
Transportation and Health:

How to Use Surface Transportation Program Funds to Create Active Living in Suburban Cook County

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ACTIVE TRANSPORTATION
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Abstract

Simply put, America's health is in trouble. While the issue is complex with multiple contributing factors, child and adult obesity are of particular concern. Sedentary lifestyles contribute substantially to this health problem. Many cities currently lack active transportation infrastructure, which limits opportunities for daily physical activity. This document presents an argument in favor of updating Surface Transportation Program funding criteria among suburban Cook County Councils of Mayors (COMs) to include active transportation infrastructure and public health considerations. Using Peoria, Illinois and Nashville, Tennessee as case studies, this paper will demonstrate a variety of methods and intensities to incorporate health evaluation criteria. The document proposes a tiered approach, allowing each COM to find an appropriate level of commitment in order to meet their active transportation and public health goals.

Public Health Needs and Transportation Funding

The poor overall quality of Americans' health has never been more apparent: 26.6 percent of all Americans (Centers for Disease Control and Prevention, 2007) are obese, and 8.3 percent of Americans (American Diabetes Association, 2011) have diabetes. In suburban Cook County alone, over half of all adults are obese (Cook County Department of Public Health, 2010). These health problems are well understood, and the link between an active lifestyle and improved health is well established. Still, the role of cities as part of prevention efforts is a newer idea and more complex to articulate. Traditionally, health prevention and promotion initiatives have been the bailiwick of public health departments, centering on programmatic solutions. But as the obesity crisis deepens and community health worsens, many are embracing the notion of creating healthy and livable built environments as a key strategy in shifting focus to more active lifestyles. Leaders in the health field are building multi-sector partnerships with non-traditional partners, including municipal planners and engineers, in order to create more holistic solutions.

To achieve this shift, bicycling and walking must become viable transportation choices. Studies have shown that transportation infrastructure projects are key in improving public health. Bicycling and walking are two of the three most important pathways towards obesity reduction (Cole, B., 2007); there exists a direct correlation between the active transportation use and obesity rates (Basset, D., 2008).

Currently though, many cities lack the infrastructure to make these modes realistic alternatives to the private automobile. Compounding the problem, active transportation infrastructure lacks a dedicated funding stream, which makes it difficult for cities to implement projects. Integrating bicycle and pedestrian infrastructure into current transportation funding mechanisms and projects, however, can mitigate these issues. In order to do this, local governments should align public health, active transportation infrastructure demands and roadway improvement through the Surface Transportation Program (STP).

The STP is a well-utilized funding source for financing prioritized transportation projects, with various entities programming STP funds. Metropolitan Planning Organizations (MPOs) typically program substantial STP funds by creating a set of standard criteria to evaluate proposed transportation projects. Locally, the process is slightly different, with COMs setting STP criteria for Cook County sub-regions. The criteria used by local COMs vary greatly but generally reflect

local priorities of increasing safety, reducing congestion or improving road conditions. Many STP standards, however, do not integrate any elements that promote or prioritize pedestrian or bicycling projects – projects which could improve public health as a whole.

Currently, the largest recourse for active transportation improvements is through the Illinois Transportation Enhancement Program (ITEP), which allocates 10 percent of STP funds into a separately administered program for roadway enhancements. These infrastructure upgrades can include walking and cycling projects, among others. There are opportunities for COMs to work with Chicago Metropolitan Agency for Planning to advocate for ITEP funding reform. Currently, Illinois Department of Transportation administers the 10 percent of STP funding given to the ITEP program. This money is taken en masse from the Illinois STP allocation without regard for the individual area's funding set aside. The result is that each area does not necessarily receive the full 10 percent entitlement in a given year. Likewise, the Congestion Mitigation and Air Quality Improvement Program can also provide valuable resources for active transportation through the Federal Highway Administration.

These programs do not, however, provide a consistent and sustainable funding stream because they operate on a project-by-project basis. This document advocates including active transportation improvements within STP criteria as a way to encourage sustainable funding by explicitly giving a pathway towards upgrading system improvements rather than single project improvements. ITEP and CMAQ provide specific, localized opportunities. Still, including active transportation in the STP criteria would begin to build an institutional process whereby bicycle and pedestrian infrastructure would be included in the broader plan of redeveloping local and regional roadway networks.

An Overview of Cook County Funding Criteria

In suburban Cook County, COMs are split into six independent areas, for which specific criteria can be found in the appendix. In general, the criteria for the COMs are very similar and award points to projects that reduce traffic crashes, improve the capacity and conditions of roadways, increase connectivity on high traffic count regional arterials and improve regional air quality. Each COM has set point levels for these criteria individually, but as a group there is a noticeable trend to award more points to projects that focus on safety, high traffic count roads and regional arterials. Each COM also sets its own match rate—currently a 30 percent match from local government, although the Northwest COM allows for a 20 percent match on bicycle or pedestrian-oriented projects.

