



TDM at Seattle Children's Hospital

December 29, 2021

Tools of Change Illustrated

- ▶ Building Motivation, Engagement and Habits Over Time
- ▶ Financial Incentives
- ▶ Norm Appeals
- ▶ Overcoming Specific Barriers
- ▶ Vivid, Personalized, Credible, Empowering Communication

Location

- ▶ Seattle, Washington, U.S.A

Initiated by

- ▶ Seattle Children's Hospital

Results

- ▶ By 2017, each hospital employee was taking just under half as many SOV commutes on average, compared with 1995.
- ▶ By 2017 only 33% of employees drove to work alone, down from 73% in 1995.

Introduction

Seattle Children's Hospital has operated a widely recognized trip reduction program since 1995. This program is an early and successful example of providing drivers with cash incentives to offset losing free parking ("parking cash out"). It is also one of the few ongoing examples of a program that pays people if they take a non-SOV way to work. Between 1995 and 2017, the percentage of employees who drive to work alone dropped from 73% to 33%. Further, the program's commuting perks have helped attract & retain quality employees, and the program has enabled the hospital to avoid spending \$20 million to build new parking facilities. Designated a *Landmark* (best practice) case study in 2021.

Background

Note: To minimize site maintenance costs, all case studies on this site are written in

the past tense, even if they are ongoing as is the case with this particular program.

Several factors contributed to Seattle Children's Hospital's focus on parking management.

- *Limited Parking:* The Hospital had roughly a thousand patients coming and going every day. It had only eleven hundred parking stalls on campus, of which about 700 were reserved for staff. Roughly 90% of patients and staff had to park offsite. Building a new parking stall in Seattle is expensive – roughly \$US 20,000-\$50,000 per stall. The hospital wanted to avoid having to build a new parking facility – estimated at roughly \$20 million.
- *Limited Bus Service:* The hospital is in a residential neighborhood, which originally had only two bus routes that did not adequately service the hospital.

- *Legal Requirements:* The State of Washington’s “Commuter Trip Reduction Law”, enacted in 1995, required employers to have a commuter trip reduction plan for their employees. Both the state of Washington and the City of Seattle set trip reduction targets for the hospital.
- *Development Agreement; Need for More Clinical Space:* The hospital wanted to build new buildings to create more clinical space on campus. In granting the hospital its development agreement in 2010, the city had forty-two conditions. One of these was that the hospital was to reduce drive-alone (SOV) mode share to just 30% of employee trips by 2030 (i.e. within 20 years.) As long as the hospital was on track to achieve that goal, with steady progress being made, the hospital was able to continue with its expansion.
- *Improving Air Quality to Support Patients and Reduce Admissions:* Two of the top five reasons for being admitted to the hospital were associated with air quality - bronchitis and asthma. Reducing congestion, traffic and carbon therefore served the children that the hospital was looking to serve.

Getting Informed

The Commuter Trip Reduction Law required the hospital to conduct a staff commuter survey every two years. The first survey (baseline) took place in 1995.

To get its development approval in 2010, the City prepared a TDM Master Plan for ensuring that no new car trips would result from the expansion. The City contracted with Nelson\Nygaard to develop that plan, which included barriers research and equity considerations.

In addition, the hospital’s transportation demand management platform (described below) provided ongoing reporting on commuter behavior, environmental impact, parking events and more. Further, the hospital conducted a market comparison of parking rates annually to ensure that its parking rates were appropriate.

Prioritizing Audiences

This program was designed for the hospital’s staff and patients.

Setting Objectives

The program aimed to reduce the proportion of people driving alone (SOV mode share) to just 30% of employee trips by 2030.

Delivering the Program

The hospital’s transportation demand management program began in 1995, in response to the Commuter Trip Reduction Law, and it gained further momentum in response to the city’s development agreement in 2010.

