Linking Transportation and Health: Tools and Initiatives

AMPO 2016 Annual Meeting
October 26, 2016
Outline

• Purpose and What We’re Going To Cover
• Framework for Better Incorporating Health into Transportation Corridor Planning and Results (Framework)
• Transportation Health Tool
• Rides to Wellness
• Discussion
• Summary
Purpose

Provide you information about initiatives or tools you can use to improve transportation options, access to jobs, services and community amenities as well as enhanced communication with community and public health advocates.
What Are We Going To Cover?

• Why making health an explicit consideration in planning and programming transportation options helps maximize access to jobs, pedestrian networks, transit and health care.

• Tools to better incorporate health considerations into transportation planning, programming and design.

• Ideas on how to strengthen communication with users of your services, establish collaborative networks, and gather and use empirical data in decision making.
Framework for Better Incorporating Health into Transportation Corridor Planning

Public Health & Transportation Corridor Planning Framework

1. Define Transportation Problems and Public Health Issues
2. Identify Needs, Resources, and Public Health Priorities
3. Develop Goals and Objectives that Protect and Promote Public Health
4. Establish Evaluation Criteria and Public Health Impacts
5. Develop and Evaluate Alternatives and their Public Health Features
6. Identify Preferred Alternatives to Optimize Public Health
Framework

Guiding Principles

• The community and its needs are the focus

• The intended audience is transportation practitioners; recognizing public health professionals as important potential partners

• The framework will support transportation practitioners currently motivated to incorporate health and illustrate to others how this is beneficial and achievable
Framework

Why a Transportation Corridor Planning Framework?
- Use established process
- Flexible

What can I expect?
- Decision guide, not answers

Photo credit: Tennessee DOT
Framework

What’s Happening Now?
Five transportation agencies are beta testing the Framework this year:

A partnership with the Healthy Wisconsin Leadership Institute focuses on improvements to a four-lane highway in Appleton, WI, with no bicycle or pedestrian support and limited access for transit.

In Akron, OH, Metro Regional Transit Authority is partnering with housing and neighborhood development groups to provide better pedestrian connectivity while consolidating paratransit and fixed-route service.

Planners will engage citizens and stakeholders to boost support for transit investment in discussions about the feasibility of a connection between downtown Oklahoma City, OK, and the northwest suburban area using Bus Rapid Transit.

Two large hospitals on either end of a corridor in Camden, NJ, offer new stakeholders and partners to support the Delaware Valley Regional Planning Commission’s regional coordinated human services transportation plan.

Access management issues and safety needs along the SR-109 corridor near Nashville, TN, will inform the development of a process for including public health in future corridor plans.

These agencies are collaborating to share ideas and challenges while applying the Framework’s guidance and information.
Results – Akron METRO
Akron, Ohio

Photo credit: Akron METRO
Akron METRO – South Arlington

Worked with influential partners: County Public Health Department, Metropolitan Housing Authority, and East Akron Neighborhood Development Corporation, Safe Routes to School, South Arlington United Methodist Church

Collected food desert maps, data on health care providers, information about the transportation needs of residents

Used data, outreach, survey work and collaboration to design stop consolidation plan to improve connectivity, and protect access while improving travel time and schedule adherence
Results – DVRPC
Camden, New Jersey
Identify projects and programs with best connectivity and health-related outcomes for the local community achieved with Advocacy group participation.

Using public health needs to prioritize infrastructure investments, coupled with increased awareness, was a mandate to consider health outcomes and generated support for improvements in the corridor.
Results – ECWRPC
Appleton, Wisconsin
Multidisciplinary stakeholder group
New understanding health impacts of transportation
Options showed enhancements can serve all interests

Understanding the mutual benefits
Built support for implementing the recommendations

Establish priorities to promote public health
Interconnected multimodal networks
An environment where businesses want to locate
Increased mobility opportunities for all
Results – EMBARK
Oklahoma City, OK
EMBARK - Classen Boulevard/Northwest Corridor

Community visioning process engaged stakeholders in considering improvements using a health-in-planning approach to identify goals, access for all users, and develop more inclusive evaluation criteria for project-selection.

