

**Testimony of Stefanie Carignan
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Council of the District of Columbia
Committee on Transportation and the Environment
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Dear Councilmember Mary Cheh and members of the Council of the District of Columbia's Committee on Transportation and the Environment. My name is Stefanie Carignan and I am a senior associate with The Pew Charitable Trusts' Health Impact Project. Pew is an independent nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public, and invigorate civic life. My work involves assisting local, state, and national organizations to include health considerations in policy decisions across multiple sectors, such as housing, transportation, and employment. Thank you for inviting me to testify today on Bill 24-0429, the Metro for DC Amendment Act of 2021.

My colleagues and I completed a health note of this bill, which I submitted with my written testimony and that you also received in November 2021 through correspondence from the Council's Office of the Budget Director. A health note is a brief, objective, and nonpartisan summary of how proposed legislation could affect health and health equity. The aim of health notes is to provide evidence to inform decision-making: they are not intended to support or oppose legislation.

For the past three years, the Health Impact Project has been testing health notes in jurisdictions across the United States to help lawmakers learn the potential health implications of proposed legislation and policies. In December 2020, we received a technical assistance request from Chairman Mendelson inviting us to coordinate with the Office of the Budget Director to conduct health notes on legislation being reviewed during Council Period 24.

The health note I'm discussing today examined the available U.S.-based evidence regarding potential health and health equity effects of the bill. I can report the following:

First, we found evidence that this bill has the potential to increase Metro ridership in D.C. While strong evidence shows that reducing or eliminating public transit fares can increase ridership, especially for older adults, there is mixed evidence regarding the responsiveness of individuals who have access to other modes of transportation, such as a private vehicle, to these incentives. Urban residents with lower incomes and older adults with fixed incomes tend to be more dependent on public transit than higher-income residents, so the subsidy proposed by B24-0429 may not increase the number of D.C. residents who take transit. It may, however, increase the frequency or number of public transportation trips low-income or fixed-income District residents take.

Second, this bill may also reduce inequities in transportation spending in D.C. According to a 2019 D.C. Transit report, over 65% of the highest-income Metrorail customers receive an additional transit subsidy through employer-sponsored programs, but only 10% of Metro's lowest-income rail customers

receive similar subsidies. To the extent that the bill decreases transportation costs for low-income District residents, it could increase the funds they have available for health-promoting expenditures, such as utility bills or facilitate additional transit trips to access health-promoting goods and services such as full-service grocery stores and medical care.

Third, we found strong evidence that public transit users achieve more daily physical activity than motor vehicle users, resulting in health benefits including reduced rates of obesity and associated health conditions, such as diabetes and cardiovascular disease; however, the evidence regarding the cause of this association is mixed.

Finally, there is strong evidence that public transportation is safer than riding in a car. To the extent that initial recipients of this subsidy are responsive to the financial incentive and switch to public transit, this bill has the potential to alleviate congestion and reduce vehicle miles traveled in the District, potentially reducing car-related injuries or deaths and improving air quality.

Thank you so much for your time.

Sincerely,

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