Smart Growth & Injury Prevention Roundtable

SUMMARY REPORT

Washington, D.C.
July 14, 2009

SAFE STATES

This meeting was made possible through funds available from a cooperative agreement (DTNH22-06-H-00065) between the Safe States Alliance (formerly STIPDA) and the National Highway Traffic Safety Administration (NHTSA).

TABLE OF CONTENTS

BACKGROUND

On July 14, 2009, the Safe States Alliance (formerly STIPDA) and the National Highway Traffic Safety Administration (NHTSA) convened a group of twenty-six subject matter experts, stakeholders, and state and national leaders to discuss their perspectives and experiences with developing and implementing Smart Growth initiatives. Participants included representatives of state health departments, federal agencies, local governments, consulting firms, national non-profit organizations, and public health associations.

The purpose of the one-day meeting in Washington, D.C. was two-fold:

1. To identify ways in which transportation and land-use planners can work effectively with public health professionals to make injury and violence prevention a priority in planning and decision-making; and
2. To determine ways in which public health professionals – especially those working in injury and violence prevention – can better engage in Smart Growth efforts in their states and communities.

During the meeting, participants:

* Gained a fuller understanding of how various professionals working in public health and safety (e.g., injury and violence prevention, environmental health, transportation/land-use planning, etc.) have defined Smart Growth and identified an array of potential of health, social, and economic benefits for communities;
* Shared their personal and professional experiences with aspects of Smart Growth;
* Learned how injury and violence prevention practitioners in state health departments have successfully implemented programs and developed policies to support Smart Growth;
* Identified barriers that may inhibit transportation and land-use planners from considering injury and violence prevention principles during planning and decision-making processes;
* Identified barriers that may prevent public health professionals (particularly those working in injury and violence prevention) from engaging in Smart Growth efforts;
* Brainstormed possible solutions for barriers that were perceived as primarily inhibitory;
* Provided ideas for tools and resources that should be developed to help transportation and land-use planners to better understand injury and violence prevention, as well as help public health professionals better understand Smart Growth; and
* Made suggestions for at least one initiative they thought the Safe States Alliance and NHTSA should undertake as a result of the Roundtable meeting.

The Smart Growth & Injury Prevention Roundtable was made possible through financial support from NHTSA.
This report summarizes presentations that set the stage for the roundtable, ideas and issues raised during group discussions, and recommendations for next steps.

ROUNDTABLE PRESENTATIONS

"This is Smart Growth"

Tim Torma, Acting Director of the Smart Growth Program at the U.S. Environmental Protection Agency (EPA), set the stage by addressing the problem of urban growth and sprawl, defining Smart Growth, and providing the current context for Smart Growth that exists at the federal level.

* * * *

Urban growth can affect a wide range of goals, including those associated with the environment (air and water quality), energy independence, public health and safety, preservation of farmlands and open space, traffic congestion, downtown vitality, community character, and social equity. As a result of expansive urban sprawl and development:

- Families have limited transportation choices and every destination is a drive away. According to the Surface Transportation Policy Project, suburban mothers spend approximately 17 days per year behind the wheel – more time than the average parent spends dressing, bathing, and feeding a child;
- Vehicle miles traveled have increased substantially more than the U.S. population, and according to the U.S. Energy Information Administration, transportation is responsible for more CO_2 emissions than the industrial, residential, and commercial sectors;
- The ability of a growing number of older adults to travel to and from destinations safely is in question; and
- Adverse environmental impacts, such as increased runoff volume and the sustainability of threatened species (as listed under the Endangered Species Act), have been heightened.

Smart Growth is defined as "development that revitalizes neighborhoods, protects farmland and open space, keeps housing affordable, and provides more transportation choices." This development is "good for the economy, community, public health, and the environment."