Management Support

The hospital’s top managers recognized the strategic importance of the program in helping the hospital achieve its broader goals and were instrumental in promoting it internally. The CEO modeled the desired behaviors by taking transit and riding the hospital’s shuttle most days. (*Norm Appeals; Vivid, Personalized, Credible, Empowering Communication*)

The organization identified two main areas where it had the greatest influence to make the desired changes. The first was where its policies aligned with those changes. The second area was to provide related workplace amenities (e.g., putting in lockers, showers, and bike parking.) (*Building Motivation, Engagement and Habits Over Time; Overcoming Specific Barriers*)

Eliminating Free Parking and Monthly Parking Passes

One of the most important policy changes was to eliminate free employee parking. Patients and their families continued being able to park for free. On-site lots were gated, and access restricted by time and lot. The revenues from additional parking fees were used to help cover program costs. This

painful transition was assuaged through incentives for taking alternative commute methods, and through supportive communications from senior management spokespeople. Key messages, such as increases in parking rates, always came from these spokespeople rather than the transportation department, because senior leaders are better able to present the changes in context of the hospital's overall mission.

In addition, in 2010 the hospital stopped offering monthly parking permits. Monthly permits can undermine a program and reduce SOV commuting because when people buy a monthly parking permit, they make a substantial personal investment each month and are motivated to park every day to get their full money's worth. (*Building Motivation, Engagement and Habits Over Time; Financial Incentives; Norm Appeals; Overcoming Specific Barriers*)

Parking rates were based on when people arrived, rather than how long they stayed. Rates varied from as high as \$11.50 during peak commute hours (6:00 am to 9:00 am) to as low as \$3.25.

Bonus for Taking Alternative Modes to Work

The hospital paid each employee a Commute Bonus every day that person did not drive alone to work. The bonus began at about \$2.00 a day and gradually increased to \$4.50 a day, in coordination with increasing parking rates. This bonus remained one of the staff's favorite commute benefits. (*Financial Incentives*)

Transit

Another of the most favored benefits was subsidized ORCA transit passes. These were originally completely subsidized but around 2020, when transit costs skyrocketed, employees were asked to contribute a small amount too. The program improved the proximity and frequency of transit. For ten years it paid the cost of increasing local bus service from every 30 minutes to every

15 minutes. It then continued to operate a free employee shuttle service on demand, 16 hours a day, from major transit hubs and between facilities. In addition, employees who lived along the shuttle routes were encouraged to use the shuttles for their daily commutes. Users could track their busses and shuttles in real time. Looking to the future, the hospital wanted to reduce its investment in its shuttle service and rely more on the city's transit services. (*Financial Incentives; Overcoming Specific Barriers*)

Carpool and Vanpool

Vanpools could park in premium locations right on campus. This was a great incentive, because people don't want to park offsite and then have to take the shuttle. At first neither carpools nor vanpools had to pay for parking, and that continued to be the case for registered vanpools. Carpools then paid half price, and they did not need to be registered.

When two people from the same car both swiped their ID badges when entering the parking lot, the cost was automatically split between them, and the system recognized that they took an alternative mode of transport that day and credited them with the commute bonus for that day. This allowed for day-by-day flexibility and gave a clear financial incentive to everyone involved. Furthermore, it reduced friction in administering the carpool benefits, as the driver didn't have to e.g., register for a special permit and collect money from the carpool passengers.

This all happened automatically in the background, thanks to the transportation demand management platform. The platform also enabled users to search for and join carpools and vanpools. (*Financial Incentives; Overcoming Specific Barriers*)

Car Share

Acknowledging that not all staff trips were to locations reached by its shuttles, the hospital also arranged to have a vehicle from Zip (a carsharing service) on-site. Employees who

arrived without a car could book this vehicle for business purposes, using the hospitals' account. *(Overcoming Specific Barriers)*

Cycling

The hospital offered cyclists a range of incentives.

- Cycling Classes, for example, a Bike 101 for new cyclists, and a cycling refresher course for those starting again
- Free bicycles to any employee who committed to bike commuting two days a week, every week year-round
- Free bicycle tune ups twice a year
- On-site staff bicycle service center, open three days a week
- Full-service onsite bike shop
- Free covered, secure bike parking close to free lockers, showers and towel service
- Ongoing contests and promotions

In addition, it built a connector ramp to provide easier access to and from a nearby regional bike path. *(Overcoming Specific Barriers)*

Guaranteed Ride Home

Employees who came to work by alternative (non-SOV) means could get a guaranteed ride home in emergencies. *(Overcoming Specific Barriers)*