Used support as a mandate to convince decision makers to fund corridor improvements that provide opportunities for physical activity, access to health related resources, improved air quality, expanded connectivity for transportation disadvantaged, and safe multi-modal accommodations.
Results – Tennessee Department of Transportation
Nashville, Tennessee
Partnered with stakeholders to identify public health needs, set goals and develop evaluation criteria, so as to positively impact growth and development.

Establishing health priorities for the corridor resulted in new goals: increasing safety for all roadway users, strengthening coordination with emergency response partners, designing facilities to accommodate multimodal transportation needs.

Understanding the health and mobility needs of the population along the corridor and improved decision making by being more inclusive. TDOT institutionalized the commitment to improving consideration of health impacts during transportation planning by developing a Guidance Document to be used on future corridor studies.
Lessons Learned

Benefits of using the Framework and Lessons Learned:

• Questions meant overall better outcome
• Additional partners
• New data and resources
• Relationship building takes time
• Leadership comes in many forms
• Process important as important as product
Questions?

Public Health & Transportation Corridor Planning Framework

Define Transportation Problems and Public Health Issues
Identify Needs, Resources, and Public Health Priorities
Develop Goals and Objectives that Protect and Promote Public Health
Establish Evaluation Criteria and Public Health Impacts
Develop and Evaluate Alternatives and their Public Health Features
Identify Preferred Alternatives to Optimize Public Health
More Details Are Available

• Where can you get this amazing information? The Framework and Case Studies are:

http://www.fhwa.dot.gov/planning/health_in_transportation/planning_framework/
Transportation and Health Tool

Jason Broehm, Office of the Secretary, USDOT
AMPO Annual Conference
October 26, 2016
Transportation and Health Tool

What is the Transportation and Health Tool?

The Transportation and Health Tool (THT) was developed by the U.S. Department of Transportation and the Centers for Disease Control and Prevention to provide easy access to data that practitioners can use to examine the health impacts of transportation systems.

https://www.transportation.gov/transportation-health-tool
Transportation → Public Health
5 Primary Pathways

- Active Transportation
- Safety
- Equity
- Cleaner Air
- Connectivity
What Does This Look Like?

Photo credit: Smart Growth America

↔

Photo credit: Wikipedia

↔

Photo credit: PeopleForBikes

↔

Photo credit: Insurance Institute for Highway Safety
14 Indicators

Transportation
• Commute Mode Share
• Person Miles Traveled by Mode
• Public Transportation Trips per Capita
• Vehicle Miles Traveled per Capita
• Housing & Transportation Affordability
• Land Use Mix
• Proximity to Major Roadways

Health
• Alcohol-Impaired Fatalities
• Road Traffic Fatalities by Mode
• Road Traffic Fatalities Exposure Rate by Mode
• Physical Activity from Transportation

Policy
• Seat Belt Use
• Complete Streets Policies
• Use of Federal Funds for Bicycle and Pedestrian Efforts
**Indicator Profiles**

Transportation and Health Tool reports 14 indicators at the state level, the metropolitan area level, and/or the urbanized area level. Center for Disease Control (CDC) and US Department of Transportation worked together, with input from an expert panel, to carefully select the indicators for use in this tool. Read more about the process used to select the indicators.

Select an indicator below for a description of the indicator, how the indicator is connected to transportation and public health, and the data and analysis used to develop the indicator.

- Alcohol-Impaired Fatalities (state and metro area level)
- Commute Mode Shares (state and metro area level)
- Complete Streets Policies (state and metro area level)
- Housing and Transportation Affordability (metro area level only)
- Land Use Mix (metro area level only)
- Person Miles Traveled by Mode (state level only)
- Physical Activity from Transportation (state level only)
- Proximity to Major Roadways (state and metro area level)
- Public Transportation Trips per Capita (state and urbanized area level)
- Road Traffic Fatalities by Mode (state and metro area level)
- Road Traffic Fatalities Exposure Rate (state and metro area level)
- Seat Belt Use (state level only)
- Use of Federal Funds for Bicycle and Pedestrian Efforts (state level only)
- Vehicle Miles Traveled (VMT) per Capita (state and urbanized area level)