Noticeably absent in the current COM standards is a criteria that could be used to evaluate a project's potential impact on the public health of residents. The frameworks currently in place push the process toward selecting projects on high volume, high-speed, primary or regional arterials. These are, without question, important corridors that help increase the connectivity and reduce congestion of the Chicago region. There is not, however, an accompanying priority placed on active transportation infrastructure. Reinforcing this is the fact that some COMs will not allow for the construction of bicycle or pedestrian improvements unless they are attached to another road improvement. While including these facilities in roadway improvements is an essential practice, it is also important to remove barriers to retrofitting existing roads with active infrastructure, like bike

lanes and sidewalks. Additionally, some criteria encourage projects, like road and lane widening. These projects potentially reduce the ability to retrofit active infrastructure into the existing right-of-way limiting the multimodal roadway capacity.

To some extent, active transportation efforts are included in the current STP criteria in the form of transportation control measures (TCM) and air quality improvement evaluation. TCM projects can provide points for improvements, such as the construction of bike lanes or grade separation for sidewalks. While TCM projects are positive steps, the public health benefits realized are indirect because TCM projects are intended to address environmental issues. Additionally, it is very difficult for active transportation projects to gather points on the basis of TCMs, which are generally given between two and five points per measure, whereas traffic volume, regional importance, and crash reduction are given between 20 and 25 points. Finally, many TCMs exist only to benefit motor vehicles; integrated signaling, for example, relates to the speed vehicles travel and doesn't relate to bicyclist or pedestrian speeds. Because the TCM process in suburban Cook County maintains a focus on automotive mobility it may not provide an adequate fund for bicycle and pedestrian infrastructure.

Further, while including TCM and air quality measures is a undoubtedly a good element, its role in helping fund projects that improve public health and increase multimodal facilities is not the focus of this document. A project could be funded through TCM points, but TCM does not set a long-term strategy of prioritizing bicycle and pedestrian infrastructure improvement and construction and, in fact, it has not worked thus far. Even with TCM projects, bicycle and pedestrian programs accounted for only 0.50 percent of all STP funding in 2009, less than the cost of a single, STP-funded landscaping project (Chicago Metropolitan Agency for Planning, 2010).

While the link between public health and active transportation infrastructure is clear, these issues are not currently prioritized within STP funding criteria. This document therefore proposes a series of possible methods towards including this infrastructure in STP-funded roadway projects. As shown above, the STP program does not significantly fund bicycle and pedestrian projects. In order to address this disparity and prioritize public health in transportation planning, Cook County COM boards are strongly encouraged to establish a dedicated set of evaluation points to address the health impacts of proposed active transportation projects. Taking this step can establish public health as a priority for transportation projects in the region.

Models for Funding Criteria

While the concept is still somewhat new, there is solid precedent for establishing public health priorities within STP criteria. For the purposes of this document, two model MPO funding processes were evaluated: Peoria, Illinois and Nashville, Tennessee. Both areas have established criteria that promote public health, albeit through very different methods and with varying degrees of intensity. A third model exists in the practices outlined by Health Impact Analysis, which has potential applications for transportation planning and project funding.

In the Peoria, IL area, the Tri-County Regional Planning Commission (TCRPC) establishes STP funding standards, which are generally not very different from the Cook County COM criteria—with

one important addition: multimodal points. Peoria explicitly awards points to projects that create new multimodal infrastructure or incorporate connections between existing infrastructure. The points awarded are not token; bicycle and pedestrian network improvement projects are worth up to 10 percent of the total 100 points.

In this way, TCRPC prioritizes public health goals by explicitly rewarding multimodal project proposals that improve access and increase opportunities and for physical activity. Generating access, then, becomes the TCRPC's solution to addressing public health issues: It provides Peoria-area residents with increased travel choices.

Nashville, on the other hand, represents a more innovative approach among American cities for incorporating public health issues into STP criteria. The Nashville Area Metropolitan Planning Organization (NAMPO), like Peoria, recognizes that multimodal infrastructure produces more health benefits than auto-only projects. As such, NAMPO has adopted a policy requiring 25 percent of all STP funding be applied to multimodal projects – 15 percent to bicycle and pedestrian projects with another 10 percent to transit. This represents a serious departure from traditional STP funding practices, where typically 90 percent or more of funds go to roadway projects. NAMPO's funding-set-aside multimodal projects represent a deep level of commitment to improving community health.

In addition to the 25 percent set-aside, NAMPO also directly addresses public health and health disparities in its criteria. A "Health and Environment" category is included for all projects and is worth up to 10 percent of the total points, making it significant criteria, as no category is greater than 15 percent of the total possible points. The criteria also take steps to address the health inequities that exist among lower-income and minority populations by establishing "health impact areas" where these problems are especially acute.

Identifying these health impact areas is not a simple matter. Nashville's method is determined through a demographic analysis designed to identify the areas that have a high concentration of population with a higher risk for poor health. The indicators Nashville examined include the education attainment level, average income, ethnic composition and other factors. The analysis showed hot spots at the census tract level that define the areas with the greatest health risks, allowing decision makers to target specific policy actions toward alleviating these effects. Since implementing these steps, 75 percent of projects nominated have included bicycle or pedestrian elements in roadway improvement projects.

Another potential method for evaluating transportation projects is Health Impact Assessment (HIA). HIAs are a relatively new concept in America. HIA has been used to evaluate transportation funding decisions in Atlanta, Washington D.C. and San Francisco among other cities.

