



March 27, 2013

Ken Vogel, Chairman and Members  
San Joaquin Council of Governments  
555 E. Weber Ave.  
Stockton, CA 95202  
*Via email to [kvogel@sjgov.org](mailto:kvogel@sjgov.org)*

**Re: Public Health Considerations in the Sustainable Communities Strategy**

Dear Chairman Vogel and Members of the Board:

On behalf of the American Lung Association in California and Human Impact Partners, we are writing to share our perspectives on the ongoing development of the Sustainable Communities Strategy (SCS) under Senate Bill 375 (2008, Steinberg). We are encouraged by San Joaquin COG staff's receptiveness to public health considerations in the development of this community planning effort.

The SCS process represents a unique and exciting opportunity to make strides in addressing many of the most difficult public health challenges facing Californians today. Unfortunately, San Joaquin County is not immune to the dual burdens of air pollution and chronic illnesses. The county's rates of asthma, heart disease, diabetes and obesity rates are above statewide rates according to the County's most recent Health Status report. The most recent American Lung Association *State of the Air* report found that smog and particulate pollution remain unhealthy for the over 13,000 children and 37,000 adults living with asthma, 150,000 residents living with heart disease and over 40,000 living with diabetes in San Joaquin County. Designing communities throughout San Joaquin County with healthy, active transportation options will provide opportunities to incorporate physical activity into daily routines, allowing children to walk to school, seniors to remain active rather than isolated, grocery store trips to be made by bicycle, and taking transit to work. These activities boost individual health, reduce air pollution and fight climate change while reducing household transportation costs.

Planning and health considerations have often existed independently despite the clear connections between the two, so we are encouraged by the openness to health considerations by COG staff and leadership. To date, our organizations have participated in SCS processes conducted around the state and are actively working in the San Joaquin Valley counties to offer our assistance as these plans develop. In San Joaquin County, we have participated in the COG's monthly SCS Advisory Committee meetings and community group meetings to provide public health and air quality information and resources to staff.

We are committed to this process and believe that scenarios should be developed to maximize mixed-use communities served by mass transit, walking and cycling in order to reduce greenhouse gas emissions, smog and soot pollution and a range of adverse health outcomes including traffic injuries, cancers, lung and heart disease, diabetes, other chronic health conditions, and obesity. Specifically, we would like to highlight areas where the plan is taking health into account and offer a few recommendations for consideration moving forward:

### **Public Health Goals and Objectives in the SCS:**

The inclusion of public health goals in a planning process recognizes that land use and transportation planning decisions are ultimately decisions that affect rates of asthma, obesity, diabetes, cancers, heart disease and other chronic illnesses. The most recent iteration of the Goals and Objectives distributed prior to the February 2013 SCS Advisory Committee contained goals and objectives related to improving health, safety and equity through this planning process. We appreciate the inclusion of these concepts in the draft, given that it will guide the SCS process, and believe that these are valuable illustrations of what is possible when health is considered at the outset of community planning.

Recommendation: Illustrate health-related goals more directly. For example, the following objectives from the February draft could be categorized under a single “Improve Public Health and Safety” goal:

- Goal A, Obj. 3: Improve Air Quality by Reducing Transportation Related Emissions
- Goal C, Obj. 1: Facilitate Projects that Reduce the Number of & Severity of Traffic Incidents
- Goal C, Obj. 2: Encourage Active Transportation Projects & Support Projects that Increase Safety & Security
- Goal H, Obj. 3: Facilitate Active Transportation Projects to Improve Public Health

### **Public Health SCS Performance Measures:**

Staff have developed initial performance measures for evaluating draft SCS planning scenarios. Several of these performance measures will be helpful for evaluating the health impacts and benefits between the draft scenarios, including:

- Number of bike and walk trips per day
- [Per Capita] Total pollutants from all vehicle (passenger and freight) types
- [Per Capita] Total CO2 (GHG precursor) from passenger vehicles and light duty autos only
- Percentage of households within 500 feet of high-volume roadway (>100,000 average daily traffic) [Delineated between environmental justice and non-environmental justice areas]

Recommendation: **Include an indicator of traffic safety to maximize attainment of Safety** in the Goals and Objectives section. The recommended new indicator is:

“Total number of annual vehicle, bicycle and pedestrian collisions per capita, stratified by severity of injury/fatality.”

