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Transportation Commission

**No. 3
MEETING OF THE**

PUBLIC HEALTH SUBCOMMITTEE

**Wednesday, November 28, 2012
10:00 a.m. – 12:00 p.m.**

**SCAG Los Angeles Office
818 West Seventh Street, 12th Floor
Los Angeles, CA 90017
(213) 236-1800
Conference Room: Policy B**

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**600 S. Main Street, Suite 906
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San Bernardino, CA 92410**

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SOUTHERN CALIFORNIA



**ASSOCIATION OF
GOVERNMENTS**

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If members of the public wish to review the attachments or have any questions on any of the agenda items, please contact Edith Anderson at (213) 236-1829 or via email anderson@scag.ca.gov

SCAG, in accordance with the Americans with Disabilities Act (ADA), will accommodate persons who require a modification of accommodation in order to participate in this meeting. If you require such assistance, please contact SCAG at (213) 236-1928 at least 72 hours in advance of the meeting to enable SCAG to make reasonable arrangements. To request documents related to this document in an alternative format, please contact (213) 236-1928.

Teleconference Locations

Mr. Randall Lewis, Ex-Officio Member
Public Health Subcommittee
President & CEO
Lewis Operating Group
1156 N. Mountain Avenue
Upland, CA 91786-3633

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Public Health Subcommittee Members List

San Bernardino County: Hon. Deborah Robertson, **Chair** (SB)
Hon. Ray Musser (SB)

Orange County: Hon. Ron Garcia, **Vice Chair** (OC)

Los Angeles County: Hon. Paula Lantz (LA)
Hon. Sylvia Ballin (LA)
Hon. Dan Medina (LA)

Ex-Officio Members

Randall Lewis, President & CEO, Lewis Operating Group

Patty Ochoa, Physicians for Social Responsibility

Terry M. Roberts, American Lung Association

Michael Morris, FHWA

Lianne Dillon, The Public Health Institute

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PUBLIC HEALTH SUBCOMMITTEE

AGENDA

NOVEMBER 28, 2012

The Public Health Subcommittee may consider and act upon any of the items listed on the agenda regardless of whether they are listed as information or action items.

CALL TO ORDER & PLEDGE OF ALLEGIANCE

(Hon. Deborah Robertson, Chair)

PUBLIC COMMENT PERIOD – Members of the public desiring to speak on items on the agenda, or items not on the agenda, but within the purview of the Subcommittee, must fill out and present a speaker’s card to the assistant prior to speaking. Comments will be limited to three minutes. The Chair may limit the total time for all comments to twenty minutes.

REVIEW AND PRIORITIZE AGENDA ITEMS

ACTION ITEM

Page No.

Approval Item

- | | | |
|--------------------------------------|-------------------|----------|
| 1. <u>Minutes of October 1, 2012</u> | Attachment | 1 |
|--------------------------------------|-------------------|----------|

INFORMATION ITEMS

- | | | |
|---|-------------------|-----------|
| 2. <u>Review of Joint Subcommittee Meeting, November 5, 2012</u>
<i>(Jacob Lieb, SCAG Staff)</i> | | |
| 3. <u>Improving Regional Health Through Transportation Planning</u>
<i>(Terry Roberts, American Lung Association)</i>
<i>(Lianne Dillon, Public Health Institute & California Department of Public Health)</i>
<i>(Patty Ochoa, Physicians for Social Responsibility-LA)</i> | Attachment | 5 |
| 4. <u>Healthy Community Indicators</u>
<i>(Neil Maizlish, PhD, Office of Health Equity, California Department of Public Health)</i> | Attachment | 23 |
| 5. <u>Discussion of Public Health Subcommittee Policy Framework</u>
<i>(Arlene Granadosin, SCAG Staff)</i> | Attachment | 41 |

CHAIR’S REPORT

(Hon. Deborah Robertson, Chair)

PUBLIC HEALTH SUBCOMMITTEE
AGENDA
NOVEMBER 28, 2012

STAFF REPORT

(Arlene Granadosin, SCAG Staff)

FUTURE AGENDA ITEMS

Any Subcommittee member or staff desiring to place items on a future agenda may make such a request.