Updated: Monday, October 26, 2015
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Data source, year/version</th>
<th>Geographic scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol-impaired fatalities</td>
<td>Annual rate per 100,000 residents of fatalities from traffic collisions involving a driver who is impaired by alcohol</td>
<td>NHTSA Fatality Analysis Reporting System, 2012; ACS, 2012</td>
<td>State MSA UZA</td>
</tr>
<tr>
<td>Commute mode share:</td>
<td>Percent of workers aged ≥16 years who commute primarily by automobile (or other private vehicle), bicycle, walking, or public transportation</td>
<td>State: ACS, 2012; MSA: ACS, 2008–2012</td>
<td>X X</td>
</tr>
<tr>
<td>Complete Streets policies</td>
<td>Presence or absence of a complete streets policy. 0 = no policy; 1 = policy in place</td>
<td>National Complete Streets Coalition Policy Atlas, February 2012</td>
<td>X X</td>
</tr>
<tr>
<td>Housing and transportation affordability</td>
<td>Percent of income that the average household spends on housing and transportation combined</td>
<td>HUD Location Affordability Index, version 2</td>
<td>X</td>
</tr>
<tr>
<td>Land use mix</td>
<td>Neighborhood-level diversity of destinations based on mix of eight employment types within block groups. Values range between 0 and 1.</td>
<td>EPA Smart Location Database, version 2.0</td>
<td>X</td>
</tr>
<tr>
<td>Person miles traveled by mode:</td>
<td>Average annual distance driven or walked by a person</td>
<td>National Household Travel Survey, 2009</td>
<td>X</td>
</tr>
<tr>
<td>Physical activity from transportation</td>
<td>Percent of all trips made by foot or bicycle that are at least 10 minutes long</td>
<td>National Household Travel Survey, 2009</td>
<td>X</td>
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<tr>
<td>Proximity to major roadways</td>
<td>Percent of population who live within 200 meters of a high traffic road that carries &gt;125,000 vehicles per day</td>
<td>National Transportation Atlas Database, 2011; US Census, 2010</td>
<td>State MSA</td>
</tr>
<tr>
<td>Public transportation trips per capita</td>
<td>Average annual number of public transportation trips per person</td>
<td>APTA 2013 Public Transportation Fact Book</td>
<td>X X</td>
</tr>
<tr>
<td>Road traffic fatalities by mode:</td>
<td>Annual rate per 100,000 residents of fatalities from traffic collisions involving a vehicle occupant (driver or passenger in a vehicle that is moving or parked), a bicyclist, or a pedestrian</td>
<td>NHTSA Fatality Analysis Reporting System, 2008–2012; ACS, 2008–2012</td>
<td>X X</td>
</tr>
<tr>
<td>Road traffic fatalities exposure rate by mode:</td>
<td>Risk of a vehicle occupant, a bicyclist, or a pedestrian dying in a traffic collision. Calculated by dividing the mode-specific road traffic fatality rate (per 100,000 residents) by the commute mode share (percent) for the same mode</td>
<td>NHTSA Fatality Analysis Reporting System, 2008–2012; ACS, 2008–2012</td>
<td>X X</td>
</tr>
<tr>
<td>Seat belt use</td>
<td>Percent of drivers and front-seat passengers who wear seat belts</td>
<td>NHTSA Report: Seat Belt Use in 2012—Use Rates in the States and Territories</td>
<td>X</td>
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<tr>
<td>Use of federal funds for bicycle and pedestrian efforts</td>
<td>Percent of federal transportation dollars that go to bicycle and pedestrian infrastructure projects</td>
<td>FHWA Fiscal Management Information System, 2009–2012</td>
<td>X</td>
</tr>
<tr>
<td>Vehicle miles traveled (VMT) per capita</td>
<td>State: Total annual miles of vehicle travel per person UZA: Total daily miles of vehicle travel per person</td>
<td>FHWA Highway Statistics, 2011</td>
<td>State X UZA</td>
</tr>
</tbody>
</table>
Finding the Indicator Data

Click on tabs to access indicator data at different geographic scales.