### Recommendations:

- **Continue to evaluate the health and equity measures** developed by a coalition of health, planning, transportation, academic, environmental justice, and housing experts and advocates who were convened by Human Impact Partners (complete listing attached for reference).

- **Identify now which of the indicators the COG will strive to include in the next iterations of the SCS.** We understand that current modeling and planning tools are not capable of evaluating all of the proposed health and equity metrics. However, as opportunities to expand and improve modeling capacity arise, the COG should seek to incorporate enhanced tracking of chronic disease outcomes, such as asthma incidence and exacerbation, heart disease, stroke and diabetes into planning scenarios, whether internally or through collaboration with consultants, academia or state and local health department. Setting a specific target today on which indicators to include next helps turn that vision into reality.
- **Partner with health and medical organizations for inclusion in this and future planning processes.**

Additionally, we appreciate that the draft indicators include an assessment of the percentage of households within close proximity to major roadways. It is important to note that proximity to a major roadway is an indicator of health risk, with greater respiratory illnesses proven within closer distances. It is also important to evaluate the type of roadway traffic (heavy-duty diesel engines versus light duty passenger vehicles, etc.) and to consider improvements in vehicle technologies over time as projects are evaluated. For example, San Joaquin Regional Transit District's addition of two new Proterra EcoRide battery electric buses this May will add to the system's growing hybrid bus fleet and continue the push toward cleaner technologies on high volume transit corridors. Further, project design can help to reduce exposures, including high efficiency air filtration systems, site layout, vegetation screens and other mitigation tools.

#### **Enhancing Public Health Input**

As noted above, staff have undertaken a process that includes public health considerations in the goals, objectives and outcomes of the SCS planning process. We believe that in order to maximize the health benefits being discussed, a more formal public health input process is an appropriate next step.

Recommendation: **Include a public health seat on the SCS advisory committee** (*e.g.* a representative of the San Joaquin Public Health Services) to further the public health goals being developed within the SCS process. A dedicated public health representative on the committee provides unique expertise in evaluation of the forthcoming scenarios and performance indicators referenced above.

We, and our colleagues in California's public health community, view the SCS process as one that can inspire healthier places to live, work and grow up. We appreciate that COG staff have been receptive to this point of view and look forward to continuing this discussion with staff and members of the COG board as the process moves forward.

Sincerely,

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**American Lung Association in California**

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**Human Impact Partners**

# SB375 Health & Equity Metrics

## SB375: Sustainable Communities Strategies for Regional Transportation Planning

With the goal of reducing greenhouse gas emissions, SB375 requires that California's Metropolitan Planning Organizations (MPOs) prepare a Sustainable Communities Strategy (SCS) as part of their Regional Transportation Plan (RTP). The SCS process is an opportunity to improve the health of all communities in the state, truly ensuring our sustainability.

### Performance Metrics and Planning

MPOs use a variety of performance measures to assess different scenarios for land use and transportation changes. As we have seen in the past, if those metrics don't include health and equity measures, it is unlikely that the final selected plan will lead to healthy and equitable outcomes. For example, if MPOs use the indicator "Automobile Level of Service (LOS) on Roadways," their decisions will focus on making driving easier, which might not be the best for health given the many ways driving can harm health. If instead they use "Premature Death due to Traffic-Related Pollution," then their plans are more likely to decrease traffic-related pollution by promoting alternate forms of transportation. Our goal is to provide MPOs a set of metrics that will promote health and equity as well as sustainability.

### Developing the Health and Equity Performance Metrics

To develop a list of health and equity metrics, Human Impact Partners, an Oakland-based non-profit that strives to transform the policies and places people need to live healthy lives, received funding from the Resources Legacy Fund and worked in collaboration with:

- American Lung Association in California
- Bay Area Regional Health Inequities Initiative
- Climate Plan
- Fehr & Peers
- Healthy Places Coalition
- Move LA
- Nelson & Nygaard
- PolicyLink
- Public Health Institute
- Prevention Institute
- Public Advocates
- Public Health Departments in Shasta, Marin, San Mateo, & Los Angeles
- Public Health Law & Policy
- Public Law Center
- Public Policy Institute of California
- Raimi & Associates
- Reconnecting America
- Safe Routes to Schools
- TransForm

Starting with metrics proposed by many organizations and agencies, we developed a final list of 13 metrics. For each proposed metric, we also provide a review of its links to health and a description of how it can be measured.