The Centers for Disease Control and Prevention defines HIA as "a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population," (Centers for Disease Control and Prevention, 2010). In short, it is a tool, which can inform decision makers and communicate information on the effects policy decisions could have on public health. A review process such as this is not a revolutionary concept; the Environmental Protection Agency has been conducting Environmental Impact Assessments – which is the environmental equivalent of HIA – for decades.

More specifically to HIA, they can be said to have four overarching analytical purposes: 1) identify

the public health impact of government activities and policy decisions to reduce harmful effects, 2) identify and bring attention to significant but unknown, unrecognized, or unexplained public health problems, 3) bring attention to public health issues in broader areas of consideration such as transportation, education, and economic development and 4) identify distributional and spatial trends of health disparities among ethnic, social, and other population groups. Once an HIA is completed, it can be used to analyze future decisions' impact on specific geographical areas and make recommendations, which would increase the overall health of the public and minimize negative health impacts.

Completing an HIA can be extremely difficult; there is currently no universal framework for administering an HIA or an established group of professionals to conduct them. There is also the question of how to fund an HIA; surveys are traditionally an expensive endeavor and there are no federal funding streams to support conducting an HIA. Despite these challenges, HIAs seem to be gaining in both popularity and acceptability. It seems possible that as the understanding of what HIAs can accomplish grows, they will come to have a strong role in the future analytical study of policy decisions, especially at the regional level.

Approaches Towards Incorporating Public Health

As the case studies indicate, there are a number of ways and levels to incorporate public health efforts into the STP project evaluation. There is little debate that public health issues are more important than ever. It is the role of the COM, however, to balance the myriad of competing interests among the board members and the constituents they represent. Each COM area may have different priorities and as such, they must define the most effective project evaluation criteria individually.

This document presents a tiered approach towards incorporating public health measures into STP project evaluation criteria, which will allow for varied levels of commitment. The following is a series of action steps that are meant to act as either a set of recommendations or a series of action-items designed to build upon one another, with the idea that it will allow a COM to find an appropriate level of commitment to healthy infrastructure. Each COM may decide on a different level of support based on sub-regional priorities. These steps range from simple rule changes in Tier I to more complex policy and funding redistributions in Tier V. Also included is a suggested timeline that will allow each COM to prioritize and plan for changes.

Tier I Steps – Recommended Time Frame for Adoption: 0 – 6 Months.

1. Allow stand-alone bicycle and pedestrian projects.

Justification: As it stands today, some COM frameworks simply do not allow for stand-alone bicycle or pedestrian projects. To be eligible, bicycle and pedestrian elements must be a component of another roadway improvement project. In order to allow greater programmatic flexibility, bicycle and pedestrian improvement should be a type of roadway improvement allowed for retrofitting not associated with other roadway improvements. This would make potential independent bicycle and pedestrian improvements eligible for the normal STP competition.

2. Reevaluate the cost-match ratio for bicycle and pedestrian projects.

Justification: For most COMs, the current cost-match is 70-30, but reducing that to 80-20 would greatly incentivize bicycle and pedestrian project proposals, a step that the Northwest COM and Peoria have already implemented. These projects would still have to earn points according to the current STP criteria, but local governments might be more apt to apply if they know the local match commitment is lower.

Tier II Steps – Recommended Time Frame for Adoption: 6 – 12 Months.

1. Implement Complete Streets requirement for highway improvements in urban areas.

Justification: In urban areas, federally funded roads should provide safe accommodations for all of the users of the road, including walkers and cyclists. Providing accommodations as part of a larger highway construction project often makes the accommodation more economical than the same accommodation provided later as a stand-alone project.

2. Require a specific number of bicycle or pedestrian projects each year.

Justification: Cook County COMs do not currently utilize minimum or specified targets for funding bicycle and pedestrian projects. This would allow one or two bicycle or pedestrian-oriented projects to move to the top of the list without requiring a reprioritization or creation of an active transportation criteria in the current STP standards.

3. Eliminate lane-widening as a point-earning criteria.

Justification: Often times a project will gain points simply by planning the widening of a road or adding lanes, using an underlying assumption that widening lanes creates safer conditions for vehicles. Data, however, generally does not support this and, in fact, lane widening can often have a negative effect on roadway safety. A 2009 University of Connecticut study, however, showed that the greatest factor impacting safety is driver speed, and that widening a road or lanes is one of the surest ways to increase driver speed (Ivan, J., 2009). Likewise, a 2004 Federal Highway Administration pilot program demonstrated that public ways that underwent a road diet – removing lanes or reducing lane width – showed a reduction in crashes and fatalities (Federal Highway Administration 2004).

Increasing vehicular capacity is another consideration used to support lane-widening, but this is a fallacy. In urbanized areas, total roadway vehicular capacity is more affected by turning movements, signal timing, and speed limits than it is by lane width. Further, on corridors with a speed limit and signal timing progression of less than 45 mph, there is minimal capacity difference between a 10 to 11 foot lane and a 12 to 14 foot lane. In many cases, a road diet can accommodate vehicular traffic just as well, while adding multimodal capacity.