Transportation and Health Indicators

Indicators are data points that measure how the transportation environment affects health issues such as safety, active transportation, air quality, and connectivity to destinations. Different indicators are available for states, metropolitan areas, and urbanized areas. Select a geography tab below, and then click on the map to view results. For each indicator, the THT results show the raw value as well as a score from 0 to 100 that indicates what percentile the state, metropolitan area, or urbanized area is in. When viewing results, click on the name of each indicator for more information on what the indicator measures and where data come from. Download a spreadsheet with the complete dataset.

Select a tab to view indicators at the State level, Metropolitan Statistical Area (MSA) level, or Urbanized Area (UZA) level.

<table>
<thead>
<tr>
<th>States</th>
<th>Urbanized Areas</th>
<th>Metropolitan Statistical Areas</th>
<th>Map of the United States</th>
<th>Submit Feed</th>
</tr>
</thead>
</table>
Looking Up Indicators by Area
Example: Fort Worth MSA

Dallas-Fort Worth-Arlington, TX MSA
Viewing the Indicator Results

### Dallas

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Raw Value</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commute Mode Share – Auto</td>
<td>91.6%</td>
<td>40</td>
</tr>
<tr>
<td>Commute Mode Share – Transit</td>
<td>1.5%</td>
<td>55</td>
</tr>
<tr>
<td>Commute Mode Share – Bicycle</td>
<td>0.2%</td>
<td>21</td>
</tr>
<tr>
<td>Commute Mode Share – Walk</td>
<td>1.2%</td>
<td>13</td>
</tr>
<tr>
<td>Complete Streets Policies</td>
<td>No policy</td>
<td>0</td>
</tr>
<tr>
<td>Location</td>
<td>Document Title</td>
<td>Type</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Alamo Area Metropolitan Planr TX</td>
<td>Resolution Supporting a Complete SI</td>
<td>res</td>
</tr>
<tr>
<td>Austin, TX</td>
<td>Resolution No. 020418-40</td>
<td>res</td>
</tr>
<tr>
<td>Austin, TX</td>
<td>Complete Streets Ordinance</td>
<td>leg</td>
</tr>
<tr>
<td>Brownsville Metropolitan Planr TX</td>
<td>MPO Resolution Supporting a &quot;Compl&quot;</td>
<td>res</td>
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<tr>
<td>Brownsville, TX</td>
<td>Resolution No. 2012-056</td>
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<td>Capital Area Metropolitan Plan TX</td>
<td>Texas Mobility Plan 2030</td>
<td>plan</td>
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<tr>
<td>El Paso, TX</td>
<td>Plan El Paso</td>
<td>plan</td>
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<tr>
<td>Dallas, TX</td>
<td>Complete Streets Design Manual</td>
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<tr>
<td>Fort Worth, TX</td>
<td>Complete Streets Policy</td>
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<td>Houston, TX</td>
<td>Executive Order 1-15</td>
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<td>San Antonio, TX</td>
<td>Complete Streets Policy</td>
<td>pol</td>
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<tr>
<td>San Marcos, TX</td>
<td>Chapter 74, Sec. 74.002</td>
<td>leg</td>
</tr>
<tr>
<td>Texas Department of Transport TX</td>
<td>Guidelines Emphasizing Bicycle and</td>
<td>int</td>
</tr>
</tbody>
</table>
The following strategies are included:

- Built environment strategies to deter crime
- Child Passenger Safety laws, child safety seat distribution programs, education and enhanced enforcement
- Clean freight
- Complete Streets
- Distracted driving
- Encourage and promote safe bicycling and walking
- Expand bicycle and pedestrian infrastructure
- Expand public transportation
- Graduated driver licensing systems
- Health impact assessment (HIA)
- Health performance metrics
- High-occupancy vehicle lanes
- Impaired driving laws
- Improve roadway safety
- Improve vehicles and fuels
- Integrate health and transportation planning
- In-vehicle monitoring and feedback
- Multimodal access to public transportation
- Promote connectivity
- Ride sharing programs
- Rural public transportation systems
- Safe Routes to School programs
- Seat belt laws
- Strengthen helmet laws
- Traffic calming to slow vehicle speeds
Strategy: Bike-Ped Infrastructure