The ten principles of Smart Growth include:

1. Create a range of housing opportunities and choices
2. Create walkable neighborhoods
3. Encourage community and stakeholder collaboration
4. Foster distinctive, attractive communities with a strong sense of place
5. Make development decisions predictable, fair, and cost-effective
6. Mix land uses
7. Preserve open space, farmland, natural beauty, and critical environmental areas
8. Provide a variety of transportation choices
9. Strengthen and direct development toward existing communities
10. Take advantage of compact building design.

Smart Growth can take place in any setting – from rural towns to suburbs and cities. Communities can use Smart Growth principles to grow and bring additional amenities to residents while maintaining the community's essential character. Smart Growth development can look different in every location, as it is based on the community's culture, geography, population, needs, and desires.

Smart Growth differs from existing low density development, and instead encourages the development of mixed-use communities that are:

- Oriented toward pedestrians and cyclists (e.g., include "Complete Streets" that encompass narrower roadways, wider sidewalks, street trees, bike lanes, medians, safe crossings, etc.);
- Compact;
- Make public transit a central component;
- Provide a range of housing choices;
- Include below-ground utilities;
- Distinct from, yet accessible to, lower density zones; and
- Embrace principles of equitable development and environmental justice.

Support for Smart Growth is growing. According to surveys conducted by the Robert Charles Lesser & Company, LLC, approximately a third of consumers prefer Smart Growth communities. Much of the growth in support is due to demographic trends and buyer preferences associated with the aging of Americans. In addition, support for Smart Growth has been vocalized by high-ranking federal officials including Secretary Ray LaHood (U.S. Department of Transportation), Secretary Shaun Donovan (Housing and Urban Development), Administrator Lisa Jackson (U.S. Environmental Protection Agency), and President Barack Obama.

Resources can be obtained from the Smart Growth Network (www.smartgrowth.org), which is a clearinghouse for news, resources, and information, including a recently released a publication entitled, *This Is Smart Growth*, which provides detailed information about Smart Growth and examples from communities throughout the United States who have implemented Smart Growth principles.

"Transportation Planning & Smart Growth"

Joel McCarroll of the American Association of State Highway and Transportation Officials (AASHTO) provided an overview of the transportation planning process and its relationship to Smart Growth.

* * * *

The phases of transportation planning include agency policy (i.e., Complete Streets, level of service standards, and access management), planning (informed by system or corridor plans, management systems, public input, input from local governments and state legislatures), and project development.

Transportation planning, however, should be integrated with land-use planning. State departments of transportation (DOTs) can partner with land owners, municipal governments, and developers to solve the problems of traffic demand in creative and collaborative ways. Partnerships can help municipalities make better use of land that is already developed, create opportunities for other transportation modes, and allow for continued growth without forcing travelers to endure constant gridlock on roads. Although it is preferable that these partnerships are created through initial planning, existing communities and road networks can also be retrofitted in communities that are already impacted by sprawl, low-density land use, and roads that can no longer be widened.

Project development should take into account:

- The National Environmental Policy Act (NEPA), wherein the purpose, need statement, goals, and objectives are critical in developing the solution;
- Context-sensitive solutions; and
- Specific design elements and issues, including design speed, cross-sections, and crossing design.

Transportation and land-use planning should be integrated to improve modeling and performance measures to better predict growth in transportation modes other than vehicle traffic, and to better measure the full effects and impacts of transportation alternatives.

Additional resources include:

- Smart Transportation Guidebook, New Jersey DOT and Pennsylvania DOT
- Designing Walkable Urban Thoroughfares: A Context Sensitive Approach, ITE
- A Guide to Achieving Flexibility in Highway Design (AASHTO)
- Main Street…When a Highway Runs Through It (Oregon DOT)

"Public Health & Smart Growth"

Dr. Andrew L. Dannenburg of the National Center for Environmental Health at the Centers for Disease Control and Prevention (CDC) provided an overview of the relationship between transportation and land-use planning and health, and how Smart Growth principles can be used to promote human health.

