



May 13, 2015

Secretary Anthony Foxx  
U.S. Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590



Dear Secretary Foxx:

On behalf of organizations representing millions of Americans, we are writing to commend your leadership and focus on increasing pedestrian and bicycle safety. Investing in stemming the tragic death of over 5,000 pedestrians and bicyclists each year will be a wise cornerstone of your legacy. Several aspects of your safety initiative, including the effort to engage mayors in improving safety in their communities, appear to be bearing fruit.



We are also writing to suggest a framework that maximizes the impact of your pedestrian and bicycle safety policy agenda. Fully developing the policy portion of your initiative will motivate transportation agencies throughout the country to prioritize the safety of pedestrians, bicyclists and persons with mobility and related challenges. It will also help ensure that ongoing safety improvements become routine.



We recommend inventorying agency policies and practices and identifying opportunities to reform these in ways that create a lasting legacy of practical and cultural change. At least seven issues deserve special attention: vehicle speed, the Highway Safety Improvement Program, transit access, guidance, data, performance measures and integrating health into transportation. Details on each are below.

1. **Vehicle Speed:** Much of the risk to bicyclists and pedestrians comes from drivers' speed. If a pedestrian is hit by a driver traveling at 20 mph, the risk of death is 5 percent. If hit at 40 mph, the risk increases to 85 percent.



In the United States, most transportation agencies use 85<sup>th</sup> percentile speed to determine posted speed limits. Doing so overlooks the impact of driver speed on people who ride bicycles or get around on foot.



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Rather than set speeds according to how fast people drive currently, roads should be designed and operated in ways that accommodate all users safely. In urban and suburban areas where walking and bicycling occur, the USDOT should adopt the approach of Sweden and the Netherlands. Both countries set speed limits according to likely crash types, resulting impact forces, and people’s ability to withstand these forces. Doing so prioritizes safety.



- 2. **Highway Safety Improvement Program:** Pedestrians and bicyclists account for 16% of all traffic fatalities in the United States. Yet less than 1% of Highway Safety Improvement Program (HSIP) dollars are used to increase safety for people who ride a bicycle or walk. The investment in bicycle and pedestrian safety improvements falls far short of needs.

Total traffic fatalities have declined significantly during the past decade. Unlike other modes, bicycle and pedestrian fatalities have remained stagnant in recent years. The HSIP should increase investment in proven countermeasures that reduce serious and fatal pedestrian and bicycle injuries. Doing so will maximize the safety improvements achieved with limited resources. Documenting such investments will encourage ongoing learning and distribution of best practices. Most important, it will enable you to sustain and continue to improve safety efforts.



- 3. **Transit Access:** Nearly three-fourths of public transit trips begin with walking trips. Yet efforts to ensure safe pedestrian routes to transit are in their infancy. Policy changes are a vital step to providing safe routes to transit. Measures should include:

- a. Requiring regional FTAs to plan for safe access by people on foot or bike. Implementing road safety audits on transit routes is an effective way to help make this happen. Road safety audits enable multi-disciplinary teams to identify bicycle and pedestrian safety hazards and solutions. More broadly, studying non-motorized connectivity to transit—as in King County, WA— could expand the solution set to include off-road options like multi-use trails.
- b. Providing safe crossing treatments at every transit stop. Achieving this requires inventorying bus stop and other transit locations and improving safe crossing treatments. It also requires changes to road design standards that restrict the use of traffic signals and beacons. The MUTCD makes it easier to warrant a traffic control device near a school; transit stops should be given similar priority in terms of warrant analysis.



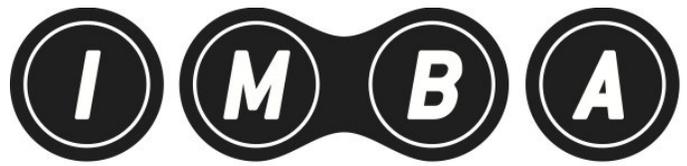
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4. **Guidance:** Developing outstanding national transportation policy guidance is vital. We encourage you to review widely used transportation guidance documents—such as those produced by AASHTO, FHWA, NHTSA, etc. – to ascertain whether they provide fair and sufficient treatment of pedestrian and bicycle safety and convenience. Does each document provide adequate attention to all ways of protecting vulnerable users of streets (e.g., markings, signals, lighting, mid-block crossings, traffic calming), especially in the places where people are most vulnerable, such as intersections and high-speed, multi-lane streets? Does each document rely on multi-modal “level of service” concepts? Or do they define level of service in ways that elevate vehicle speed over the needs and safety of other users?



Yet solid guidance is just a first step. FHWA regional offices do not always heed national directives. For example, regional offices sometimes ignore categorical exclusions that should apply to pedestrian and bicycle projects. As a result, simple, low-cost, environmentally-beneficial projects are often required to jump through hoops that some larger, less benign projects manage to avoid. Likewise, based on research documenting the safety of 10 foot lanes, USDOT headquarters has approved their use. Despite that, regional FHWA offices often resist. Headquarters focus on ensuring that regional offices effectively implement pedestrian and bicycle safety guidance is a worthy priority.



