



Mpact Podcast

Episode 75: Health in All Places

With Jon Ford, Senior Regional Field Manager, Community Development, Federal Reserve Bank of San Francisco, San Francisco, CA; Debarati “Mimi” Majumdar Narayan, Ph.D., Officer, Health Programs, Pew Charitable Trusts, Washington, DC; and John Vu, Vice President of Strategy for Community Health, Kaiser Permanente, Berkeley, CA

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Tamar Shapiro (0s): Welcome to the Mpact Podcast. This is Tamar Shapiro, CEO of Mpact, formerly known as Rail~Volution We are excited to have recently announced both our new name and tagline, Mpact: Mobility Community Possibility. We're a national organization working at the intersection of transit, related mobility options and community development. The podcast is a chance to hear from a range of voices as we go deeper into how to leverage transit to make communities better for people.

Jeff Wood (43s): Hey there. I'm Jeff Wood, principal of The Overhead Wire and your host This month on the Mpact Podcast, we're at the 2023 Mpact Transit + Community Conference in Phoenix, Arizona. Jon Ford of the Federal Reserve Bank of San Francisco leads a panel discussing the connections between transportation, housing and public health. Stay with us.

Tamar Shapiro (1m 12s): All right now I'm going to call on our panelists to come up on stage. So we've Jon Ford, who's the Senior Regional Field Manager for the San Francisco Federal Reserve Bank's development team. And he leverages three decades of for-profit and non-profit experience to help communities develop transformational change related to the social and economic determinants of health and wellbeing. Prior to joining the Fed, he spent 15 years at Vitalist Health Foundation. So clearly a lot to say on this topic. And Jon will be our Moderator for the panel.

Next to Jon, we have Mimi Narayan who works on Health Programs at the Pew Charitable Trusts. She previously worked on the Health Impact Project, a collaboration of the Robert Wood Johnson Foundation and Pew that encouraged state, local and national organizations to consider health and decisions across all sectors such as housing and transportation.

And then we have John Vu, who's the National Vice President of Strategy for Community Health at Kaiser Permanente, who's responsible for the development and implementation of key strategies to ensure Kaiser Permanente commitment to improving the health of communities and is focused on upstream determinants of health such as housing, homelessness, economic opportunity, climate change, and sustainability.

We're thrilled to have you all here and I'm going to turn it over to you, John.

Jon Ford (2m 22s): Thank Thank, thank you. There it is. There it is. Good morning. How's everybody? This is amazing. You know, you guys got here early, you got here orderly. And you also seem to be relatively excited. Am I right by the way? We did, yeah. We lost the official third panelist, but I think we actually added a panelist. Darrell Slim, are you still here? Because his words speak directly to this panel, which is, it is about alignment, it is about everything being aligned in a way that we can produce healthy communities.

So Darrell, thank you very much for being our unofficial first panelist. If you're still here, that was a brilliant blessing. And I don't know Dene, but I think there was something in there about Health in All. Places. Did you hear it John? I think it was there.

As Tamar has already introduced everybody, I actually just want to jump right into this For, those of you. Oh, by the way, I just got to say, I had never thought I'd come to a transit conference and then see like, where's the Pottstown people? Are you guys out there? Woo. What up Pottstown people. And Charlotte, where are you?

Charlotte, are you out there? All right, I'm coming for you. You watch. All right, John, let's, let's go. Let's go right from the beginning. What does Health in All Places mean to you and how does Kaiser go about making that happen?

John Vu (3m 46s): Yeah, thank you. Good morning everybody. Well, first off, I'm from, let me introduce Kaiser Permanente a little bit. For, those of you who don't aren't aware, we're not in every state. We are a fully integrated health plan and care delivery organization. So we have the insurance and the hospitals and medical centers, pharmacies, labs, all of that fully integrated and a value-based healthcare system. We have, our heavy presence is in California, but we cover anywhere from Honolulu all the way to Baltimore.

We cover about 13 million lives, about 40 hospitals and 800 or so medical offices in that footprint. We employ about 250,000 people and have about \$105 billion in revenue annually. And we are a not-for-profit mission-driven health organization. And I'm laying all that out because I think this sense of scale and the anchor sort of of being a, a large employer in any community, a large purchaser in any community, a large investor, a large user of land and space, having a lot of facilities plays a role in this idea of community and thriving communities and all of that.