* * * *

Community design is directly and indirectly related to public health:

- *Land Use*: Related to obesity, physical activity, cardiovascular disease (CVD), and water quantity and quality
  - BRFSS data shows that national obesity trends have steadily increased over the last 30 years.
  - Increased numbers of roads and parking lots have lead to increased water pollution and contamination of water supplies
  - Increased erosion and stream siltation causes environmental damage that may affect water treatment plants.
- *Automobile Dependency*: Related to air pollution, asthma, climate change, car crashes, and pedestrian injuries
  - In a 2001 *Journal of the American Medical Association* article, decreased levels of peak morning traffic during the 1996 Summer Olympic Games in Atlanta, Georgia were accompanied by reduced peak ozone levels and decreased asthma-related emergency room visits by children.
  - Motor vehicle crashes are the leading cause of death among persons age 1-34 years old. Motor vehicle crashes are responsible for 42,000 deaths, three million non-fatal injuries, and $230 billion in costs.
- *Social Processes*: Mental health, social capital, and environmental justice
  - Depression has been found to be relieved by physical activity and social interaction.
  - Stress levels and impulse control can be aggravated by long commutes (e.g. "Road Rage")
  - Green space and opportunities for outdoor play may improve function in children with Attention Deficit-Hyperactivity Disorder (ADHD).
  - "Social capital" – defined as civic engagement, trust, and reciprocity –decreases with long commutes.

Determinants of Physical Activity
People are *more likely* to exercise if:

- Walking trails, parks, and gyms are accessible.
- Sidewalks present and scenery are enjoyable.
- Many people are also exercising.
- Friends are available with whom they can exercise.

People are *less likely* to exercise if:

- They have too little time.
- They are unmotivated or too tired.
- They perceive traffic, crime, or other dangers.
- There is a long distance to their exercise location.

Studies have also shown that distance and perceived traffic danger also make it less likely for children to walk or bike to school.

Pedestrian Injuries and Fatalities
In a study published in the *American Journal of Public Health*, the trends of walking and biking were compared to between the U.S., Germany, and the Netherlands. When compared internationally, U.S. residents made fewer trips by walking or biking (7%) than residents of Germany (34%) or the Netherlands (46%), yet endured nearly three times more pedestrian fatalities than both countries combined. In fact, for all three countries, the lower the percentage of walking and biking, the higher the total of pedestrian fatalities.

Climate Change
Community design principles can address climate change by:

- Providing transportation alternatives;
- Encouraging mixed land use;
- Providing parks and green spaces; and
- Leading to the design of energy efficient buildings.

Smart Growth is likely to feature:

- Higher density and more contiguous development;
- Preserved green spaces;
- Mixed land uses with walkable neighborhoods;
- "Complete Streets" – safe, comfortable, and convenient routes designed for travel via automobile, foot, bicycle, and transit
- Limited road construction, balanced by transportation alternatives;
- Architectural heterogeneity;
- Economic and racial heterogeneity;
- Development and capital investment balanced between the central city and periphery; and
- Effective, coordinated regional planning.

Health Impact Assessment
Health Impact Assessment (HIA) is a "collection of procedures and tools by which projects, policies, and programs can be evaluated based on their potential effects on the health of a population, and the distribution of those effects within the population."

Ideally, community planners and zoning boards can request information from HIAs to determine potential health consequences of projects and policies as part of their decision-making process. HIAs can also provide health officers with a tool to facilitate their involvement in community planning and land use decisions.

Health impacts that can be considered in an HIA include:

- Physical activity, obesity, and CVD
- Air quality, asthma, other respiratory diseases
- Water quality and waterborne diseases
- Food quality, nutrition, and foodborne diseases
- Motor vehicle, pedestrian, and other injuries
- Accessibility for persons with disabilities
- Noise, mental health
- Social capital, community severance
- Access to jobs, stores, schools, recreation, and public transit
- Social equity, environmental justice

HIAs can vary in complexity and approaches to use can be voluntary (a tool used by a health officer to inform a planning commission) or regulatory (modeled on a required environmental impact statement). Results of HIAs, if used properly, can lead to a variety of improvements in proposed project plans.