ANNOUNCEMENTS

ADJOURNMENT

Please note that the next regular meeting of the Public Health Subcommittee meeting will be a joint meeting with the Active Transportation and Sustainability Subcommittees. The meeting date and time will be determined.

Public Health Subcommittee
of the
Southern California Association of Governments

October 1, 2012

Minutes

THE FOLLOWING MINUTES ARE A SUMMARY OF ACTIONS TAKEN BY THE PUBLIC HEALTH SUBCOMMITTEE. A DIGITAL RECORDING OF THE ACTUAL MEETING IS AVAILABLE FOR LISTENING IN SCAG'S OFFICE.

The Public Health Subcommittee held its meeting at SCAG's office in downtown Los Angeles. The meeting was called to order by Chair Hon. Deborah Robertson, Rialto. A quorum was present.

Members Present:

Hon. Deborah Robertson (<i>Chair</i>)	City of Rialto
Hon. Ron Garcia (<i>Vice-Chair</i>)	City of Brea, (via TeleConference)
Hon. Sylvia Ballin	City of San Fernando
Hon. Ray Musser	City of Upland, (via VideoConference)
Hon. Dan Medina	City of Gardena
Randall Lewis	Lewis Operating Group, (via TeleConference)
Patty Ochoa	Physicians for Social Responsibility
Terry M. Roberts	American Lung Association

Members Not Present:

Hon. Paula Lantz	City of Pomona
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CALL TO ORDER & Pledge of Allegiance

Chair Hon. Deborah Robertson, Rialto, began the meeting at 1:35 p.m. and led the Pledge of Allegiance.

PUBLIC COMMENT PERIOD

Jacob Lieb, SCAG Staff, noted that comments were received regarding notification of the meeting to interested stakeholders. Mr. Lieb noted additional notification time will take place for future meetings and expressed appreciation for today's turnout.

REVIEW AND PRIORITIZE AGENDA ITEMS

There was no requested prioritization of the agenda.

ACTION ITEM

1. Public Health Subcommittee Meeting Outlook (Hon. Deborah Robertson, Chair)

Arlene Granadosin, SCAG Staff, presented the Public Health Subcommittee Meeting Outlook. Ms. Granadosin stated the Work Plan covers the six meetings scheduled. The second and fourth meetings will be joint meetings with the Active Transportation and Sustainability Subcommittees. The final meeting will seek to develop recommendations for incorporating public health into the 2016 RTP/SCS.

A motion was made (Medina) to approve the proposed Meeting Outlook. The motion was seconded (Ballin) and unanimously approved. Motion passed.

INFORMATION ITEMS

2. Public Health Framework & Performance Measures

Jacob Lieb, SCAG Staff, provided a brief presentation on the previous and current Public Health activities at SCAG. Mr. Lieb stated that for the 2012 RTP/SCS, Public Health was introduced for the first time as a major topic of interest in regional planning for the SCAG region. The focus in the past was primarily on public safety concerns and air quality issues.

Staff presented a variety of potential public health performance measures including access to transportation options, access to open space, housing affordability, urban form, and public safety.

Hon. Medina asked how premature deaths relate to where you live or how you take transportation. How is premature death determined by this factor? Mr. Lieb stated that the 2012-2035 RTP/SCS did not include a premature death measurement. Hon. Garcia asked what pollutants are measured and what is determined from them. Mr. Lieb stated that such work had been incorporated in the RTP in the Bay Area, with collaboration between the Metropolitan Transportation Commission and the air district, but that SCAG did not have the technical details available.

Hon. Robertson asked about the higher likelihood that people will develop sickness because of strong pollutants within areas that are within 500 feet of a freeway or major roadway.

Huasha Liu, Director of Land Use and Environmental Planning, stated the importance of having extensive dialogue of Public Health policy issues as they relate to sustainability, open space, active transportation, and other co-benefits.

3. Public Health Grant

Ping Chang, SCAG Staff, provided an update on a Public Health grant application. The grant is for the development of a Health Impact Assessment (HIA). The grant proposal concept will assess

the broader health impacts of different 2016 RTP/SCS scenarios for High-Quality Transit Area (HQTA) communities in the SCAG region. The HIA will build on the initial work done in the 2012-2035 RTP/SCS and will provide the basis to refine the HQTA policy.