But of course, again, as a not-for-profit mission-driven organization, health is part of why we exist. And over the last 20 years or so, there's been this big movement in healthcare to look beyond the care and the coverage that is provided. And the science is showing us more and more. And I think now it's just a given that what we do day to day, bread and butter, providing the care is vital and necessary when you're sick, but it's not necessarily what's going to keep you healthy.

And so if you are a health organization or if we are a health organization, we started looking around and said, well, what else matters? And what's our role in that? And then when you kind of really look at it, everything matters to health, housing matters, transportation needs matter, food insecurity matters. The climate and the air that we breathe matters. The environment in schools matter. So that became really daunting really quickly because here we are providing mammographies lab tests, you know, prescriptions, good wellness visits, health, education, all of that.

And as much as we prided ourselves on being upstream and preventative, we started realizing, wow, there's way more upstream to think about and worry about here. But then the daunting part is what do you do? We're we can't solve homelessness, we can't solve hunger, we can't. So on and on and on. But that, I mean we as one little organization in Oakland, in Denver, in Atlanta, can't solve that for the world. But we started taking that responsibility that we have a place to do something in that and we must do something about that.

And our mission moves us to do that. And there's a moral imperative as a health organization to work on those things. So that's a big sweeping things. And that's, so as you start having that mindset and awakening to that, then you look at every stone and you start turning it over and say, okay, we could do this, we could do that. We can work on affordable housing here, we can work on climate change there. We could. And then those things kind of grow. And I think we'll get into a lot more examples over this. But I wanted to kind of just lay out, I think the mentality and the mindset and the, the overall sort of approach here,

Jon Ford (7m 30s): Which is a really important perspective. Understand, right? I know that. How many doctors do you have in your system? What do you think?

John Vu (7m 36s): 19, 15, 20,000? I'll just say. Yeah, yeah.

Jon Ford (7m 38s): Okay. And 20,000 physicians who, who see patients and they think to themselves, I can only do so much because before they present it here, the lives they live, the opportunities they have economically, socially, educationally, all those things play directly into health. And the stats go on and on forever, right? A high school education, just graduating high school versus getting halfway through your senior year adds a decade to your life, right? And it increases your economic potential.

You know. Charlotte, where are you again? Charlotte was smart. Okay. In case you have any questions about the connection between Transit and health, they studied it before their light Rail line went in, the Department of Public Health partnered with the transit department. They did a Pre and a post 18 months. 18 months go by. After light rail opens in Charlotte, the average rider loses 6.45 pounds. Boom. Salt Lake City did the opposite study by the way. And they found people who stopped riding light wear light, Rail also gained weight.

So just in case we had any questions about the connection between health and transit, there you go. There's just one small example, Mimi, you kind of come at this from a different angle,

which is great. So what we have here, even though we missed one, one panel person, we've got two people that covered the gamut, right? We've got John who is really coming at it as an anchor institution, a large institution in the community, and how do we play the right role in Health, in All, Places. And then Mimi though she comes from an institutional background and has a lot of different ways that she's connected up top. She's also right there on the ground studying what happens in communities and helping to understand communities.

Because that's where we really get into how do we do this in a way that supports people being healthy. So Mimi, what's health and all policies mean to you and how do you practice that?

Mimi Narayan (9m 23s): Thanks John. So first of all, I want to say it's so nice to be back in Phoenix. So good morning everybody. I've coming back after 10 years after having lived here and gone to ASU to do my doctorate. It's been great to be back and having worked with John previously. So where are my Sun Devils? Anybody? All right, thank you for that introduction. So I'll just say a little bit about my organization and just what we do.

So I work at the Pew Charitable Trust, which is a global nonprofit that really works to advance evidence-based policy. And essentially everything that we see around us is somehow based and rooted in policies. So similar to what John was saying and just lifting that up again, if we are talking about the decisions that are made in transportation and, and where we put in Transit, where we locate our grocery stores, where we locate housing, and how that housing has access to the transportation mechanisms that you have around a community are all based in policy at the end of the day. So if we are centering health in those decisions that are made to drive policy, we are changing the ways in which we are then designing those places and then essentially, hopefully elevating health outcomes that are positive.

So that's sort of the sort, if you will, theory of change for us. And so our work is very much rooted in, in the policy world, but policy makers traditionally often don't root their decision making in the communities that are going to be affected by those decisions. And so central to my work is a concept of health equity, which is essentially ensuring that everyone has what they need in order to meet their best health.

