Summary

A recent study found that Omaha is only using 53% of its downtown parking – leaving over 18,000 parking spaces empty even at peak times. Despite the overall abundance, circling to find a parking space still occurs, especially in the Old Market, creating a perception that downtown Omaha needs more parking. These parking management challenges create unnecessary health consequences through increased stress, added air pollution, and sedentary behavior. Plans to adjust parking rates and prioritize shared parking would better protect the health of the 20,000+ people who park in downtown Omaha each day while better solving the current parking challenges.

Background

In 2011, the City of Omaha and the Metropolitan Area Planning Agency (MAPA) contracted with Walker Parking Consultants to develop a Parking Management Plan for downtown Omaha. One of the main conclusions of the plan was that downtown Omaha, including the Old Market, did not suffer from a parking shortage. Instead parking difficulties were the result of a “patchwork of parking policies” that had “the unintended consequence of putting visitors and employees, transient and long-term parkers in competition for the most convenient and often least expensive spaces.” For example, the plan noted that street parking was free at peak times for the Old Market while parking in a garage or lot cost $4-$8. As a result, motorists circle to find a free on-street spot, creating the perception of a parking shortage while in reality thousands of nearby spots are going unused.

To remedy these issues, the plan called for establishing a new Parking Manager position to coordinate all parking activities. Previously, parking activities were fragmented across five different city departments (Public Works; Parks, Recreation, and Public Properties; Planning; Police; and Finance). In 2012, the City of Omaha created this position and then hired Ken Smith, who had served as the parking manager in Lincoln, NE for 11 years.

“In virtually all cases, even if additional parking were constructed, the parking challenges faced by most parkers would not improve without the implementation of improved parking management policies.”

--Parking Management Plan: Omaha Downtown Improvement District p. 64
**Purpose**

The Downtown Omaha Parking Health Impact Assessment (HIA) focused on two decisions being considered for 2015 by the City of Omaha: 1) adjusting parking rates and 2) increasing the use of shared (as opposed to reserved) parking. An HIA brings together scientific evidence, public health expertise, and stakeholder input when making decisions on projects or policies that would not otherwise focus on health. The key principle is that because the effects of built environment decisions like with parking can last for decades, it is important to weigh health impacts at the time of decision-making.

**Shared Parking**

Pricing can be shared when:

- Demand for parking occurs at different times (e.g. an office building and a movie theater can share parking because the office needs parking during the day while the theater needs it in the evening and on weekends);
- When multiple tasks can be accomplished after parking once (e.g. in a traditional Main Street or downtown where there are a mix of different retail businesses).

When parking is reserved or exclusive, it is used more sporadically. For example, a church parking lot can sit empty except for Sunday and a reserved employee space goes unused at night and when the person is at a meeting, off sick, on vacation, etc.

**Priorities for the HIA**

Work on the Downtown Omaha Parking HIA began in earnest in June 2014. Several meetings were held with Ken Smith, Parking Manager for the City of Omaha, to better understand proposed changes to parking. Previous parking studies by Walker Parking Consultants and Verdis Group were also reviewed. From this information, the three research priorities for the HIA were established:

1. **Parking Efficiency** – The costs of building parking are extremely high. Failure to properly manage this resource can have health consequences on top of the financial burdens. The additional pavement required for parking in excess of what is needed contributes to the heat island effect as well as poor water quality from runoff.

2. **Walkability** – Increasing the distance people are willing to walk would also address parking challenges. The 2014 update to the Downtown Omaha Parking Management Plan stated “significant amounts of unoccupied parking supply are located within two to four blocks from the core Central Business District. The challenge is not the shortage of supply, but the location of supply.”

3. **Demand for Parking** – Storing cars takes up huge amounts of space (see below). Transit, walking, and biking can be used as tools to reduce the amount of space for parking to free up room for additional businesses and amenities.

**Space requirements for 60 people by bike, car, or bus**

Credit: Press Office City of Muenster, Germany

**Description of Approach**

The scientific literature on the three priorities – as well as health data from local Community Health Needs Assessments – were reviewed for information that was relevant to the City of Omaha and the Omaha Parking Advisory Committee. Interviews were conducted with a wide variety of parking stakeholders to determine their perspective on the pros and cons of the proposed parking changes.

Interviewees included:

- Shelly Stokes, Old Market Business Association president
- T.J. Twit, Lund Company vice president
- Vic Gutman, Omaha Farmers Market and the Summer Arts Festival organizer
- Steve Jensen, former City of Omaha Planning director
- Derek Miller, City of Omaha transportation planner
- Troy Davis, board member of the Old Market Business Association and the Downtown Improvement District
- Mike Moylan, Shamrock Development president
- Mindy Tene, facilities manager with First National Bank
Key Findings from Scientific Literature
The information collected from scientific research and interviews was reviewed by the HIA Team working group and the City of Omaha in order to determine which findings were most significant.

• Studies by Donald Shoup, an economist at UCLA, have repeatedly found that the stress of finding parking is more likely to deter a person from visiting a place than the cost of parking. Studies in England have reached the same conclusion.