Staff contacted the UCLA School of Public Health, Los Angeles County Department of Public Health, and the California Department of Public Health as possible grant application partners. Hon. Robertson directed staff to contact the public health departments from the other five counties to ensure broader regional support. Mr. Chang stated that he would contact the other public health departments and solicit additional support letters.

Mr. Chang stated that this is a very competitive grant with only five awards in the nation and one additional grant award for a project within California. Mr. Chang stated that about 100 applications have already been submitted.

CHAIR'S REPORT

Hon. Deborah Robertson, Rialto, polled the subcommittee on future meeting dates. It was determined the next subcommittee meeting will be a joint meeting held with the Sustainability and Active Transportation subcommittees on November 5, 2012.

ADJOURNMENT

The meeting adjourned at 3:28 p.m. The next meeting of the Public Health Subcommittee will be held on Monday, November 5, 2012 at the SCAG Los Angeles office.

Minutes Approved by:

Arlene Granadosin, Associate Regional Planner
Sustainability

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Improving Regional Health Through Transportation Planning



Terry Roberts, American Lung Association

Lianne Dillon, Public Health Institute & CA Department of Public Health

Patty Ochoa, Physicians for Social Responsibility-Los Angeles

California Greenhouse Gas Inventory

California Environmental Protection Agency

 **Air Resources Board**

California Greenhouse Gas Inventory for 2000-2009 — by Category as Defined in the Scoping Plan

million tonnes of CO2 equivalent - (based upon IPCC Second Assessment Report's Global Warming Potentials)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Transportation	171.71	174.79	181.28	179.39	183.18	186.07	186.64	187.08	177.97	172.92
<i>On Road</i>	159.34	162.16	168.61	166.42	169.64	171.14	171.43	172.45	164.27	160.14
Passenger Vehicles	128.85	129.28	135.63	133.08	134.64	134.81	134.70	134.92	129.44	127.75
Heavy Duty Trucks	32.49	32.88	32.98	33.36	35.00	36.33	36.73	37.53	34.83	32.39
<i>Ships & Commercial Boats</i>	3.27	3.04	3.33	3.49	3.48	3.75	3.81	3.78	3.69	3.48
<i>Aviation (Intrastate)</i>	3.84	3.64	3.92	3.77	4.27	4.74	4.90	5.13	5.09	4.99
<i>Rail</i>	1.86	1.87	2.48	2.83	2.89	3.32	3.50	3.15	2.56	1.94
<i>Unspecified</i>	3.41	4.08	2.94	2.88	2.90	3.11	3.00	2.56	2.36	2.38

Health Effects

Exposure to Air Pollution can contribute to:

- ❑ Heart attacks
- ❑ Cardiovascular diseases
- ❑ Impaired fetal development
- ❑ Asthma
- ❑ Bronchitis
- ❑ Lung damage
- ❑ Cancer
- ❑ Cardiovascular effects

Who is most at risk?

- ❑ Children
- ❑ The elderly
- ❑ Pregnant women
- ❑ People with chronic heart and lung diseases

Related Research

SCAQMD MATES III, 2008 Final Report
(<http://www.aqmd.gov/prdas/matesIII/matesIII.html>)

ACES's How Land Use and Transportation Systems Impact Public Health, *a Literature Review of the Relationship Between Physical Activity and Built Form* (<http://www.cdc.gov/nccdphp/dnpa/pdf/aces-workingpaper1.pdf>)

Creating Healthy Communities, Healthy Homes, Healthy People: Initiating a Research Agenda on the Built Environment and Public Health, by Shobha Srinivasan, PhD et al.
(<http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.93.9.1446>)

November 23, 2010 09:40 AM Eastern Time

The United States of Diabetes: New Report Shows Half the Country Could Have Diabetes or Prediabetes at a Cost of \$3.35 Trillion by 2020

Intensive, Practical Intervention Strategies Proposed To Reverse Trend,

Help Prevent Health Care Catastrophe

WASHINGTON, D.C.--(BUSINESS WIRE)--More than 50 percent of Americans could have diabetes or prediabetes by 2020 at a cost of \$3.35 trillion over the next decade if current trends continue, according to new analysis by UnitedHealth Group's (NYSE: UNH) Center for Health Reform & Modernization, but there are also practical solutions for slowing the trend.