"Timing is Everything"

Dr. Alex Kelter of the Local Government Commission provided insights on how to build support for Smart Growth efforts.

* * * *

There are 15 ways to say "Smart Growth":

1. Physical activity
2. Nutrition/Food access/Food deserts
3. Climate change
4. Cost of Living/Transportation
5. Health Reform
6. Education/Neighborhood Schools
7. Social capital
8. Community engagement/Volunteerism
9. Resilience/Disaster response/Recovery
10. Law enforcement
11. A vibrant, recession-resistant economy
12. Jobs-housing balance
13. Energy efficiency
14. Habitat preservation
15. Environment stewardship

Public health professionals should talk to everyone. Other sectors want public health on their team, as it adds a sense of moral high ground, as well as a breadth of support.

Injury and violence prevention currently operates under a *theoretical* paradigm: "It protects *me* from *my inner moron*." However, the *effective* paradigm is one that identifies and emphasizes an external adversary: "It protects *my kid* from *that other moron*." Examples of organizations and programs that use the *effective* paradigm include Mothers Against Drunk Driving (MADD), anti-homicide initiatives, and tobacco control. This more effective paradigm can be useful in helping public health professionals build support for Smart Growth efforts.

BARRIERS, OPPORTUNITIES, & SOLUTIONS

Transportation & Land-Use Planners

Participants were asked to develop a list of barriers that may prevent transportation and land-use planners from considering injury and violence prevention as a priority in planning and decision-making.

From their list, participants identified eight *primary* barriers and proposed potential solutions to these barriers:

Primary Barriers for Transportation & Land-Use Planners	*Potential Solutions*
1. Historical focus of planners has been on traffic flow; the current system focuses only on increasing traffic capacity, building roads, moving vehicles, and reducing "car-to-car" crashes	* Provide training that introduces a new paradigm and provides a full understanding of how to promote health and wellness (for current planners/professionals and students in undergraduate, graduate, and professional schools) * Put transportation-related policies in the climate change bill * Revise the highway safety manual (AASHTO Green Book) * Pass state laws that mandate "Complete Streets" (CA, HI, etc.) * Educate/advocate to Congress to continue "Complete Streets" initiative * Develop performance measures that define success * Create incentives based on health outcomes (benchmarks to measure health of community = money and the effort to drive change) * Provide incentives that are tied to federal funding (i.e., seat belt laws = transportation $) * Decrease liability concerns through context-sensitive solutions (address liability issues before they happen) * Start/continue a dialogue between professionals from public health and transportation/land-use planning fields to better understand competing issues and determine where there is common ground * Communicate to transportation and land-use planners how public health practitioners can help them accomplish their goals: (1) PH has

	access to valuable data sets, (2) PH has experience in developing interventions to change behavior, and (3) PH are community mobilizers & coalition builders
2. Lack political will from high-ranking officials	* Identify champions * Share success stories * Provide economic rewards * Redefine "safety" (through education) * Build grassroots support * Promote innovations based on success
3. Difficult to measure level of service, volume capacity (exposure data not good; people aren't walking/biking because it is not perceived to be safe) – lack of performance indicators and cost-benefit indicators	* Geo-coding using street inventory (push pins where crashes occur), can create scenarios and parameters for similar intersections * Look at circumstances using Google or modeling
4. No clear connection between violence & land-use measures	* Find a "champion" that understands the link between violence and land-use * Provide training to improve communication to the public and fellow practitioners * Take a data-driven approach to crime and traffic safety (DDACTS)
5. Lack of public support (mostly concerned with traffic congestion) to encourage policy makers	* Use media (e.g., local newspapers, radio, televised news) to increase support/need (Media determines "Hot Topics") * Link current problems in the community/region to need for focus on Smart Growth * Engage public to show how products/layouts that reduce injuries are "preventable by design" * Need more education, communication, and "sticky" messaging (a reference to Chip & Dan Heath's book, *Made to Stick*)