In the long-term, moving towards evaluating projects for multimodal capacity may be a more sustainable practice, while in the near-term research suggests that road-widening projects come at the cost of roadway safety.

As currently written, many COM STP criteria reward projects that increase lane widths from 12 to 14 feet without consideration of signal timing, speed limits or corridor context. This document therefore recommends removing blanket points for widening lanes. While in many contexts widening is appropriate, it is not in all cases and all projects should not be rewarded for doing so. COMs could consider setting a maximum lane-width for road-widening projects. One step further would be providing bonuses to road-widening projects that include bicycle and pedestrian infrastructure, or making these considerations a requirement for all road-widening projects.

Tier III Steps – Recommended Time Frame for Adoption: 12 – 18 Months.

1. Dedicate a percentage funds to projects that include bicycle and pedestrian ways.

Justification: Expanding upon the idea of requiring a specific number of projects each year, STP funding priorities could allocate a specific percentage of the yearly budget to projects that include bicycle and pedestrian infrastructure. This is similar to Nashville’s STP budget, which set aside 15 percent of the total budget for multimodal projects. This method has the advantage of assuring that COMs allocate funds to multimodal infrastructure.

Note, that because funds could be used for any project that includes bicycle or pedestrian infrastructure, this approach is intended to function as an incentive to all project applications. For instance, a roadway project would be eligible for these funds if part of the project included retrofitting the road to include a bicycle or pedestrian improvements.

The GO TO 2040 Plan supports revisiting transportation funding programs in order to address broad goals of livability. While GO TO 2040 strategies are not supportive of creating dedicated set asides, because the STP program currently focuses mostly on motor vehical transportation, adding an allocation for health considerations to STP is one way to assure a more balanced use of this funding stream. The success of this approach in creating near-term changes was demonstrated in Nashville. In the long-term, COMs may want to evaluate CMAP’s recent changes to the CMAQ program as a potential evaluation model for funding reform.

2. Redesign criteria to establish a more clearly prioritized point structure.

Justification: Currently, many COM STP standards have no clear direction and offer as many as 155-plus points for projects. With such a wide variety of elements represented, it is difficult to determine which, if any, priorities are being established. There are also redundancies within the categories, so many of the same types of projects are receiving double points. A first recommendation, for example, would likely be eliminating the regional transportation significance category as a point earning criteria. Roads with a high ADT are likely arterial-class regional corridors; however, everyday drivers can determine which roads best suit their travel needs. These preferences will be reflected in ADT.

COMs should therefore reevaluate their points to create a 100-point scale that removes redundancy and accurately reflects each subregion’s priorities. This will create greater transparency in the process and clarify the overarching priorities and objectives.

3. **Work with IDOT to Review and Prioritize Potential ITEP submittals.**

Justification: Like with the CMAQ program, COMs should examine ITEP submittals to improve the strength of the submittal, to assure plan consistency, and to develop project priorities as programming discussions take place. Local officials acting together should have a mechanism to address subregional priorities.

Tier IV Steps – Recommended Time Frame for Adoption: 18 – 24 Months.

1. **Create a new set of criteria for active transportation facilities.**

Justification: This measure would build upon the idea of criteria reform by specifically creating a point-awarding category for the inclusion of active transportation infrastructure within a project. This would directly address the issue of improving infrastructure as a means for public health improvement, rather than the current, indirect methods used, such as TCM points. Sample criteria for including a multimodal evaluation in STP standards are included in the appendix.

2. **Work with IDOT toward MPO or Council-Level Programming of ITEP funds.**

Justification: Local officials acting together should have a mechanism to address subregional priorities for walking and cycling.

Tier V Steps – Recommended Time Frame for Adoption: 24 – 30 Months.

1. **Create a new set of criteria for the areas most at risk for health problems.**

Justification: This measure would specifically reward points to those projects that are actively designing infrastructure solutions to address health problems in high-risk communities. This, of course, would require analysis to define regional health impact areas. Both the Cook County Department of Public Health and Chicago Metropolitan Agency for Planning could assist in identifying these areas. Two sample health criteria are included in the appendix.

2. **Adopt location-specific bicycle and pedestrian requirements for key transportation corridors.**

Justification: Although there is not a direct precedent in the Chicago area, it is possible that CMAP or individual COMs could establish priority corridors for bicycle and pedestrian transportation. This process would require that any roadway project conducted along a designated bicycle or pedestrian corridor would have to upgrade or construct active transportation infrastructure. This would naturally require a concerted planning process at a sub-regional level. Several area councils of government have already undertaken an effort to identify these corridors and establish sub-regional priority corridors.

A Process for Criteria Revision

Revising current STP standards to incorporate multimodal infrastructure and public health goals is an ambitious task, but in doing so, suburban Cook County COMs will serve as leaders in improving the quality of life for their member municipalities and residents in the region. Planning liaisons in suburban Cook County will need to work in their areas to determine which of these strategies might be effective, but the following steps are good first actions.