Report: *The United States of Diabetes: Challenges and Opportunities in the Decades Ahead, by United Health Center for Health Reform and Modernization, Nov. 2010*

How do we create healthy communities?



What is a Healthy Community?

- ❑ Meets basic needs of all
 - Safe, sustainable, accessible and affordable transportation options
 - Affordable, accessible and nutritious foods and safe drinkable water
 - Affordable, high quality, socially integrated and location-efficient housing
 - Affordable, accessible and high quality health care
 - Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
 - Access to affordable and safe opportunities for physical activity
 - Able to adapt to changing environments, resilient, and prepared for emergencies
 - Opportunities for engagement with arts, music and culture
- ❑ Quality and sustainability of environment
 - Clean air, soil and water, and environments free of excessive noise
 - Tobacco- and smoke-free
 - Green and open spaces, including healthy tree canopy and agricultural lands
 - Minimized toxics, greenhouse gas emissions and waste
 - Affordable and sustainable energy use
 - Aesthetically pleasing
- ❑ Adequate levels of economic, social development
 - Living wage, safe and healthy job opportunities for all, and a thriving economy
 - Support for healthy development of children and adolescents
 - Opportunities for high quality and accessible education
- ❑ Health and social equity
- ❑ Social relationships that are supportive and respectful
 - Robust social and civic engagement
 - Socially cohesive and supportive relationships, families, homes and neighborhoods
 - Safe communities, free of crime and violence

Health & The RTP

□ Health effects of RTP projects and policies

■ **Direct**

- Physical Activity and Active Transportation
- Collision Injuries and Fatalities
- Air Pollution
- Climate Change
- Stress and Mental Health

■ **Indirect**

- Access to services (jobs, education, healthcare, etc.)
- Household expenses
- Displacement
- Social Cohesion & Social Networks



Policy Efforts to Improve Health

- ❑ Reduce diesel and PM2.5, PM10 emissions
- ❑ Work towards having a emission-free goods movement
- ❑ Design and invest in transportation designs that increase physical activity and emphasize active transportation
- ❑ Increase our investments in active transportation and reduce our investment in freeways
- ❑ Include health and social equity in transportation performance measures and transportation research

Recommendations to SCAG

- ❑ Implement the Enhancement Motion recommendations
 - Tracking health and equity indicators
 - Promoting active transportation and complete streets
 - Developing a regional safe routes to school plan

- ❑ Discuss the policy health framework and identify gaps and needs

- ❑ Promote policy efforts that promote healthy growth strategies

- ❑ Coordinate with local health departments and health organizations in promoting healthy-growth strategies in the region

Discussion Questions

Reference Public Health Policy Framework

- ❑ Are there other health priorities that are emerging?
- ❑ Which policy recommendations need further clarification, support?
- ❑ From the recommendations presented, which are achievable?
- ❑ What are the next steps?

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SB375 Health & Equity Metrics

SB375: Sustainable Communities Strategies for Regional Transportation Planning

With the goal of reducing greenhouse gas emissions, SB375 requires that each of 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 from a health perspective can be harmful in many ways. If instead MPOs use the indicator "Premature Death due to Traffic-Related Pollution," 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.

Development of 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 pedestrian and bicycle collisions by severity of injury/fatality: per capita, per geographic area, by daytime population.
2. Total number of annual vehicle, bicycle and pedestrian collisions per capita, stratified by severity of injury/fatality.

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 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 (*see also Maizlish, N. Health Co-Benefits and Transportation-Related Reductions in Greenhouse Gas Emissions in the Bay Area: Technical Report, California Department of Public Health, November 2011*).
7. Both daily and peak time work and non-work trip mode share (including biking, walking, transit (bus and train), carpooling and SOV).

FUTURE GROWTH

8.
 - a) Share of housing growth in transit priority areas, targeting measures of how many large (3-4 bedroom) units, senior housing, and low-income units will be built.
 - b) Proportion of projected population growth 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 costs combined.
 - b) Percent of income consumed by housing costs.
 - c) Percent of income consumed by 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 premature mortality attributed to traffic related ambient PM 2.5, and estimate asthma incidence and asthma exacerbations attributed to traffic related NO2.
12. Requirement that proposed housing near (within 1,000 feet) busy (over 100,000 Average Annual Daily Traffic (AADT)) roadways trigger:
 - a) Assessment by local air district or public health department of the need for environmental/health impact analysis of exposures related to roadways or other significant pollution sources (e.g., rail yards, port terminals, refineries, power plants, etc).
 - b) Best practice mitigation requirements by local governments when the above assessment determines that environmental quality is below standard for such proposed housing, and confirmation by local air districts and public health departments of housing safety with identified mitigation(s).