5. **Data:** Lack of adequate data documenting risks and exposure associated with pedestrian and bicycle safety limits agencies’ ability to prioritize safety improvements. Opportunities for USDOT to improve data include:
- a. The new pilot program focused on counting people walking should conform to respected standards, such as the National Cooperative Highway Research Program. This program should be expanded over time to provide a robust picture of pedestrian activity. Data also should track the prevalence of trips by purpose.
  - b. The Fatality Analysis Reporting System should be expanded to include injury data and reconciled with emergency room data.
  - c. The National Household Travel Survey should be performed more regularly, with greater participation of states and localities.
  - d. The Federal Railroad Administration should support a study of pedestrian exposure on railroad corridors.



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e. State and regional traffic projections should not assume growth in vehicle miles travelled that are contrary to emerging trends. Current practices often result in unwarranted decisions to increase road capacity.

6. **Performance measures:** MAP-21 promotes a performance-based transportation system. Congress subsequently passed legislation requiring USDOT to develop a non-motorized safety performance measure. Developing and implementing performance measures will help ensure that states invest in projects that improve the safety of all users of the transportation system. All users of the transportation system also should be accounted for when assessing congestion.



USDOT should hold state DOTs and MPOs accountable for meeting performance targets. Performance measures should increase accountability and transparency of our limited transportation dollars. Each travel mode should be measured independently. Otherwise, improvements in occupant safety could obscure opposing trends in safety of people on foot or bicycle.

7. **Integrating health into transportation planning:** Transportation policies and plans shaped without consideration for health and equity outcomes cost taxpayers hundreds of billions of dollars. Health care spending in the U.S. consumes 17% of our nation's Gross Domestic Product and continues to increase rapidly. Increasing bicycle and pedestrian safety and convenience create tremendous opportunities to improve the health of Americans, especially those most in need of physical activity, and to reduce preventable demand on health care systems. Investments that reduce emissions also lead to better health. Factoring health care costs into the transportation planning process will identify ways to save money.



Your partnership with CDC is an important avenue for identifying and building the capacity to address these opportunities. Specific steps USDOT could take to integrate health into transportation planning include:

- Develop performance measures relating to the impact of transportation infrastructure on public health, especially physical activity.

Performance measures should include, but are not limited to:

- a. Miles and connectivity of active transportation facilities





- b. Percent of users who report commuting by foot or bike at least once a week for even a part of their trip. Planners need better commuting data because the census counts only the “dominant mode”, thereby systematically undercounting walking and biking trips by ignoring walking trips to transit.
- c. Percent of trips of varying lengths that are traveled on foot or by bike
- d. Percent of trips of varying purposes that are traveled on foot or by bike
- e. Percent of transit trips accessed via active transportation



- Enable planners to better measure progress and facilitate healthier outcomes by requiring state, metropolitan and regional transportation planning organizations to collect and aggregate data about the existence and use of active transportation infrastructure.
- State that programmatic mitigation plans may include an active transportation plan. Many communities have enacted bicycle and pedestrian plans, in part, as a way to reduce carbon emissions by increasing walking and bicycling rates.



Recognizing that transportation infrastructure plays a role in connecting at-risk individuals to health care and other important social services is also vital. We encourage you to leverage USDOT’s participation in the National Prevention Council to systematically explore and capitalize on the co-benefits of health and transportation.



In conclusion, we recommend systematic identification of a suite of policy reform opportunities that you could drive during your tenure at USDOT. In addition, attention to ways to shift agency culture in light of emerging initiatives— most notably Vision Zero—that are changing perspectives of acceptable risk. These steps would help to establish safe routes to everywhere for everyone, ladders to economic opportunities and a lasting legacy of preventing thousands of tragic fatalities and injuries.

Sincerely,



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- Active Transportation Alternatives
- Alaska Trails
- Alliance for Biking & Walking
- America Walks
- American Association on Health and Disability
- American College of Sports Medicine
- American Planning Association
- American Public Health Association
- American Society of Landscape Architects
- Bike & Pedestrian Alliance of Clinton
- Bike-Walk Alliance of NH
- BikeWalk NC
- Building Planning & Development, City of Auburn, Indiana
- California Walks
- California WIC Association
- ChangeLab Solutions
- Circulate San Diego
- Community Initiatives
- Eugene School District 4j, Safe Routes to School
- Granite State Wheelmen
- Health by Design
- Healthy Communities Coalition
- Idaho Walk Bike Alliance
- Indiana Citizens Alliance for Transit
- International Mountain Bicycling Association
- Lakeshore Foundation
- Los Angeles County Bicycle Coalition
- Missouri Bicycle & Pedestrian Federation





National Association of County and City Health Officials

National Complete Streets Coalition

National Interscholastic Cycling Association

National Parks Conservation Association

National Recreation and Park Association

Natural Resources Defense Council

New York Bicycling Coalition

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Sierra Club

Sitka Bicycle Friendly Community Coalition

Tennessee Cancer Coalition

The League of American Bicyclists

The McFletcher Corporation

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Trust for America's Health

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