

## Nashville MPO Active Transportation Funding Policy Webinar Questions & Answers

**1. How does Map-21 affect your funding, planning and implementation?**

MAP-21 directly allocates Transportation Alternatives funding to our MPO. This direct allocation enables us to host a call-for-projects and rank bicycle and pedestrians projects based on scoring criteria developed by our Bicycle and Pedestrian Advisory Committee. Although MAP-21 has fewer 'pots' of money for bicycle and pedestrian projects, it provides more control to MPOs who have a better sense of local needs.

**2. Was the health study part of your travel survey?**

Yes, the Middle Tennessee Health and Transportation Study is a joint transportation and health data collection effort. [www.middletnstudy.com](http://www.middletnstudy.com)

**3. Is there a lot of opposition from developers for active transportation?**

Because we are a regional organization, we do not typically interact with developers directly. However, we do interact with groups like realtors associations and the Urban Land Institute, who embrace active transportation infrastructure in part because of market demand for these facilities.

**4. Aside from the transportation and health study, how are you measuring performance on the health impact of your new MPO focus on health?**

The Middle Tennessee Transportation and Health study is the primary way that we will measure the direct influence of transportation on personal health.

**5. Do you address the quality of the cycling infrastructure? How do you balance requests for cheap bike lanes versus more expensive but more desirable protected cycle tracks?**

As a regional organization we do not typically get involved in the design component of bicycle facilities. However, there is value to embracing a system that includes a variety of infrastructure types. For example, if a road is going to be resurfaced and a bicycle lane can be painted as part of that project, it is better to take advantage of that opportunity rather than not have a facility on the road. Cycle tracks are ideal, but we will have to do what we can with resources available and work our way up towards cycle tracks being the default facility type.

**6. Did you include the idea of place making in the studies?**

Yes, all of our work at the MPO relates transportation to land use and quality of life. We believe that a sense of place plays an important part in the economic health and quality of life of a community.

**7. How many MPOs have a full time health person like you?**

I am not sure, but my guess is not many. One of the reasons we created the position (which evolved from a bicycle and pedestrian planner position) was to illustrate the importance of the transportation and health connection, not only our stakeholders but to other communities in the U.S.

**8. What was the funding source for the sub study?**

Planning funds allocated to the MPO by the Federal Highway Administration.

9. **How involved has your state DOT been in this process and how receptive have they been about including health in transportation criteria?**

The Tennessee Department of Transportation sits on the MPO Technical Coordinating Committee and Executive Board. TDOT has been very supportive of the MPO's efforts and is interested in incorporating health into the planning process at the state level as well.

10. **I noticed that your priorities still put roads first. Is that because of contractor demand or is it just that road development is very expensive?**

The MPO 2035 Regional Transportation Plan has three policy initiatives – mass transit, walkable communities and enhancing existing roadways over building new roads. Our mass transit runs on roads (fixed-route bus) and our bike lanes are on roadways, with sidewalks adjacent to the roads. In this light, we are using the roadway network as the backbone of the transportation network. However, we are working to make the roads complete streets compatible, versus making them work solely for automobiles.

11. **Was there any success in exploring alternative funding through public private partnerships with local area hospitals?**

The MPO has not specifically approached area hospitals for funding of infrastructure; however we are open to collaboration around data collection and data sharing.

12. **Have you run into significant opposition from the anti-Agenda 21 fringe?**

Not in direct response to our MPO policy work.

13. **Approximately how much is the Transportation Health Study costing -- for both the 12,000-person survey and the sub-study, plus analysis?**

The complete study is around \$1.5 million, not including analysis.

14. **How large is the BPAC and how often do they meet?**

The BPAC is around 23 members and meets as needed, typically a few times a year.