- Present the white paper to the transportation committee of the individual Cook County COMs; share the findings of this document in order to begin a conversation about the value of public health issues and the effect of transportation decisions.
- Discuss the strategies: The transportation committees should select a level of commitment that is realistic and attainable.
- Revise the criteria: drafting a list of action items and review these with the transportation committee. When the committee reaches a consensus, revise the STP criteria to include the selected strategies.
- Seek approval: Present the changes to respective COM board before for final approval.
- Educate the constituents: Train member municipalities on the new criteria in order to address concerns and improve the quality of future project proposals.

While the work is ambitious, incorporating health evaluation criteria into transportation funding evaluation can create more livable communities and a higher quality of life for the residents of suburban Cook County.

Bibliography

- American Diabetes Association. (2011). *National Diabetes Fact Sheet, 2011*. Alexandria, VA: ADA
Retrieved from http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
- Bassett, D., Pucher, J., Buehler, R., Thompson, D., and Crouter, S. (2008). *Walking, Cycling, and Obesity Rates in Europe, North America, and Australia*. *Journal of Physical Activity and Health*. 5.6: 795-814.
- Centers for Disease Control and Prevention. (12/2007). *Early Release of Selected Estimates Based on Data from the January-June 2007 National Health Interview Survey*. Atlanta, GA: CDC. Retrieved from http://www.cdc.gov/nchs/data/nhis/earlyrelease/200712_06.pdf
- Centers for Disease Control and Prevention. (07/2010). *Health Impact Assessment Fact Sheet*. Atlanta, GA: CDC. Retrieved from http://www.cdc.gov/healthypplaces/factsheets/Health_Impact_Assessment_factsheet_Final.pdf
- Central Region Council of Mayors. (2007). *Surface Transportation Program*. Retrieved from <http://www.co.mchenry.il.us/departments/dot/DOTDocuments/CentraCOM.pdf>

- Chicago Metropolitan Agency for Planning. (2010). Federal Fiscal Year 2009: *Regional Project Award and Obligation Report for Northeastern Illinois*. Chicago, IL: CMAP. Retrieved from http://www.cmap.illinois.gov/c/document_library/get_file?uuid=fe26bb60-0437-4820-8112-db5516258f3f&groupId=20583
- Cole, B., Agyekum, G., Hoffman, S., & Shimkhanda, R. (2007). *Governmental Policy Opportunities to Address the Environmental Determinants of Obesity*. Retrieved from University of California at Los Angeles, Department of Public Health. Retrieved January 28th, 2011 from http://www.ph.ucla.edu/hs/health-impact/docs/Publicpolicy_obesitySept2007.pdf
- Federal Highway Administration. (2004). *Evaluation of Lane Reduction "Road Diet" Measures and Their Effects on Crashes and Injuries*. Washington D.C.: U.S. Government Printing Office. Retrieved from <http://www.fhwa.dot.gov/publications/research/safety/humanfac/04082/index.cfm>
- Ivan, J., Garrick, N., Hanson, G. (2009). *Designing Roads that Guide Drivers to Choose Safer Speeds*. Retrieved from the University of Connecticut, Joint Highway Research Advisory Council. Retrieved March 14th, 2011 from http://www.ct.gov/dot/LIB/dot/documents/dresearch/JHR_09-321_JH_04-6.pdf
- Nashville Area Metropolitan Planning Agency. (2010). *Transportation Improvement Program*. Nashville, TN: NAMPO. Retrieved from http://www.nashvillempo.org/plans_programs/tip/
- Northwest Council of Mayors. (2009). *Surface Transportation Program Project Selection Guidelines*. Retrieved from <http://www.nwmc-cog.org/Transportation/Documents/Northwest-STP-Guide---August-2009.aspx>
- North Central Council of Mayors. (2005). *STP Program Prioritization Methodology*. Retrieved from <http://www.co.mchenry.il.us/departments/dot/DOTDocuments/NorthCentralCOM.pdf>
- North Shore Council of Mayors. (2008). *Surface Transportation Policies, Guidelines and Applications*. Retrieved from <http://www.nwmc-cog.org/Transportation/Documents/NSMethodology2010.aspx>
- South Suburban Mayors and Managers Association (2007). *Surface Transportation Program: Project Selection & Programming Process*. Retrieved from <http://www.smma.org>
- Southwest Conference of Mayors. (2006). *Southwest Conference of Mayors STP Funding Program*. Retrieved from <http://www.co.mchenry.il.us/departments/dot/DOTDocuments/SouthwestCOM.pdf>
- Tri-County Regional Planning Commission Peoria. (2006). Peoria/Pekin (IL) *Urbanized Area Transportation Study*. Peoria, IL: TCRPC. Retrieved from <http://tricityrpsc.conceptproof.com/resource/241>
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Appendix I: Recommendations for Criteria Reform

Recommendation for Including Active Transportation Criteria Points:

ACTIVE TRANSPORTATION OPTIONS	15% of total points
<i>Route includes planned transit service</i>	
Project is located within a strategic multimodal corridor	+
Route includes existing transit service	+
Route includes existing pedestrian/bicycle facilities	+
Route includes planned pedestrian/bicycle facilities	+
<i>Project incorporates multimodal solutions</i>	
Project addresses modal conflict (e.g., traffic signals, grade separation, dedicated lanes)	+
Project includes transit accommodations (e.g., pullouts, shelters, dedicated lanes, signal priority)	+
Project includes pedestrian amenities (e.g., benches, bulb outs, pedestrian refuges, etc.)	+
Project includes sidewalk improvements (bonus for b+p priority)	+
Project includes bicycle facility improvements (bonus for b+p priority)	+
<i>Project makes a connection to another modal facility</i>	
Project includes carpool lane	+