## SB375 & Health

As California continues to grow over the coming years, we will need to accommodate **millions of new households and jobs**.

Currently, the **cars and trucks** we drive account for almost **40% of our greenhouse gas emissions**. How will **further growth** impact our **climate**?

Transportation and land use decisions impact our health by changing air quality, noise levels, physical activity rates, pedestrian and bicycle injury rates, and access to the goods and services we need to live healthy lives.

Children born today are expected to have a shorter life span than their parents due to obesity and respiratory illnesses. How will **further growth** impact our **health**?

# The Health and Equity Metrics

## SAFETY

1. Map annual number of pedestrian and bicycle collisions (and severity of injury/fatality): per capita, per geographic area, by daytime population.
2. Total number of vehicle, bike and pedestrian collisions per capita, broken down by injury type: fatalities and injuries.

## ACCESS TO GOODS, JOBS & SERVICES

3. Proportion of households that can walk or bike (10 minutes) to meet at least 50% of their daily needs. Public daily needs defined as: schools, parks, healthcare institutions and transit. Private daily needs defined as: restaurants, grocery stores, food markets and childcare.
4. Proportion of households and proportion of jobs within 1/4 mile of local public transit (including both bus and rail) or 1/2 mile of a regional public transit, that has less than 15 minute frequencies.
5. Proportion of daily trips less than 3 miles and less than 1 mile by mode (walking/biking/transit (bus and rail)/driving).

## GENERAL TRANSPORTATION

6. Daily amount (in minutes) of work-trip and non-work trip related physical activity.
7. Work and non-work trip mode share (including biking, walking, transit (bus and train), carpooling and SOV)- Both at peak times and all day.

## FUTURE GROWTH

8.
  - a) Share of housing growth in transit priority areas, targeting measures of how many large (3-4) bedroom units, senior housing, low-income units will be built;
  - b) Proportion of projected population growth located in transit priority areas;
  - c) Proportion of projected jobs in transit priority transit areas.

## ECONOMIC

9.
  - a) Percent of household income consumed by housing and transportation combined;
  - b) Percent of income going towards housing costs;
  - c) Percent of income going towards transportation costs.

## ENVIRONMENTAL POLLUTION

10. For all daily trips, per capita miles traveled by mode (walking, biking, transit, vehicle).
11. Working with a local public health department, university or air quality management district: Estimate pre-mature mortality attributed to traffic related ambient PM 2.5, and estimate asthma incidence and asthma exacerbations attributed to traffic related NO2.
12. Proposed housing near busy roadways will require:
  - a) Assessment by local air district or public health department of the need for environmental/health impact analysis when housing is proposed near (within 1,000 feet) busy roadways (over 100,000 Average Annual Daily Traffic (AADT) or other significant pollution sources (e.g., rail yards, port terminals, refineries, power plants, etc); and
  - b) Best practice mitigation requirements by local governments when the above assessment determines that environmental quality is below standard for such proposed housing, and if such housing is determined to be safe by local air districts and public health departments with identified mitigation.

For MPO representing highly urban regions, we suggest an alternate metric due to the ongoing concern about the lack of developable land, the need for housing, and equity concerns about placing low-income residents near polluting emissions of cars and trucks.

Alternate Metric 12: Working with a local public health department, university and/or air quality management district:

- a) Estimate the number of sensitive sites (homes, schools daycares, parks, etc.) within 1,000 feet of freeways and other major pollution sources, based on standards such as Bay Area Air Quality Management District's.
- b) Estimate proportion of affordable housing units vs. market rate units within above identified areas.

## EQUITY

13. Measure and stratify all indicators by race/ethnicity; income; geography (neighborhood, Census block or tract level, or Community of Concern); age; disability.

## Ways You Can Advocate for Health and Equity

Through letters to and meetings with MPO staff and Board, through testimony at public meetings, and in letters to local press, **you can advocate that health and equity be considered** when your MPO is:

- ✓ Developing performance metrics to assess proposed growth scenarios.
- ✓ Proposing scenarios about future transportation and land use.
- ✓ Conducting its Environmental Impact Review (EIR), which technically requires an analysis of health impacts, but often doesn't. You can do this when the agency announces that it is starting the EIR at the Notice of Preparation stage, when it is Scoping the EIR, and/or as comments on the Draft EIR.