Personal Commute Planning, Onboarding

Children's Hospital provided a personal commute plan to every new employee and, on demand, to any employee who moved, or changed jobs or work location. This sent a message to new employees to only drive and park by SOV when necessary. In addition, employees received semi-annual commute summaries showing how their travel patterns had changed over the years, how much they had earned in commute bonuses, and how much they had paid for parking. *(Building Motivation, Engagement and Habits Over Time; Financial Incentives; Norm Appeals;*

Vivid, Personalized, Credible, Empowering Communication)

Platform

Children's Hospital commissioned a bespoke internal platform for managing the program's rewards and parking charges. It evolved into the commercially available Luum platform which had many automated many functions related to the collection of parking revenues, the awarding of commute bonuses, and the generation of reports. It was also a key method of communicating with and engaging employees. For example, the system could send personalized, mode-specific offers. *(Personalized Communications)*

Barriers to Action

The following table summarizes the key barriers to action and how each was addressed. *(Overcoming Specific Barriers)*

Barrier	How it was addressed
Free parking and monthly parking permits incentivized driving to work as often as possible	<ul style="list-style-type: none"> • Eliminated free parking for employees • Eliminated monthly parking permits
Infrequent local transit service	<ul style="list-style-type: none"> • Improved the proximity and frequency of transit • Introduced shuttles from major transit hubs and between facilities
Mode-specific barriers	<ul style="list-style-type: none"> • As detailed above

Measuring Achievements

Those who arrived by SOV swiped their ID badges when parking. To earn their commute bonus for taking alternative modes, users visited a commute calendar daily and simply dragged and dropped the appropriate icon(s) onto the calendar. The program platform provided ongoing reporting on commuter behavior, environmental impact, parking events and more. It also provided some internal checks and balances. In addition, the hospital conducted periodic audits to ensure that people were reporting their SOV

commutes honestly. In addition, Washington’s Commute Trip Reduction Law required the hospital to conduct a staff commute survey every two years. The first survey (baseline) took place in 1995.

Financing the Program

In 2021, the hospital’s transportation budget was around several million dollars a year, of which the biggest costs were the commute bonus and shuttle program. The transportation team employed about 45 people, of which about 35 were shuttle drivers. The other 10 team members were involved with customer service and finances. In all, about a third of the program’s annual operating budget came from parking revenues.

Results

By 2017, each hospital employee was taking just under half as many SOV commutes on average, compared with 1995.

- By 2017 only 33% of employees drove to work alone, down from 73% in 1995.
- Its commuting perks provided incentives that employees liked and that were important to them, and that helped attract & retain quality employees (“the workforce of the future.”)
- One third of program costs (of “several million dollars a year”) were covered by their parking fees. In addition, the hospital avoided spending \$20 million to build new parking facilities.

Notes

- This program was one of the first to link disincentives to drive/park with incentives to switch trips from single occupant vehicles to other modes of travel.
- This case study illustrates good use of a City’s regulatory authority to drive bold improvements.
- Carpool parking is elegantly handled.

Landmark Designation

The program described in this case study was designated in 2021.

Designation as a Landmark (best practice) case study through our peer selection process recognizes programs and social marketing approaches considered to be among the most successful in the world. They are nominated both by our peer-selection panels and by Tools of Change staff and are then scored by the selection panels based on impact, innovation, replicability and adaptability.

The panel that designated this program consisted of:

- Aaron Gaul from UrbanTrans
- Nathalie Lapointe, Federation of Canadian Municipalities
- David Levinger, The Mobility Education Foundation
- Lisa Kay Schweyer, Traffic21 Institute and Mobility21 National University Transportation Center
- Jessica Roberts, Alta Planning + Design
- Phil Winters, CUTR and the University of South Florida.

For More Information

<https://go.luum.com/seattle-childrens-hospital-webinar/>

https://www.commuteseattle.com/wp-content/uploads/2015/05/ParkingMgmt_handout.pdf

Contact

Seattle Children’s Hospital
seattlechildrens.org

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For step-by step instructions in using each of the tools noted above, to review our FULL collection of over 190 social marketing case studies, or to suggest a new case study, go to www.toolsofchange.com

This case study is also available online at <http://www.toolsofchange.com/en/case-studies/detail/745>

It was compiled in 2021 by Jay Kassirer based on information provided in the above reports.

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