For MPOs representing highly urban regions, we suggest an alternate metric 12 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 those set by the Bay Area Air Quality Management District.
- b) Estimate the proportion of affordable housing units vs. market rate units within the 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, and 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 by submitting comments on the Draft EIR.



The following recommendations reflect the shared judgment of Move LA and several of our partners in evaluating the 2012 RTP/SCS. The 2012 SCS is a visionary, highly commendable plan with significant achievements. We urge its adoption by the Regional Council. Looking forward, there are important issues that need your ongoing attention to improve the evaluation of this plan and the performance of future plans.

Recommendations with respect to enhancing investments in Regionally Significant Systems (prepared by Move LA):

We urge the SCAG Regional Council to direct SCAG staff to initiate a process to:

1) Identify New Revenue Sources to Invest in Regionally Significant Systems

Identify and evaluate potential new sources of revenue which can provide core funding for investments in regionally significant transportation systems including an expanded Compass Blueprint Sustainable Communities planning grant program; an enhanced Metrolink commuter rail system with interconnected transit and active transportation systems; a clean regional goods movement system.

2) Expand Compass Blueprint Program Regionally

As revenue is identified, include within the 2012 Constrained Plan an expanded Compass Blueprint Sustainable Communities planning grant program of at least \$5 M per year to reward local governments who plan for growth consistent with the SCS. Include within this expanded Compass Blueprint program an emphasis on projects that enhance connectivity to transit systems as well as active transportation investments.

3) Enhance Metrolink System Regional Capacity, Efficiency and Connectivity

As revenue is identified, include within the 2012 Constrained Plan of the RTP enhanced investments in the Metrolink commuter rail system and interconnected regional transit and active transportation systems, including:

- a) Investments in the Metrolink commuter rail system to double of ridership by 2020 and double again by 2035;
- b) Investments to make a planned transition to an all-electric Metrolink system capable of providing expanded express service and high-speed near zero-emission service (up to 110 mph) in all feasible corridors;
- c) Investments to enable Metrolink connections to nearby regional commercial airports, including Ontario and Burbank and other commercial airports;
- d) Investments in regional Bus Rapid Transit (BRT) systems and bus service that have been planned by CTCs to connect to the Metrolink and that are ready for early implementation;
- e) Investments in “first-mile-last mile” bicycle and pedestrian infrastructure that will facilitate safe access to Metrolink station areas and its feeder transit systems.

4) Enhance Clean Goods Movement Investments

As revenue is identified, select at least \$10 billion of priority investments that will enhance the efficacy and efficiency of Southern California’s goods movement system while improving air quality, especially for disadvantaged communities most adversely affected by diesel emissions. Prioritize improvements which enable development or deployment of zero or near-zero emission systems.

- a) Develop a proposal for an appropriate regional leadership and decision making structure to plan and direct these investments.
- b) Leverage public investments to ensure significant private investments in environmentally and operationally compatible goods movement infrastructure.

Recommendations for improving the assessment of the RTP/SCS by enhancing Health and Equity Performance Measures (prepared initially by the American Lung Association of California):

We urge the SCAG Regional Council to direct SCAG staff to:

- 1) Develop and track robust and meaningful health and equity performance measures to better understand health outcomes from implementation of the SCS:
 - a) Incorporate enhanced tracking of chronic disease outcomes, such as asthma incidence and exacerbation, heart disease, stroke and diabetes.
 - b) Include an expanded analysis of traffic pollution impacts to include areas with housing within 1,000 feet of high-volume road ways.
 - c) Monitor and report on the outcomes and impacts as well as possible mitigation strategies.
- 2) Incorporate into the activities of the Environmental Stakeholder working group the task of reviewing the progress and results of tracking health and equity performance measures and reporting results to the Energy and Environment Committee.