6. No policies requiring safety on transportation and land-use planners' "checklist"	* Get sample policies and promote them to the public and policy makers (American Planning Association's Policy Guide) * Tie policies to funding from the federal government * Expand Complete Streets language to include injury prevention * Provide an awards program * Include HIAs in planning policy * Put health professionals on planning boards and metropolitan planning organizations (MPOs)
7. Not being asked – don't know how to ask or what to ask	* Conduct HIAs * Train public health professionals and others (e.g., PTAs, faith community, etc.) to learn what the "pressure points" are * Create a toolbox of questions to ask * Re-establish "Safe Communities" coalitions * Tap into unused resources (civic groups, unions, faith communities, etc.)
8. Lack of access to local data that is meaningful	* Develop coordinated data sets using GIS, while addressing privacy issues * Make funding available

Other barriers for transportation and land-use planners included:

* Rare events make it difficult to capture attention
* Existing countermeasures which may increase exposure and, hence increase in injuries and deaths
* Public health is not engaged in stakeholder groups
* Not the priority of city council, who make decisions for neighborhood streets
* Safety is defined as safety for the driver only (pedestrians and cyclists aren't counted so they "don't count")
* Current infrastructure is made for vehicle-only transportation
* No training exists to get planners from A to B
* Lack of access to data for injury-related problems
* No data set exists that contains all necessary and related data
* No useful information provided to communities about the value of sidewalks/community design
* Strong desire of residents to retain rural way of life
* Conflicting types of safety (e.g., fire safety – need wide roads, etc.)
* Only talk to one another and not to public health professionals

Public Health Professionals (Including Injury & Violence Prevention)
Participants were asked to develop a list of barriers that may prevent public health (PH) professionals – particularly those working in injury and violence prevention – from engaging in Smart Growth efforts in their states and communities.

From their list, participants identified six *primary* barriers and proposed potential solutions to these barriers:

Primary Barriers for Public Health Professionals	***Potential Solutions***
1. PH professionals don't view Smart Growth as a priority and/or they are not funded to conduct work in Smart Growth ("What gets funded gets done.")	* Share funding strategies/ideas * Find ways to piggy-back on chronic disease and other public health efforts (physical activity, nutrition) * Tie cross-programmatic collaboration to funding streams * Mandate inclusion (HIAs, etc.) * Provide facts to professionals to demonstrate why it should be funded
2. PH professionals already have an overwhelming workload	* Demonstrate payoff (success stories) * Focus on building buy-in from local and state health officials * Reframe and redefine Smart Growth so that it fits what public health is already doing * Educate policy makers on the broad focus of public health and the costs of inaction

3. PH professionals don't realize the added value of Smart Growth efforts and/or don't have Smart Growth or community design "on their radar"	* Making time/prioritizing Smart Growth * Training, integrate into training for public health students (within schools of public health) * Share concrete examples (i.e., hospital data) * Success stories (Safe States Alliance SRTS report) * Develop performance indicators for staff and agencies * Establish and communicate the link between Smart Growth, IVP * Obtain buy-in from leadership to increase support for Smart Growth
4. Injury and violence prevention professionals are intimidated by transportation/land-use professionals – they don't feel it's in their area	* Increase training and dialogue between public health professionals working and not currently working in Smart Growth
5. Lack of public support ("Acceptability" of death from injury)	* Develop communication messages that emphasize preventability of injury/death * Make communication messages that are concrete and "contagious" * Put a price on health/quality of life * Reframing – use terms such as "community health and wellness" instead of chronic disease or injury prevention, etc.
6. Lack of useful data sets to make the link between Public Health and Smart Growth	* Conduct research that demonstrates correlation of livable communities and health

Other barriers for public health professionals included:

* They are in "service mode" (particularly at the local level)
* Lack of support from health officials/leadership
* Don't see connection
* Aren't comfortable in role
* Don't speak lingo
* Don't understand mandates from transportation sector

- Lack of integration
- Mystification & "turfiness" – no openness
- Liability issues
- Lack of incentives or penalties to prioritize IVP/safety (at federal, state, and local levels)
- Incentives for doing the "wrong thing" (tax codes)
- Not enough good examples
- Social norms prevent doing the "right thing" (e.g., reduce speed)
- Lack of priority for Smart Growth principles with stronger impacts
- Don't know who to ask in community
- Dealing with many bureaucracies
- Public health professionals see Smart Growth as advocacy and don't feel they can go there
- Health officers don't provide leadership
- No performance indicators exist that are explicitly related to Smart Growth
- Only talk to one another and not to those working Smart Growth
- Speak "different" languages
- Public health professionals don't know how to promote themselves and describe how they are valuable
- Don't see public health pay off
- Don't think Smart Growth is public health
- Feedback loops are lengthy
- Public Health often works within "silos"

NEEDED TOOLS & RESOURCES

Participants identified a list of tools and resources that should be developed:

1. For transportation and land-use planners to better understand injury and violence prevention; and
2. For public health (PH) professionals to better understand Smart Growth (SG).

Needed Tools/Resources for Transportation/Land-Use Planners:

- Healthy communities info – how transportation fits in
- PH data
- HIA Training
- GIS mapped data (FARS), Google maps-based system on crashes and injuries
- Training on how to use data
- More advanced cost calculators – full picture & cost-savings of counter measures (zoning, etc.)
- How to respond to "Not In My Backyard" (NIMBY) arguments (case study by Georgetown University)
- Indicators – injury & other SG, consistent, routinely collected (e.g., Walkscore)
- Curriculum in schools
- Ongoing education for current planners (CEUs)
- Define good, better, and best countermeasures that include evaluation (e.g., Community Guide)
- Pedestrian and Bicycle Information Center (PBIC) training – add training that links transportation to IVP
- Geo-mapping injuries
- Fact sheets that connect lack of transportation facilities to health care costs; Monetary/cost-savings related to IVP
- Data-Driven Approaches to Crime and Traffic Safety (DDACTS) success stories
- Info that links IVP partners to transportation planners
- Green Book – add references to IVP
- Training on definitions/jargon for transportation/land-use planners to understand IVP
- Info to communicate how land-use/community design impacts violence
- How to: "Prevention by Design" – changing the Green Book
- Training: what to do with surveillance data that includes environmental characteristics
- Conduct a study comparing injuries/deaths per number of pedestrian crossings (e.g., downtown Chicago vs. Atlanta) and develop targeted strategies based on regions

Needed Tools/Resources for Public Health Professionals:

- HIA Training
- Curriculum for students and current practitioners
- Tools that describe how transportation and land-use decisions are made
- PH role in transportation and land-use decision-making (use Collaboration Math – (http://www.preventioninstitute.org/collmath.html)
- Success stories
- Examples of how PH has benefited from involvement
- Expand the Environmental Nutrition and Activity Community Tool (ENACT) to increase strategies for IVP/Smart Growth
- Pot of funding resources
- Joint conference of IVP and chronic disease
- Indicators

- How to deal with emerging issues (e.g., senior mobility)
- Matrix that shows connections between SG principles and PH issues
- Geo-coding/mapping needed to provided overlays that show how injuries occur in relation to aspects of the built environment
- Training on definitions of "safe growth" and how to "sell" SG/SG principles
- Training on how to communicate SG through the "health lens"
- Define "primary" and "secondary" prevention
- Equal access and knowledge of resources
- Local newspapers to track pedestrian injuries and deaths or casualty report (e.g., "X Days since last pedestrian death…")

General Tools/Resources Needed for Transportation/Land-Use Planners and Public Health Professionals