So when we make policy decisions, our goal is to include community in those decision-making processes, because at the end of the day, they're the people, the people with lived experience in those communities that are going to be affected by whatever decision that we're making. Whether it's about transit, whether it's about housing, whether it's about Community, Development. So a lot of the work that we do, and, and we've done this in in Phoenix also is rooted in understanding really from the community and with the community what is going to be their best health, right?

What is, what does health mean to them? So John talked a lot about the, the determinants of health that are outside of sort of our individual characteristics or genetics or, you know, individual behaviors like smoking or substance use. But beyond that, you know, it's all of these

social economic environmental factors that are going to be really contributing to health and wellbeing. Broaden that out to mental, physical and spiritual health wellbeing for communities.

So we've worked, for example, in Phoenix many, many years ago on decision making that you know, is at the, at a very local level. For example, I don't know if anybody here in Phoenix remembers the Coffelt Lamoreaux Public Housing Redevelopment Project. We work with local LISC here to understand how the redevelopment will help support this community to achieve their best health.

One of the tools that's at our disposal, and this is a very pragmatic tool, is called the Health Impact Assessment, which is a way to understand, it's, it's a very sort of simple six-step process. Well, I say simple, maybe elaborate, but, but very clear six step process that allows us to understand if we move forward a policy or a project or a plan, how will that actually impact the health of the community? And so we did that at, at Coffelt to understand, okay, we're planning a redevelopment, but how is that actually going to benefit health outcomes for this community?

And you know, those are the ways in which we want to engage community to understand, okay, what does best health mean for you? And it may be very different than what it means for another community. So we've done work with indigenous communities, we've done work in communities of color that have, you know, been subjected to persistent poverty. We've done work with communities all across the country to understand what does health mean for you. And certainly those determinants are very different depending on who we're talking to.

Jon Ford (14m 9s): So if there's two things I would ask you to keep in mind and hopefully take away from this. One is every decision you make related to mobility matters. And I know you know that, but it matters along dimensions that you may not consider on a daily basis. And so I'll just go to this Coffelt Lamoreaux project, oldest housing development, oldest, oldest affordable housing development in Phoenix. A freeway went up around it and the city said, you know what, We probably should just close it down. But then you asked the community what they think and the community says, Uhuh, this is our home. Like generations of our families have lived here. This is our place in Phoenix. We don't want you to chase us out and displace us. We want you to make it better, which is what we're supposed to be doing pretty much all the time, right? Make things better. And so, you know, Mimi had the opportunity to really go and listen carefully and you hear things that you would never get any other way. I don't care how many traffic patterns you study, you're not going to find out unless you ask the community that people in that community need like a three hour round trip just to get to the one grocery store that's even close on transit. And then you start to ask yourselves the questions, well how can we make that better? 'cause when we make that better, we make lives better.

Now John, you have a tool besides Health Impact assessments, Kaiser also has a tool and every, every healthcare anchor institution does. It's called the Community Health Needs Assessment. So talk about a little bit more about how Kaiser gets to know its communities, its people, and how we can then use that information, share that information to make places better.

John Vu (15m 46s): Well, for about 30 years now, we have been looking at, when we say health, how do we look at that beyond cardiovascular disease rates, cancer rates, those kinds of things. And what matters for health in the community that we're in? We've been doing that for a while. And then the Affordable Care Act, when it got passed required that every nonprofit hospital system must do every three years an assessment of the community health needs in the footprint that it's in for around its hospital.

So now every three years, every hospital in your community, if you look it up, is supposed to research, ask interview, pull public data and put together a report that says here are the communities, the needs of the health needs of this community that I'm in. And you need to post it publicly on your website and you need to have a plan of what you're going to do to address the top priorities that you put in there. So these range, and you know, the top ones that come for us, there's still some access issues.

Not everyone still has access to despite Affordable Care Act and, and the availability of all that. But then you start getting into like economic opportunity, jobs, entrepreneurship, educational attainment, those rise to the top. And we'd have 47 of these reports now for the different communities that we're in. So you can Google Kaiser, CHNA or Community Health Needs Assessment and literally pull this down. We work with outside researchers and consultants to do both a quantitative review of the public data around air quality, poverty rates, housing affordability, time to commute.