Recommendations for enhancing the regional role and investments in Active Transportation (prepared initially by Safe Routes to School Partnership and Los Angeles County Bicycle Coalition):

We urge the SCAG Regional Council to:

- 1) Broaden SCAG’s role as a provider of technical assistance in regional and local planning efforts for active transportation through three distinct planning projects:
 - a) Active Transportation Strategic Funding Plan:
To identify current and additional sources of local, regional and state sources of funding for active transportation, including both bicycle and pedestrian systems, to enable accelerated implementation of active transportation projects throughout the SCAG region.
 - b) Regional Complete Streets Plan:
To outline policies that ensure that all highway and roadway projects are safe for all users and to set a policy framework to prioritize complete streets projects in the 2016 RTP; and,
To encourage County Transportation Commissions and local governments to implement complete streets in highway and roadway projects.
 - c) Regional Safe Routes to School Plan:
To provide a regional strategy to make walking and bicycling to and from school safer by expanding on existing regional efforts, identifying opportunities for a dedicated regional Safe Routes to School funding source, developing a School Siting Policy and a Joint Use Policy to be included in the 2016 Sustainable Communities Strategy.
- 2) In developing these plans SCAG should convene representatives from cities, counties, councils of governments, public health and other stakeholders and provide additional technical assistance in the form of planning, data collection and modeling. These plans should be prepared for timely inclusion in the 2016 RTP/SCS. SCAG should amend its Overall Work Program (OWP) to include the costs of these plans.

*(Note: Supplement handout for presentation “Improving Regional Health through Transportation Planning”; Underlined and **BOLD** text are updated considerations for the Policy Framework added by presenters)*

Public Health Policy Framework- Additional Recommendations for Discussion

Policy Component	Considerations	Potential Recommendations/Actions	RTP/SCS Process
Definitions	<p>Definitions for the following: Public health, Healthy community, Factors affecting health, <u>Health Equity and Environmental Justice, Social Equity, Public Safety</u></p> <p><u>“Need” -- (as in when a community or area is in need)</u></p>	<p>2016 RTP/SCS Preliminary Policy Recommendations</p> <p>Develop a definition of public health to guide regional public health policy</p> <p><u>Develop standard definitions for use in the region, and incorporate these definitions into standard practice and policy as key considerations for project selection and implementation.</u></p>	<p>Provide guidance to staff, and eventual integration into 2016 RTP/SCS text</p>
Needs Assessments	<p>How can Health Impact Assessments (HIA) be used to improve regional public health?</p> <p>How should SCAG utilize other health assessments undertaken by local public health departments?</p> <p><u>What are the health goals of local health departments in the region that are connected to goals in the RTP?</u></p> <p><u>Based upon a review of the health and RTP goals, what communities in the region are most in need of support?</u></p> <p><u>Where is the region experiencing vehicle, bike, and pedestrian collisions? Per capita data (i.e., for every mile driven, biked, walked)?</u></p> <p><u>What are the transportation system needs of local hospitals, healthcare campuses, and k-12 schools, colleges, and universities?</u></p> <p><u>What communities are transit poor - and where are senior populations likely to reside in the coming years?</u></p> <p><u>What are the limitations of SCAG’s model and what data needs to be collected to enhance its incorporation of public health concerns, costs and benefits of improvements?</u></p>	<p>2016 RTP/SCS Development</p> <p>Review how HIAs can be used to inform the RTP/SCS</p> <p>Work in partnership with local public health departments to determine needs assessment gaps, share data, and leverage health departments expertise to identify high need areas (i.e., high-collision and disease burdened communities)</p> <p><u>Evaluate monetary public health impacts and how they can be incorporated into SCAG’s alternatives model, with coordination across agencies doing similar work (I-THIM, PLACE 3S Public Health, Metro Bicycle Model).</u></p> <p><u>Create methodology to incorporate health and equity as criteria for project selection process and prioritization.</u></p> <p><u>Study possible health and equity issues related to project implementation (i.e., childhood asthma as related to nearby freeway improvements; displacement and gentrification due to new transit stop, etc.)</u></p>	<p>Provide guidance to staff for research and development</p>

