved 6/2/21	CDTC and CDRPC staff have been developing the map deliverables for the project, which are approximately 85% completed.	December 2021	N/A
4. Saratoga Greenbelt – Wilton Connector Trail Project  City of Saratoga Saratoga County/Town of Wilton	CDTC, CDRPC and Town Staff \$14,101  Jen Ceponis	Planning Committee Approved 8/4/21	New Project funded in August 2021. A project kick-off meeting was held September 22nd and a site visit is scheduled for October 25th. The Project Team is compiling data to develop an Existing Conditions and Mapping report.	December 2021	N/A

**ADDITIONAL CDTC PLANNING INITIATIVES**

1. New Visions 2050  CDTC - Regional	CDTC Staff \$100,000  Jen Ceponis	Included in the 2020-2022 UPWP	CDTC continues to offer the Virtual Learning Series and Virtual Local Government Training. View the schedule and sign up for training at <a href="http://www.cdtcmpo.org/nv2050">www.cdtcmpo.org/nv2050</a> . CDTC is also monitoring mobility trends and will update and amend the plan accordingly. There was a webinar on Tuesday, September 21 at 3:30 pm that featured presentations from local economic development professionals on how the regional transportation system effects economic growth. The next webinar is scheduled for Tuesday, October 19 on the TIP process. More info at: <a href="https://www.cdtcmpo.org/news/nv-webinars">https://www.cdtcmpo.org/news/nv-webinars</a> .	Adopted September 3, 2020	<a href="https://www.cdtcmpo.org/nv2050">https://www.cdtcmpo.org/nv2050</a>
2. ADA Self-Evaluation and Transition Plan for Pedestrian Infrastructure	City of Saratoga Springs Program capacity: \$75,000  Carrie Ward	Included in the 2020-2022 UPWP	After processing the data, the consulting team is compiling materials for use in the final report. A meeting of the advisory group is expected in October.	Summer 2021	N/A
3. ADA Self-Evaluation and Transition Plan for Pedestrian Infrastructure	Town of Glenville Program capacity: \$75,000  Carrie Ward	Included in the 2020-2022 UPWP	The consultant provided the final draft, and the Town Board adopted the plan. This project is complete.	July 2021	<a href="https://www.townofglenville.org/sites/g/files/vyhlif3161/f/uploads/town_of_glenville_transition_plan_final_issue_d_8.25.21.pdf">https://www.townofglenville.org/sites/g/files/vyhlif3161/f/uploads/town_of_glenville_transition_plan_final_issue_d_8.25.21.pdf</a>
4. Patroon Creek Greenway  CDTC and City of Albany	Bergmann Associates \$100,000  Jen Ceponis	Policy Board Approved December 2020	A site visit of the entire corridor was completed in early September and the consultant team delivered a Draft Existing Conditions Report. Various public engagement and stakeholder meetings and events have been held, including a bike ride organized by Albany Bicycling Coalition and the Arbor Hill Neighborhood Association and Block Party. Two community liaisons have been hired to assist with public participation. CAC and PAC meetings are scheduled for early October.	December 2021	TBD



NAME AND LOCAL SPONSOR	SPONSOR, CONSULTANT OR STAFF, PROJECT COST, CDTC CONTACT	FUNDING APPROVAL DATE	STATUS	COMPLETION DATE (EST.) AND TIME TO COMPLETE THE PROJECT (FUNDING DATE TO ESTIMATED COMPLETION DATE)	PROJECT WEBSITE LINK
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**ADDITIONAL CDTC PLANNING INITIATIVES (Continued)**

5. Bus Lane Feasibility Study CDTA/CDTC - Regional	Foursquare ITP \$200,000  Sandy Misiewicz	Included in the 2020-2022 UPWP	Study Advisory Committee meeting 2 was held in September to review preliminary transportation system screening for bus lane corridor candidates. The public participation plan was finalized and the first round of public engagement will occur the week of October 18th with a virtual public workshop and pop up event to be held on October 20th.	May 2022	TBD
6. NY 378 Bridge Transportation Scoping/PEL Study NYSDOT	WSP \$400,000  Susan Olsen, NYSDOT Andrew Tracy	TIP Project A605/R344: NY 378 Troy Menands Bridge Study	The NYSDOT Regional Design Services was used to select the consultant for this effort. Kickoff held Sept 2.	TBD	TBD
7. Albany County Loop Trail Feasibility Study	CDTC Staff \$30,000  Jen Ceponis	Albany County support contract 12/8/20	Albany County is reviewing a Draft Existing Conditions Report.	February 2023	N/A
8. Regional Truck Parking Study	CDTC Staff \$137,750  Chris Bauer	Planning Committee Approved 4/7/21	The consultant selection process is currently underway. Project kickoff will be in Fall 2021.	February 2023	TBD
9. Smart Communities Guidebook	WSP \$100,000  Jen Ceponis	Planning Committee Approved 4/7/21	The consultant team kicked-off the project at the July CDTC Regional Operations & Safety Advisory Committee (ROSAC) meeting. Members of the CDTC Smart Communities Task Force have been invited to participate and the consultant team is currently collecting existing related plans and initiatives and beginning research into Smart Cities case studies. The next meeting is scheduled for Thursday, September 30th at 1:00pm.	May 2022	TBD
10. ADA Self-Evaluation and Transition Plan for Pedestrian Infrastructure	City of Albany Program capacity: \$75,000  Carrie Ward	Included in the 2020-2022 UPWP	Data collection is underway by the consultant. City staff is moving forward with a partnership with NYSID for internal hiring of staff who will collect data.	Summer 2022	TBD
11. Data Collection Services	TBD \$40,000  Andrew Tracy	Included in the 2020-2022 UPWP	Quality Counts LLC was selected as project consultant. Project includes collection of traffic count data and collection of horizontal curve data. CDTC is in scope/cost negotiations with consultant. Project kickoff expected October 2021.	Spring 2022	N/A

Other Planning & Project Updates

Thank you!

Next meeting:  
Nov. 9, 9:00 a.m.