Recommendation for Including Health and Environmental Criteria Points:

* Not to be considered if a part of the air quality evaluation

HEALTH & ENVIRONMENT	15% of total points
<i>Project improves health & environment</i>	
Project provides increased accessibility for low-income & minority communities	+
Project corrects ADA non-compliance	+
Project provides transportation choices for the disabled	+
Project provides transportation choices for aging population	+
Project provides transportation choices in health impact areas	+
Project promotes physical activity	+
Project reduces VHT/ VMT*	+
Project reduces vehicle emissions*	+
<i>Project has potential consequences for health & environment</i>	
Project located close to natural resources/environmental constraints	-
Project located close to socio-cultural resources	-

Recommendation for Including Health Impact Area Criteria Points:

HEALTH BENEFIT POINTS	15% of total points
Projects that are located in a health impact area	+
Projects that improve sidewalk and bike lane connectivity	+
Projects that improve mode separation and/or warning lights	+
Projects that restrict/relocate parking to encourage walking/transit	+
Projects that affect sizable population and reach high-risk population	+
Projects with desirable ratio of implementation cost-to-health impact	+
Projects that address regional challenges to healthy transportation	+
Projects with adverse health benefits	-

Appendix II: Current Cook County Council of Mayors' STP Criteria

Central Area's Council of Mayors' Criteria

TRAFFIC VOLUME	20 possible points
Points will be based on a ratio of the existing ADT to the ADT corresponding to the maximum points possible.	20
ROAD CONDITION	20 possible points
Poor Condition (0 - 4.5 CRS)	20
Fair Condition (4.6 - 6.0 CRS)	13
Good Condition (6.1 - 7.5 CRS)	6
Excellent Condition (7.6 - 9.0 CRS)	0
PROJECT READINESS	15 possible points
Projects completed with Engineering II by the application deadline	15
Projects completed with Engineering I by the application deadline	10
Projects for which Engineering I has begun by the application deadline	5
Projects that have not begun Engineering I by the application deadline	0
SAFETY	20 possible points
<i>Roadway points</i>	<i>20 possible points</i>
125% or more above IDOT accident average	20
100% of IDOT accident average	15
75% of IDOT accident average	10
50% of IDOT accident average	5
25% or below of IDOT accident average	0
<i>Intersection points</i>	<i>20 possible points</i>
125% or more above IDOT accident average	20
100% of IDOT accident average	15
75% of IDOT accident average	10
50% of IDOT accident average	5
25% or below of IDOT accident average	0
TCM BENEFITS	10 possible points
This category assigns points to projects that incorporate TCMs into the project. Each TCM incorporated into the project will receive 2 points, with a maximum TCM score of 10 points per project.	10
LEVEL OF TRAFFIC FLOW IMPROVEMENT	10 possible points
High (intersection channelization; add-lane projects; transit facility construction)	10
Medium (bottleneck elimination; realignment of offset intersection pairs)	5
Low (resurfacing; widening; shoulder improvements)	0
SPECIAL CIRCUMSTANCES	5 possible points
This category is not intended to allow arbitrary decision-making, but instead is meant to provide municipalities the ability to convey additional information not captured by the other 6 categories.	5

North Central Area's Council of Mayors' Criteria

SAFETY AND CONGESTION MITIGATION	25 possible points
<i>Safety</i>	<i>10 possible points</i>
125% or more above IDOT accident average	10
100% of IDOT accident average	5
75% of IDOT accident average	2
50% of IDOT accident average	0
<i>Congestion mitigation</i>	<i>15 possible points</i>
Widen lane width; continuous left turn lanes; and intersection improvements	15
Widen lane width with turn lane; or widen lane width with intersection improvement; or turn lane and intersection improvement	10
Widen lane width; or turn lane added; or intersection improvement	5
REGIONAL BENEFIT	25 possible points
<i>Financial cosponsors</i>	<i>15 possible points</i>
3 or more	15
2	10
1	0
<i>Average daily traffic counts</i>	<i>10 possible points</i>
20,000 ADT or more	10
10,000 - 20,000 ADT	5
Under 10,000 ADT	0
<i>Jurisdictional transfer of roadway to STP system</i>	<i>-10 possible points</i>
1 mile or more	-10
Less than 1 mile	-5
PAVEMENT CONDITION	25 possible points
Poor condition (0 - 4.5 CRS)	25
Fair condition (4.6 - 6.0 CRS)	15
Good condition (6.1 - 7.5 CRS)	5
Excellent condition (7.6 - 9.0 CRS)	0
PROJECT READINESS	20 possible points
Ready for letting in less than 6 months	20
Ready for letting in 6-12 months	15
Ready for letting in 12-24 months	10
More than 24 months	5
AIR QUALITY AND TCM BENEFITS	20 possible points
5 additional points will be given to each TCM component contained in a proposed project to a maximum award of 20 points.	20
ADDITIONAL FUNDING SOURCES	20 possible points
10 additional points will be given to each project that includes fund sources beyond the federal and local share providers.	20