Expand and Improve Bicycle and Pedestrian Infrastructure

Expanding and improving bicycle and pedestrian infrastructure means ensuring that a network of infrastructure is in place to make bicycling or walking viable modes of travel. It also means ensuring that the infrastructure is safe and comfortable to use. This approach can promote health by providing added opportunity for physical activity from transportation. This strategy is related to and supportive of the Safe Routes to School, Complete Streets, and Encouraging Bicycling and Walking programs. Elements of bicycle and pedestrian infrastructure may include:

- Bicycle lanes
- Bicycle parking and storage facilities
- Curb extensions
- Intersection treatments for bicycles – bicycle boxes, stop bars, lead signal indicators
- Landscaping
- Paved shoulders
- Pedestrian- and bicyclist-scale lighting
- Pedestrian overpass or underpass
- Separation/buffers
- Shared-lane markings ("sharrows")
- Sidewalks
- Signage, especially high-visibility signage
- Signalized pedestrian crossings and mid-block crossings
- Trails or shared-use paths
Ongoing Activities

• Ongoing Dissemination
• Implementation Workshops
  – Greensboro Urban Area MPO (NC)
  – Delaware DOT
• Case Studies
  – MPO: MetroPlan Orlando
  – MPO: Chattanooga/Hamilton County/North Georgia Transportation Planning Organization
  – Yakima Valley Memorial Hospital (WA)
• Evaluation and Website Enhancements

https://www.transportation.gov/transportation-health-tool

Photo credit: Dan Burden, www.pedbikeimages.org
Rides to Wellness
Building Ladders of Opportunity & Access to Care through Public Transit and Healthcare Partnerships

Danielle Nelson,
Rides to Wellness Program Manager

October 26, 2016
Ladders of Opportunity Through Rides to Wellness/Life

- Employment
- Healthcare
- Education
- Recreation & Leisure
What is Rides to Wellness?

Federal Interagency Coordinated Council on Access and Mobility (CCAM)

FAST Act changes

Why should we focus on the intersection between health and transportation?

What are the compelling needs?

How will we accomplish the Rides to Wellness Initiative?

Results so far and next steps
Rides to Wellness
Vision and Goals

Through rides people and community health thrive

• Improve healthcare access
• Reduce healthcare costs
• Leverage public transportation assets and services
Coordination Codified under Section 5310 in FAST Act

11 federal agencies, coordinating 80+ funding streams supporting transportation

Joint programs link networks, increase efficiency, build partnerships

Local partners collaborate to serve the public better
FAST ACT Section 5310 Changes

New Discretionary Pilot Program to Expand Access and Mobility
- Innovations in coordination including technology solutions
- NOFO yearly, grows by 1M in FY2017

CCAM: Policies to expand interagency coordination, break down federal barriers, and promote locally developed coordinated planning
- Cost allocation model
- Identify and recommend changes to Federal laws
- New Strategic plan

Several References to NEMT Service

For more information, visit: https://www.fta.dot.gov/funding/grants/fast-act
Healthcare
Compelling Need

Almost 80% of healthcare costs ($2.1T) associated with chronic conditions.

Missed appointments = lost revenues, wasted staff time, access problems, and worse patient care.

18% of patients discharged readmitted within 30 days, 1/3 within 90 days. Medicare spends $15B annually for hospital readmissions.

Public Transportation has excess capacity in off-peak hours.
Benefits of a Health and Transportation Initiative: a Win - Win

- Health equity resulting from reduced health disparities
- Better health access resulting in fewer missed appointments, reduced healthcare costs for providers and improved health for people
- New Public Transit riders and partnerships with Healthcare providers and insurers
How Will We Accomplish This Initiative?