- Model policies
- Best practices
- Online, integrated, cross-referenced resources
- Increased awareness of existing data
- Overlay data sheets
- Real-world success stories and how outcomes changed
- Ready-made press materials
- Public health incentives to metropolitan planning organizations (MPOs)
- Way to address jurisdictional mismatches (states & localities can attach criteria)
- "How to" guide for HIAs
- Bill to increase gas tax to support public transportation systems
- Eliminate subsidies for undesirable behavior (tax code combining, regressivity issues)
- Analysis of increase in pedestrian/bike injuries and fatalities
- Mode shift analysis
- Exposure data for pedestrians and bicyclists
- Falls data

NEXT STEPS

Participants were asked, *"If the Safe States Alliance and NHTSA were able to only do one thing as a result of this meeting, what one thing would need to occur for you to feel your time today and contributions were valuable?"*

Responses from participants included:

- Geo data for researchers
- Get injury and violence prevention into health reform bill
- Mobilize adv. force – safety for all travelers into the transportation bill
- Get injury into DNA of other areas (go viral); make virus more infective so it really "attacks" and translates meaning of what we do into what they are doing
- Use surveys (public opinion polls) about what constituents want that speak to decision-makers at the local level
- Create a matrix describing how injury prevention measures are in line with Smart Growth principles
- Make the business case for IVP in SG (cost-benefit analysis)
- Focus on implications at the local level – not top down (If approach is top down, local governments will do bare minimum to reach requirements or actively resist)
- Ensure local access to crash data where it is currently inaccessible
- Commission the Institute of Medicine (IOM) to develop an analytical report on the health benefits from reducing greenhouse emissions
- PH needs to put itself in the center by connecting all other parties and fields (chronic disease, planning, economic costs, environment, etc.)
- Look at venues for stakeholder meetings and make sure IVP is on the agenda
- Do something completely different and earth-shattering

APPENDIX A: PARTICIPANT LIST

Barb Alberson, MPH
Chief, State & Local Injury Control Section
California Department of Public Health
MS 7214 - P.O. Box 997377
Sacramento, CA 95899-7377
(916) 552-9859
barbara.alberson@cdph.ca.gov

Grant T. Baldwin, PhD, MPH
Director, Division of Unintentional Injury Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Hwy, NE, MS F-62
Atlanta, GA 30341
(770) 488-1436
grant.baldwin@cdc.hhs.gov

Paula Bawer
Safety Countermeasures Division
NHTSA NTI-121
1200 New Jersey Ave SE
Washington, DC 20590
(202) 366-4077
paula.bawer@dot.gov

Kari Benes
Traffic Safety Coordinator
EMS & Injury Prevention System Branch
Hawaii State Department of Health
Leahi Hospital, Trotter Building- EMS
3650 Maunalei Avenue
Honolulu, HI 96816
(808) 733-9247
kari.benes@doh.hawaii.gov

Larry Cohen
Executive Director
Prevention Institute
221 Oak Street
Oakland, CA 94607
(510) 444-7738
larry@preventioninstitute.org

Andrew L. Dannenberg, MD, MPH
Team Lead, Healthy Community Design Initiative
Associate Director for Science, Division of Emergency and Environmental Health Services
National Center for Environmental Health
Centers for Disease Control and Prevention
4770 Buford Highway, Mailstop F-60
Atlanta, GA 30341
(770) 488-7103
acd7@cdc.gov

Alex Kelter, MD, MPH
Local Government Commission
805 Platinum Lane
West Sacramento, CA 95691
(916) 768-0151
akmd@macnexus.org

Jana Lynott, AICP
Strategic Policy Advisor-Transportation/Livable Communities
AARP, Public Policy Institute
Independent Living/Long-Term Care
601 E Street, NW
Washington, DC 20049
(202) 434-3893
jlynott@aarp.org