North Shore Area's Council of Mayors' Criteria

AIR QUALITY BENEFITS POINTS	20 possible points
Projects that eliminate automobile trips	20
Projects that reduce vehicle miles traveled	15
Projects that reduce emissions	10
Projects that are air quality neutral	0
Projects with negative air quality effects	-5
REGIONAL TRANSPORTATION SIGNIFICANCE	10 possible points
Road classified as an arterial	10
Road classified as collector	5
INTERGOVERNMENTAL IMPORTANCE	10 possible points
Projects sponsored by three or more jurisdictions	10
Projects sponsored by two jurisdictions	5
SAFETY	20 possible points
<i>Roadway points</i>	<i>15 possible points</i>
125% or more above IDOT accident average	15
100% of IDOT accident average	10
75% of IDOT accident average	5
50% of IDOT accident average	0
<i>Intersection points</i>	<i>15 possible points</i>
125% or more above IDOT accident average	15
100% of IDOT accident average	10
75% of IDOT accident average	5
50% of IDOT accident average	0
<i>At-Grade crossings</i>	<i>5 possible points</i>
Supplementary safety device	5
PAVEMENT CONDITION	15 possible points
Poor condition (0 - 4.5 CRS)	15
Fair condition (4.6 - 6.0 CRS)	10
Good condition (6.1 - 7.5 CRS)	5
Excellent condition (7.6 - 9.0 CRS)	0
PROJECT READINESS	10 possible points
IDOT approved phase I report completed	10
Municipal council approval for phase I study	5
Proof of dedicated funding	1
LOCAL NEED	10 possible points
Project dependant on STP funding	10

North Shore Area's Council of Mayors' Criteria cont.

ROADWAY JURISDICTION	15 possible points
Local roadway	15
County roadway	10
State roadway 5	5
TRANSPORTATION CONTROL MEASURE COMPONENT	5 possible points
Each TCM within project	5
FUNDING	-5 possible points
State funds as match for jurisdictional transfer	-5

Northwest Area's Council of Mayors' Criteria

TRAFFIC VOLUME	20 possible points
ADT is greater than 40,000	20
ADT is between 25,000-39,999	15
ADT is between 15,000-24,999	10
ADT is between 5,000-14,999	5
ADT is less than 5,000	0
REGIONAL TRANSPORTATION SIGNIFICANCE	20 possible points
Project is located on a strategic regional arterial	20
Project is located on minor arterials	15
Project is located on collector roads	10
SAFETY	20 possible points
<i>Roadway points</i>	<i>15 possible points</i>
125% or more above IDOT accident average	15
100% of IDOT accident average	10
75% of IDOT accident average	5
50% of IDOT accident average	0
<i>Intersection points</i>	<i>15 possible points</i>
125% or more above IDOT accident average	15
100% of IDOT accident average	10
75% of IDOT accident average	5
50% of IDOT accident average	0
<i>At-Grade crossings</i>	<i>5 possible points</i>
Supplementary safety device	5

Northwest Area’s Council of Mayors’ Criteria cont.

INTERGOVERNMENTAL IMPORTANCE	15 possible points
Projects sponsored by 3 or more jurisdictions	15
Projects sponsored by 2 jurisdictions	10
AIR QUALITY BENEFITS	20 possible points
Projects that eliminate automobile trips	20
Projects that reduce vehicle miles traveled	15
Projects that reduce emissions	10
Projects with seasonal air quality benefits	5
Projects that are air quality neutral	0
Projects with negative air quality effects	-5
PAVEMENT CONDITIONS	15 possible points
Poor condition (0 - 4.5 CRS)	15
Fair condition (4.6 - 6.0 CRS)	10
Good condition (6.1 - 7.5 CRS)	5
Excellent condition (7.6 - 9.0 CRS)	0
LEVEL OF SERVICE OR VOLUME/CAPACITY	20 possible points
<i>Level of service points</i>	<i>20 possible points</i>
Existing LOS of F	20
Existing LOS of E	15
10-Year projected LOS of E/F	10
Existing LOS of D	5
Existing LOS A-C	0
<i>Volume/capacity points</i>	<i>15 possible points</i>
126% to 150% over capacity	15
101% to 125% over capacity	10
76% to 100% of capacity	5
Up to 75% of capacity	0
TRANSPORTATION CONTROL MEASURE BENEFITS	Variable
Each TCM within project	5