• Human-scale amenities like ground floor retail, places to sit and congregate, street trees, and access to food are key to creating places where people choose to walk. A growing number of cities are creating “parking benefit districts” where parking revenue is reinvested back into an area to pay for these placemaking improvements.

• Another place to address walkability is within the parking garages themselves. For example, studies at the Ohio State University, a mall in Camillus, NY and a park in San Diego, CA have found that increasing lighting is the single biggest factor for reducing both perceived and actual crime in garages.

• Programs that give employees cash instead of subsidizing their parking have been found to decrease the number of solo drivers by 17%. Carpooling, transit use, biking and walking all showed large increases.

• Researchers at the University of Connecticut and University of Wisconsin found that overbuilding parking in city centers displaces economic activity instead of supporting it. This finding was echoed by the Central Omaha Transit Alternatives Analysis, which found that achieving downtown Omaha’s full development potential would cost half as much using a mixture of transit and parking versus building parking only.

Downtown Omaha Parking – Past and Present
Prior to World War II, downtowns like Omaha’s were designed to support large numbers of people walking and taking transit. Due to the dominance of the automobile and a desire to keep up with suburban developments offering free parking, downtowns have increasingly devoted large amounts of land to parking. Studies from Omaha and across the U.S. point out that devoting so much land to parking is likely displacing economic activity instead of supporting it because of all the offices, retail businesses and housing that can’t be built.
### Parking & Health Impacts – Old Market

<table>
<thead>
<tr>
<th>Key Findings</th>
<th>Key Recommendation</th>
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<tr>
<td>Street parking being free while garages and lots cost $4-8 creates an artificial shortage in parking that leads to circling.</td>
<td>The City of Omaha should adjust parking prices to get rid of the artificial shortage in parking.</td>
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| Circling to find parking increases stress and air pollution. | Elevated stress and air pollution levels harm health by contributing to a range of chronic diseases and other poor health outcomes. Examples:  
- Stress causes blood sugar levels to increase to prepare for a “fight or flight” response. When no “fight or flight” occurs to use this excess sugar in the blood, the result is increased risk of diabetes and obesity.  
- Air pollution causes tissue damage in the lungs that can trigger asthma or COPD attacks. It also causes blood vessel inflammation that can induce a heart attack or stroke. |

### Parking & Health Impacts – Rest of Downtown

<table>
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<tr>
<th>Key Findings</th>
<th>Key Recommendations</th>
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<td>Using a siloed approach that focuses almost exclusively on ensuring sufficient parking supply has led to overbuilt parking. Only about half of parking is being used at peak.</td>
<td>The City of Omaha should utilize shared parking strategies to avoid overbuilding parking.</td>
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<td>Overbuilt parking undermines walkability (and thus physical activity) by decreasing the number of destinations within walking distance while creating dead spaces and blank walls. It also increases heat island effect and water runoff problems such as water contamination and flooding.</td>
<td>The City of Omaha should partner with Metro Transit and MAPA to develop commuter choice programs to reduce parking demand.</td>
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| Physical inactivity is one of the single biggest causes of preventable deaths.  
- Over the long-term, inactivity leads to chronic diseases like heart disease, obesity, diabetes, & osteoporosis.  
- Over the short-term, inactivity causes blood flow to the brain to slow which reduces concentration, memory, and decision-making. Mood is also impaired. | |

### Parking & Health Impacts – Outside of Downtown Omaha

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<td>Underpriced parking in “Main Street” areas (Blackstone, South 24th Street, Benson, Dundee, Aksarben Village) can also create a shortage in parking that results in circling (and thus increased health risks).</td>
<td>Expand parking management to areas outside of downtown – primarily through the creation of Parking Benefit Districts.</td>
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Summary of Recommendation

The following recommendations summarize the opportunities for the City of Omaha Parking Division and the City of Omaha Parking Stakeholders Committee to enhance the parking experience while also improving health outcomes.

1. Move forward with plans to: 1) eliminate the artificial parking shortage in the Old Market by balancing the parking rates between on-street and off-street parking options and 2) adopt shared parking strategies to reduce overbuilding. These plans would free up parking spaces to decrease both circling and the need to build new parking which would reduce stress levels and air pollution while improving the walkability of downtown Omaha.

2. Develop commuter choice programs for downtown employers in partnership with Metro Transit and MAPA. Examples include parking cash-out programs, incentives for walking or biking, transit pass subsidies, telecommuting/flexible work schedules, and park-and-ride options. These programs would reduce parking demand while increasing physical activity.

3. Utilize Parking Benefit Districts to expand parking management to “Main Street” areas of Omaha outside of downtown. After covering necessary costs and parking infrastructure, a Parking Benefit District ensures parking revenue is used for improvements within the district instead of going into a citywide general fund. The revenue can then pay for sidewalk repairs, street trees, lighting, and safety enhancements that would increase walking and mitigate air pollution.

This HIA was conducted through funding from the CDC’s Healthy Community Design Initiative. Partners on this HIA included the City of Omaha, the Nebraska Department of Health and Human Services, the Metropolitan Area Planning Agency, and Omaha by Design.

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