Three-pronged Strategy for Rides to Wellness
Ladders of Opportunity Health and Transportation Initiative

Build Commitment and Partnerships
Healthcare Transportation Regional Forums

Stimulate Investment
Community Grants to Link Healthcare and Transportation

HEALTH

Drive Change
Identify and promote promising practices in Healthcare Transportation

Transportation
Past Efforts

- Rides to Wellness (R2W) Executive Summit (March 11, 2015)
- Transit CEO Forum (October 3, 2015)
- R2W Healthcare Access Challenge Grants $400K awarded to 16 communities (June - December 2015)
- R2W Regional Forums hosted by our National Center for Mobility Mgt. (2016)
- CCAM Meeting (July 21, 2016) members began developing a strategic plan that will strengthen interagency collaboration at the federal level to make it easier for state and local partners to provide coordinated transportation.
- R2W Grants for Innovative Ways to Connect People to Healthcare Via Transit (September 12, 2016) $ 7.3M 19 projects 16 states
Current Efforts: Driving Change


2 Research Initiatives:
• IOM/TRB Workshop
• Community Scan (lack of transportation impacts)

CCAM Meetings on 7/21/16 & 12/12/16

R2W Regional Forums – 5 Regions in 2016 & the remaining in 2017

Items for the next CCAM Meeting on 12/12/16:

• Cost sharing policy discussion
• Develop a cost allocation model
• Update inventory of human services transportation program guidance
• Promote coordination across agencies through joint planning and guidance
Community Scan: Key Research Questions

• How does lack of transportation impact healthcare costs, including the percent of missed appointments?
• What percent of missed appointments are due to transportation issues?
• What are the direct costs associated with missed appointments?
• What are the indirect costs associated with missed appointments?
Community Scan: Survey

• Three networks will be surveyed:
  – The Health Resources and Services Administration’s (HRSA) community health centers
  – The Department of Veterans Affairs’ (VA) Medical Centers
  – A National Health Insurer’s healthcare providers

• The survey will be administered to staff with access to data related to missed appointments and the ramifications of missed appointments on their costs and productivity

• The final report will include a summary of national data as well as profiles of communities with promising solutions
HMD/TRB Workshop

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

• The National Academies’ Health and Medicine Division (HMD) and Transportation Research Board (TRB) hosted a workshop: “Exploring Data and Metrics of Value at the Intersection of Health Care and Transportation” at the National Academy of Sciences Building in DC on June 6-7, 2016

• Workshop Objectives:
  – To showcase models of transportation services that facilitate individuals’ access health care providers;
  – To discuss data sources, information technology obstacles and solutions from (and across) the health care and transportation perspectives; and
  – To explore opportunities to ascertain the value of transportation services to improving health outcomes (e.g., through performance metrics) to transportation providers, to health systems, to payers.

“When building new partnerships, start small, go slow”

**Opportunities**
- Grants
- Spaces for shared learning
- Let patients tell their story
- Customer Service
- Sharing resources/increasing revenue
- Share data and analyze solutions

**Barriers**
- Define return on investment
- Funding
- Missing information and data
- Technology
- Geography
- Non-emergency medical transportation destination and service gaps
Building health and transportation partnerships – start somewhere

Public Transit

• Resource and funding challenges – share rides, provide funding
• Highly changing time with emerging models & need community champions and partners
• Changing consumer demands and expectations for real-time information
• Address ‘dumping’
• Data integration and data sharing to understand supply and demand

Health/wellness/human services

• Reduce missed appointments
• Reduce unnecessary hospital readmissions
• Support home-based long-term care and rehabilitation
• Connect in with care transitions and care planning with intake that includes transportation planning
• Get insured to preventive services and improve quality ratings for insurers
What’s Next for R2W & CCAM?

• CCAM Update and Industry Input Webinar on 12/7/16
• Second Federal CCAM meeting on 12/12/16
• R2W Notice of Funding Opportunity will be published in 2017
• 4 virtual NEMT-focused Listening Sessions hosted by FTA, CMS and NCMM in 2017
• To find out more visit: https://www.transit.dot.gov/ccam/about and click “Subscribe to CCAM Emails”
Federal Transit Administration
www.fta.dot.gov
Takeaways

• Using the Framework to make health an explicit consideration in planning and programming transportation decisions helps establish partnerships and access to jobs, pedestrian networks, transit and health care.

• Transportation and Health Tool: easy-to-use resource for MPOs to get an overview of how their transportation system affects the health of the population they serve, and identifies strategies to address negative health effects and promote health benefits through transportation investments.

• Through Rides to Wellness, People and Community Health Thrive
Thank You!

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