	<p><u>Where have investments been targeted in the region, and what is the health status of those areas? What types of investments are they?</u></p> <p><u>Where are there incomplete neighborhoods where a person cannot walk or bike for their daily needs?</u></p> <p><u>Which communities are experiencing disproportionate health and environmental impacts?</u></p>		
Performance Measures	<p>What are the appropriate indicators and metrics to assess the performance of the RTP/SCS as it affects public health?</p> <p>How should SCAG address other social determinants of health?</p>	<p>2016 RTP/SCS Development</p> <p>Develop appropriate public health performance measures for the 2016 RTP/SCS</p> <p>Consider measuring other social determinants of health</p>	<p>Provide guidance to staff for research and development</p> <p>Preliminary policy recommendations subject to further technical work and review</p> <p>(Plans & Programs Technical Advisory Committee)</p>
Strategy	<p>What is SCAG’s role in promoting public health policies in the region?</p> <p>Should SCAG develop guiding principles to steer public health strategies, policies, and programs?</p> <p>What other mitigation strategies can SCAG develop to address the negative health effects of the RTP/SCS?</p> <p>How can SCAG collaborate with local public health departments and organizations to develop regional public health policies and programs?</p>	<p>2012-2035 RTP/SCS Implementation Actions</p> <p>Consider the development of a Public Health Work Plan to inform regional planning, pending budget availability</p> <p>2016 RTP/SCS Development</p> <p>Develop additional mitigation strategies to address the negative health effects of the 2016 RTP/SCS</p> <p>2016 RTP/SCS Preliminary Policy Recommendations</p> <p>Work in partnership with local public health departments and organizations to develop public health policies and programs</p>	<p>Provide guidance to staff for implementation activities</p> <p>Provide guidance to staff for research and development, assist and support budget allocations</p>
Investments	<p>What funding opportunities are available for SCAG and local jurisdictions?</p> <p><u>How can the investment plan address health and health equity considerations?</u></p> <p><u>Where are communities receiving existing funding that could be leveraged in implementing the RTP (i.e. SRTS)?</u></p>	<p>2016 RTP/SCS Preliminary Policy Recommendations</p> <p>Develop methods to leverage different sources of federal/state/local funding for public health</p> <p>Research and review available funding sources for public health-related projects and programs</p>	<p>Provide guidance to staff for budget allocation and direct investment through grant making, staff work, and educational opportunities</p>

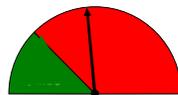
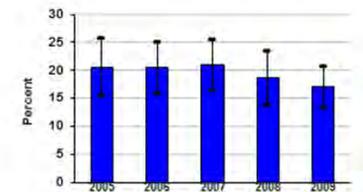
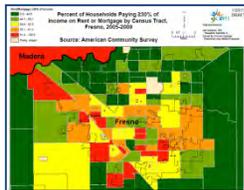


Healthy Community Indicators

Neil Maizlish, PhD

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Office of Health Equity
California Department of Public Health

Presented at Public Health Subcommittee
Southern California Association of Governments
November 28, 2012



Background

- Chronic disease and injury are leading cause of death and disability in California
- Major risk factors for obesity, chronic illness, and injury include poor nutrition, sedentary lifestyles, smoking, and alcohol use.
- These risk behaviors are profoundly influenced by people's social, physical, and economic environments.
- Inequities in health outcomes mirror inequities in community environments





Health Community Data and Indicators Project: Goals and Project Description

- Enhance public health by providing data, a standardized set of statistical measures, and tools that a broad array of sectors can use for planning healthy communities and evaluating the impact of plans, projects, policy, and environmental changes on community health
- 2-year project (2012/13) funded by Strategic Growth Council



- Partnership with UCSF



Why are Healthy Community Indicators Important?

- Respond to data demands by local, regional, county, state stakeholders for information about community environments that impacts the health and well-being of their communities
- Need for a statewide standard to avoid duplication of effort and fragmentation
 - Several projects underway by community groups and they are looking to the State for leadership in the area of health
 - Standardization will facilitate comparisons and benchmarks
- Provide a mechanism for public participation in decision making and accountability
- Help meet SGC's goals to promote public health, including through SGC grant programs and sustainable community strategies

What is Different About Healthy Community Indicators?