So we, and every hospital has to kind of make its own view of what they want to study and look at. So you can kind of see the kinds of things we look at. And then we go out and interview public health leaders, community advocacy organizations, community organizations, citizen groups and the and the like. And at times I've held town hall meetings to say here's the next cycle of our community health needs assessment. We want to hear from you. So we put all that together in a report. Sometimes 30, 40, 50 in pretty ambitious places.

They've gone to 70, a hundred pages. But I mean these get get pretty like substantive. So you can kind of really get a good sense of, of what matters for health in that community defined broadly this way. And then we of course then have all our strategies that we'll begin to address those.

Jon Ford (18m 17s): Okay, is everybody clear? Anywhere you go in the United States, you can find a community health needs assessment. You can find data points to help you understand what's going to help make a community better. You don't have to do it yourself. You have anchor institution partners that do that. Mimi, if you had to guess at this point how many health impact assessments have been done in the United States?

Mimi Narayan (18m 37s): The good thing is, John, I don't have to guess. We have actually a collection of health impact assessments for most of the United States covered at the moment at the health Impact project. We used to co used to just have people send them in. We have

over 400, so it was 445 at less count health impact assessments. Sure, okay. Positive off which more than 200 and the folks in the room will be excited to hear this, are on transportation decisions.

So you know, whether it's transportation policy that somebody is, you know, expanding a highway and how that would affect the health of communities around that highway. So I think it was Beaufort Highway in Atlanta. Anybody from Georgia here that was, yeah, there you go. There was a health impact assessment done on that decision. We have across Arizona in Yavapai County, there were transportation decisions in Pinal County. You know, there was a, I think it was a active trail that was put in and there was a decision about that.

And so what happens with health impact assessments is you are able to assess how is this decision going to impact the health of the community. And by assessing that, you then make recommendations to how to mitigate any negative impacts that might happen as a result. Or it really, really lift up the positive impacts for the community and before the decision actually gets implemented. Which is a great way to do that. You know, be before any real policy goes into effect.

Jon Ford (20m 19s): So a basic recipe here, think big, do what you do well but listen and you don't have to do the listening by yourself. You've got partners who can help you do that. To listen to community, to understand what the community's going through and how to connect what you are doing and your planning to helping make their lives better.

Now I have made jokes about transit people a lot and I'm going to just say I never understood how a tree could be a line of sight obstacle. I've always really thought it should be more like shade and something nice on the street.

But you know, we can meet in the middle, we can talk about this. And it's really, really important to have these diverse perspectives on what represents good things in the community and what represents how we're going to make things better. I also think it's kind of funny that y'all call streets arteries, right? Did anybody see the irony in that this is the lifeblood of a community? How well does that artery function? Does it function as throughput purely that divides the community? Or does it function in a way that serves all the people who live around it?

Both And on either end of it. These are tricky questions I know, but I do think it's hilarious that they're called arteries.

John Vu (21m 32s): Thank you John. He's going to be here all week. Thank you. So try the fish.

Jon Ford (21m 36s): I dunno about that. Jessica though, I'm looking at you and I'm looking at Terry and the folks from LISC. You know, you can be really intentional about this stuff in Houston when they built their light rail extension into a low and moderate income community, they didn't just say we're connecting this community to job opportunities. They literally went

up and down the line and said, who are the major employers and how can we actually make the connection between Community Development groups in that low and modern income community to those employers and actually create a workforce development opportunity?

And they did that. And that's so, so let's live into the full potential of what transit can do for health. And by the way, economic development, economic opportunity is absolutely a hundred thousand percent tied to health, right? If we can live in a way that we get a living wage and we can get the health, the health access that we need through benefits, right? But also through how we eat and how we are able to do our jobs without stress, that's a massive, massive health improvement, right?

So within that context, believe it or not, we are like running out of time. So I need you both to think really carefully and quickly about like the top three messages you want to leave for this amazing set of people. John, I'm going to start with you. Well,

John Vu (22m 53s): Let me just echo what you said real quickly. 'cause we, we've talked in our world this idea of social determinants of health, that it's well way beyond healthcare health coverage and that all these other issues matter. And in fact, we've now starting to say economic opportunity, having good financial wellbeing might be the super determinant of health actually that everything that you just said around having this good stable job and security that that brings the mental sort of mental health it brings the safety and all of that and of obviously the benefits of a job and the providing that. So we work heavily on that.