South Area’s Council of Mayors’ Criteria

TRAFFIC VOLUME	20 possible points
<i>Two-lane points</i>	
<i>20 possible points</i>	
ADT is greater than 10,000	20
ADT is between 9,500 – 9,999	19
ADT is between 9,000 – 9,499	18
ADT is between 8,500 – 8,999	17
ADT is between 8,000 – 8,499	16
ADT is between 7,500 – 7,999	15
ADT is between 7,000 – 7,499	14
ADT is between 6,500 – 6,999	13
ADT is between 6,000 – 6,499	12
ADT is between 5,500 – 5,999	11
ADT is between 5,000 – 5,499	10
ADT is between 4,500 – 4,999	9
ADT is between 4,000 – 4,499	8
ADT is between 3,500 – 3,999	7
ADT is between 3,000 – 3,499	6
ADT is between 2,500 – 2,999	5
ADT is between 2,000 – 2,499	4
ADT is between 1,500 – 1,999	3
ADT is between 1,000 – 1,499	2
ADT is between 500 – 999	1
ADT is less than 499	0
<i>Four-lane points</i>	
<i>20 possible points</i>	
ADT is greater than 35,000	20
ADT is between 32,500 – 34,999	19
ADT is between 30,000 – 32,499	18
ADT is between 27,500 – 29,999	17
ADT is between 25,000 – 27,499	16
ADT is between 22,500 – 24,999	15
ADT is between 20,000 – 22,499	14
ADT is between 17,500 – 19,999	13
ADT is between 15,000 – 17,499	12
ADT is between 12,500 – 14,999	11
ADT is between 10,000 – 12,499	10
ADT is less than 9,999	0

South Area’s Council of Mayors’ Criteria cont.

ROAD CONDITION	20 possible points
Poor condition (0 - 4.5 CRS)	20
Fair condition (4.6 - 6.0 CRS)	13
Good condition (6.1 - 7.5 CRS)	6
Excellent condition (7.6 - 9.0 CRS)	0
New alignment	1
PROJECT READINESS	25 possible points
Ready for letting in less than 6 months	25
Ready for letting in 6-12 months	20
Ready for letting in 12-18 months	15
Ready for letting in 18-24 months	10
Ready for letting in 24-30 months	5
Ready for letting in more than 30 months	0
SAFETY	20 possible points
<i>Roadway points</i>	<i>20 possible points</i>
125% or more above IDOT accident average	20
100% of IDOT accident average	15
75% of IDOT accident average	10
50% of IDOT accident average	0
<i>Intersection points</i>	<i>20 possible points</i>
125% or more above IDOT accident average	20
100% of IDOT accident average	15
75% of IDOT accident average	10
50% of IDOT accident average	0
AIR QUALITY AND TCM BENEFITS	12 possible points
Projects reducing vehicle miles traveled	12
Projects reducing emissions with significant traffic flow improvements	8
Projects reducing emissions with moderate traffic flow improvements	4
Projects accommodating bicyclists	4
Projects not producing reduced emissions or traffic flow improvements	0
ROADWAY JURISDICTION	8 possible points
Project road under local jurisdiction	8
Project road under county jurisdiction	4
Project road under state jurisdiction	4

Southwest Area’s Council of Mayors’ Criteria

TRAFFIC VOLUME	20 possible points
ADT is greater than 40,000	20
ADT is between 25,000-39,999	15
ADT is between 15,000-24,999	10
ADT is between 5,000-14,999	5
ADT is less than 5,000	0
REGIONAL TRANSPORTATION SIGNIFICANCE	20 possible points
Project is located on a strategic regional arterial	20
Project is located on minor arterials	15
Project is located on collector roads	10
SAFETY	20 possible points
<i>Roadway points</i>	<i>15 possible points</i>
125% or more above IDOT accident average	15
100% of IDOT accident average	10
75% of IDOT accident average	5
50% of IDOT accident average	0
<i>Intersection points</i>	<i>15 possible points</i>
125% or more above IDOT accident average	15
100% of IDOT accident average	10
75% of IDOT accident average	5
50% of IDOT accident average	0
INTERGOVERNMENTAL IMPORTANCE	15 possible points
Projects sponsored by 3 or more jurisdictions	15
Projects sponsored by 2 jurisdictions	10
AIR QUALITY BENEFITS	20 possible points
Projects that eliminate automobile trips	20
Projects that reduce vehicle miles traveled	15
Projects that reduce emissions	10
Projects with seasonal air quality benefits	5
Projects that are air quality neutral	0
Projects with negative air quality effects	-5
PAVEMENT CONDITIONS	15 possible points
Poor condition (0 - 4.5 CRS)	15
Fair condition (4.6 - 6.0 CRS)	10
Good condition (6.1 - 7.5 CRS)	5
Excellent condition (7.6 - 9.0 CRS)	0

Southwest Area’s Council of Mayors’ Criteria

LEVEL OF SERVICE OR VOLUME/CAPACITY	20 possible points
<i>Level of service points</i>	<i>20 possible points</i>
Existing LOS of F	20
Existing LOS of E	15
10-Year projected LOS of E/F	10
Existing LOS of D	5
Existing LOS A-C	0
<i>Volume/capacity points</i>	<i>15 possible points</i>
126% to 150% over capacity	15
101% to 125% over capacity	10
76% to 100% of capacity	5
Up to 75% of capacity	0
TRANSPORTATION CONTROL MEASURE BENEFITS	Variable
Each TCM within project	5
PROJECT READINESS	15 possible points
Ready for letting in less than 6 months	15
Ready for letting in 6-12 months	10
Ready for letting in 12-24 months	5
More than 24 months	0