Joel McCarroll, PE
Engineering Management Fellow
American Association of State Highway and Transportation Officials
444 North Capitol Street NW
Suite 249
Washington, D.C. 20001
(202) 624-3632
jmccarroll@aashto.org

Daniel Parker, MSP
Assistant Division Director
Division of Environmental Health
Florida Department of Health
4052 Bald Cypress Way, Bin A-08
Tallahassee, FL 32399
(850) 245-4250

Daniel_parker@doh.state.fl.us

Susan L. Polan, PhD
Associate Executive Director
Public Affairs and Advocacy
American Public Health Association
800 I Street, NW
Washington, DC 20001-3710
(202) 777-2510
susan.polan@apha.org

Jamila Porter, MPH
Communications & Professional Development Coordinator
Safe States Alliance
2200 Century Parkway, Suite 700
Atlanta, GA 30345
(770) 690-9000
jamila.porter@safestates.org

Nancy Pullen-Seufert
National Center for Safe Routes to School
730 Martin Luther King, Jr. Blvd
Suite 300, CB 3430
Chapel Hill, NC 27599-3430
(919) 962-7419
pullen@hsrc.unc.edu

Kyran Quinlan, MD, MPH
Associate Professor of Pediatrics
University of Chicago
5841 South Maryland
M/C 6082
Chicago, IL 60637
(773) 834-8927
kquinlan@peds.bsd.uchicago.edu

Tamara Redmon
Federal Highway Administration
Pedestrian and Bicycle Safety Team Leader
FHWA HSA-20
1200 New Jersey Ave SE
Washington, DC 20590
(202) 366–4077
tamara.redmon@dot.gov

Gabe Rousseau, PhD
Bicycle & Pedestrian Program Manager
Federal Highway Administration
Office of Natural and Human Environment
FHWA HEPN-50, Room E74-477
1200 New Jersey Ave SE
Washington, DC 20590
(202) 366-8044
Gabe.Rousseau@dot.gov

Janani Srikantharajah
Program Coordinator
Prevention Institute
221 Oak Street
Oakland, CA 94607
(510) 444-7738
Janani@preventioninstitute.org

Shelli Stephens Stidham
Director
Injury Prevention Center of Greater Dallas
5000 Harry Hines Blvd., Suite 101
Dallas, TX 75235
(214) 590-4461
slstid@parknet.pmh.org

Beth Topf, MPPA
Senior Analyst, Prevention
Association of State and Territorial Health Officials
2231 Crystal Drive Suite 450
Arlington, VA 22202
(202) 371-9090 x 3175
btopf@astho.org

Tim Torma
Development, Community and Environment Division
Smart Growth Program
U.S. Environmental Protection Agency
Mail Code 1807T
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460
(202) 566-2864
Torma.Tim@epamail.epa.gov

Essie Wagner
Safety Countermeasures Division

NHTSA NTI-121
1200 New Jersey Ave SE
Washington, DC 20590
(202) 366-0932
esther.wagner@nhtsa.dot.gov

Leah Walton
Safety Countermeasures Division
NHTSA NTI-121
1200 New Jersey Ave SE
Washington, DC 20590
(202) 366-4301
leah.preiss@dot.gov

Diane Wigle
Chief, Safety Countermeasures Division
NHTSA NTI-121
1200 New Jersey Ave SE
Washington, DC 20590
(202) 366-2695
Diane.Wigle@dot.gov

Amber Williams
Executive Director
Safe States Alliance
2200 Century Parkway, Suite 700
Atlanta, GA 30345
(770) 690-9000
amber.williams@safestates.org

Amy Woodward
Member Services Coordinator
Safe States Alliance
2200 Century Parkway, Suite 700
Atlanta, GA 30345
(770) 690-9000
amy.woodward@safestates.org

Tina Zenzola
Executive Director
Safe & Healthy Communities Consulting
4117 Lymer Drive
San Diego, CA 92116
(619) 281-1656
tzenzola@sbcglobal.net