I guess one thing, I mean this integration now is interesting. Like I've been thinking a lot about, you know, the tail wagging the dog. Here we are, healthcare and saying this is what Transit should do, or transit saying here's what health should do. And I'm realizing now it's just all one big elephant. Just to completely messed up the metaphor here. Where's

Jon Ford (23m 48s): Darryl Darryl's here somewhere he told us it all has to align. Yeah,

John Vu (23m 52s): Yeah, there you are. Okay. And that we can't treat this as silos. And I think, you know, I've talked a lot about Kaiser here, but I think, you know, mass General in Boston, you know, Cleveland Clinic, UCLA health in, in, in Southern California, we all have this role. And you should turn to, as John has advised, to healthcare this way. And we have had this awakening and we've been on this journey for at least a decade now where there's earnest real effort to work on housing, to work on transit, to work on these things.

But we don't, we still don't kind of don't know what we don't know in healthcare. And so we are trying to reach out and I've never, I have to admit I've not spent a lot of time with Transit people and today I get to meet a hundreds of you. So I'm looking forward to this sort of exchange and learning and I really applaud Tamar for having this vision to, to make these connections more deliberately and bringing people like us to a forum like this, to, to have these conversations. So I think opening the door, everything you've advised on, like just there's a lot out there already.

We don't need to be, each of us need to be constantly reinventing the wheel, but there's nothing going to be greater power than pulling our efforts and our resources in any community. 'cause if you're, we all live in a community to us it's not this company's Initiative or that agency's Initiative. It's just sort of, I live here and I need to get from here to there, or I need to buy this or that, or I need to want to move into this neighborhood or that neighborhood. Like they don't kind of care who's funded what and who's sponsoring what we do and are like sponsored by, brought by.

But, so the more we talk to each other and align these forces for good and then use the power of government, use the power of research and people who can have convening power like the Fed more and more we're, I mean, we're just not going to get this done by ourselves.

Jon Ford (25m 46s): Yeah. And let's also talk about Connor, where are you? You out there? All right buddy. Let's also talk up the power of connecting with community groups through, through the right types of organizations. Connor, wherever the heck you are, right? You got 30 grassroots organizations that you're working with to help the folks in Philadelphia understand how transit can make people's lives better. This is the kind of thing we need to do. We need to not just be thinking about like, oh, this is a schematic of a city and how are we going to serve a certain number of households and what's, what's, what's the thing for traffic flow?

I forget there's a ta there's a calculation for it. I forget what it's called. Velocity or something like that, right? It's not just about the velocity of the street folks, I'm sorry, it's not right. It's got to be about how that street functions as an artery for the community to be healthy, to be well to access economic opportunity to access education. By the way, here's the secret about the, the Phoenix Light rail. One of the reasons it succeeded was the initial plan was to connect all of the schools. So downtown Phoenix was kind of bland until a SU decided to put a downtown campus in.

And then we needed to connect the downtown campus to the Tempe campus. Then we had to connect it to all the other different schools. That's where most of the ridership came at the beginning. Now downtown Phoenix is revitalized with all kinds of development and business, billions and billions of dollars of development because that light Rail line went in, right? This is how we can make places better through Transit Mimi.

Mimi Narayan (27m 15s): I want to double tap on both of the things that you said for both of you, but I also want to throw in another component that I think is really important, especially with Transit. Transit can unite or Transit can divide. And I think the way, and historically we've seen that, right? We've seen how transit has divided, but we can do better. And the way to do better is really to think about everyone it serves.

And I say that because in decision making and in policy making, we don't always think about everyone and we listen to the loud voices and the ones that are left behind are left behind. So I think really advancing equity and centering equity in the decision making that we do as we are

thinking about Transit and as we're expanding Transit as we're making, you know, all kinds of decisions around transit is so important.

So, you know, John, when I was at at Vitalist, we worked on reinvent Phoenix. Anyone here City of Phoenix? No. Okay. But you know, we worked on reinvent Phoenix, which was essentially doing those health impact assessments across five different districts that the light rail goes through to really understand how do we, how are we actually doing transportation oriented development, right? And really talking with communities to understand what, what is it that they need access to?

And what is the light Rail providing? So this iterative process of assessing, okay, we're making a decision before the decision, let's think about is it serving all after the decision? Let's think about is it serving all And, and that's just to me, central to what we have to do. So yes, get out of our silos and then also think about are we making it for all? 'cause if we're not, we're just like advancing the inequities that already exist and we don't want to be doing that 'cause we can do better.

I also just wanted to say, I forgot to say that the health impact assessments that I was talking about and all the transportation ones, all 400 plus are living right now on IP Three's website, which is the Institute for People Place and Possibility. So if you're interested in looking at them, we have all the reports that people have done on the health impact assessments and sort of, you know, what drives the decisions on, on that website.

So if you're interested in taking a look, please go to their website and, and taking a look at this Health impact assessments.

Jon Ford (29m 60s): How we doing on time? All right, I I've not done yet though. I just want to say to all of you, you also need to be brave. So Mimi said, transit has shown a history of dividing. Well, even doing this work, you will face a divide. You will find out that people don't want you to take a lane of traffic out and put in a bike lane. You will find that some people think parklets are really stupid and they really want that parking in front of their restaurant. Instead, you will find that people disagree with putting light rail in because now they can't turn left at a specific intersection.

So I know those things happen to you daily, hourly, by the minutes. But what I find fascinating about almost every single one of those examples I just gave is that after it's finally there and after it's been there, maybe a couple three months, people go, man, I like that. I really like that. It makes the place where I live better. It makes people happier, it makes people live well and connect. I don't know if anybody ever saw the, the studies that came, I think it was outta San Francisco that showed that once traffic calming happened in a neighborhood, the social connections between the people on that street dramatically improved just by taking the speed limit from 45 down to 35, right?

We can make these changes so that we can build better communities and that is within our power to do in the transit sphere, in partnership with health, in partnership with economic development, in partnership with our municipalities, in partnership with the federal government. Give us money. We want that too. And I just want to give a final shout out back to Pottstown where I started, which is you can also do it with philanthropy, you can do it with philanthropies who understand the importance of this work and how it helps to improve community since I came from that background also.

And you can also do it in partnership with the Federal Reserve Bank because we care about economic development and how people can get to the opportunities they need in order to be healthy and well and to thrive in this economy. So there's lots of partners out there, there's lots of people you can work with. Do not be shy about this work. If you want to get into it. There are people who have done it, there are people who are doing it, there are people who want to do it. And there are communities that are dying to talk to you about how to do it well in their communities. And by the way, every community's different.

So I think we're out of time. Are we Nope,

Mimi Narayan (32m 23s): Go ahead. I'm just going to do one more plug for philanthropy. Given that I'm coming from philanthropy to say it is, you know, we've funded many, many health impact assessments in the past on transportation decisions. And one of the things I want to say to you is also thinking outside the box of what is a transportation decision is an interesting piece because sometimes people will just not reach out or, or ask for money because they think it's outside of the lanes of whatever the philanthropy is funding.

Sometimes it's just a matter of going out there, as John said, being brave and just asking the questions and the money will be there.

John Vu (33m 6s): And I'd be remiss if I did not mention, please look this up. Kaiser Permanente Purple Line Corridor in Washington DC or in the metro area. The metro layer expanded is expanding to another line called the Purple Line. And around that there's, this was a really visionary group called the Purple Line Corridor Coalition that came together and said, how is this going to affect the neighborhoods? And it cuts multiple counties, especially For, those who are often get displaced as a result of transit.

And when you read that case study, you'll see how many, many different levers were pulled and we got involved in there and it activated philanthropy, but it activated impact investment. So we freed up about \$12 million of loan capital that we put out in the world, but then it activated advocacy and policy change, right of first refusal. It brought together all these different players from universities to studying it to community advocacy organizations, church groups and land use.

All of that's in this great case study. So look that up in terms of how does multiple different organizations and agencies come together to think about something as simple as maintaining affordable housing around transit stops and what we can do about it.

Jon Ford (34m 24s): All right, so to those of you who already do this and it's old hat, hopefully we didn't bore you, but instead we actually made you feel good about what you do. To those of you who haven't done this work before, come talk to us and all the other amazing people in this room who are doing this work.

Lastly, thank you WSP for sponsoring this session. We really appreciate it. Thank you very much to Mpact and thank you John, and thank you Mimi, and I hope you guys have a great rest of your conference.

Tamar Shapiro (35m 5s): Thanks for listening. Find out more about our work by visiting our website, mpactmobility.org. That's M as in Mobility and Pact as in agreement mobility dot.org: mpactmobility.org.

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