- Healthy Communities Indicators focus is distinct:
 - Health and the factors that influence health in the built, natural, and social environment
 - ✓ Connects the dialogue about health with land use and planning processes in jurisdictions (local, county, regional, state)
 - ✓ Changes to the built environment may create opportunities for significant health co-benefits or unintentional harms with disproportional impacts
 - Health and Social Equity
 - ✓ Health status is not the same within and between communities and varies by neighborhood, race/ethnicity, income level, and other factors
 - ✓ Need for usable data at finer geographical and sub-group levels



Objectives

- Identify a standardized, core set of valid indicators that define a healthy community
- Identify methods to construct indicators at different geographic scales (e.g. census tract, zip code, city, county, etc.)
- Disseminate technical documentation that allows local, county, regional, and state stakeholders to produce indicators
- Develop a multi-agency plan for centralized data collection, analysis, and reporting of indicators, and
- Create a demonstration website that stakeholders and CDPH can use to pilot test selected healthy community indicators.

SGC's Health in All Policies Task Force



 Strong nexus of public health, transportation and land use and/or MPO SCS performance measures

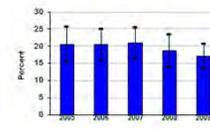
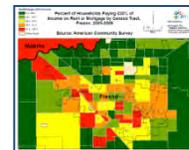
Table 1. Healthy Communities Framework – What is a Healthy Community?
A Healthy Community provides for the following through all stages of life:
▶ Meets basic needs of all
• Safe, sustainable, accessible and affordable transportation options
• Affordable, accessible and nutritious foods and safe drinkable water
• Affordable, high quality, socially integrated and location-efficient housing
• Affordable, accessible and high quality health care
• Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
• Access to affordable and safe opportunities for physical activity
• Able to adapt to changing environments, resilient, and prepared for emergencies
• Opportunities for engagement with arts, music and culture
▶ Quality and sustainability of environment
• Clean air, soil and water, and environments free of excessive noise
• Tobacco- and smoke-free
• Green and open spaces, including healthy tree canopy and agricultural lands
• Minimized toxics, greenhouse gas emissions and waste
• Affordable and sustainable energy use
• Aesthetically pleasing
▶ Adequate levels of economic, social development
• Living wage, safe and healthy job opportunities for all, and a thriving economy
• Support for healthy development of children and adolescents
• Opportunities for high quality and accessible education
▶ Health and social equity
▶ Social relationships that are supportive and respectful
• Robust social and civic engagement
• Socially cohesive and supportive relationships, families, homes and neighborhoods
• Safe communities, free of crime and violence





Update on Project

- Preliminary, Draft Core Indicators (next slide)
 - Criteria of validity, statistical reliability, timeliness, utility, already used by state agencies
- Bibliographic Review of Indicators and Evidence
 - EndNote Reference Library
- Meta-database for Indicators
 - MS Access
- Analysis
 - SAS code developed to assess statistical reliability of ACS data stratified at place, census tract, and race/ethnicity
- Local/regional projects with ~6 pilot indicators
 - Bay Area Regional Health Inequities Initiative (BARHII), staff from ABAG and local elected officials (LGC)
 - Prototype content with actual users
 - Assess local needs and capabilities



Preliminary, Draft Core Indicators

- Indicator = $\frac{\text{What Happened}}{\text{To Whom}} \times \text{When}$
- 56 indicators*
 - Meets basic needs of all: 24
 - Quality and sustainability of environment: 15
 - Adequate levels of economic social development: 9
 - Health and social equity: 3 indices (see below)
 - Social relationships that are supportive and respectful: 5

* Includes feedback on 4/6/11 list presented to HiAP Task Force



Safe, sustainable, accessible and affordable transportation options

Examples

- Number and rate of collisions by severity and mode of transport
- Miles traveled per capita by mode (car, public transit, walk/bike)
- Percent of residents mode of transportation to work
- Percent of population located $< \frac{1}{2}$ mile of a regional bus/rail/ferry & $< \frac{1}{4}$ mile local bus/light rail
- Percent of household income spent on travel
- Percent of population aged 16 years or older by time walking and biking to work (e.g. ≥ 10 minutes/day)



Affordable, high quality, socially integrated and location-efficient housing

Examples:

- Percent of household income spent on rent or mortgage using benchmarks of >30% (burdened) and >50% (severely burdened)
- Percent of households in overcrowded (≥ 1.01 persons/room) and severely overcrowded (≥ 1.50 persons per room) conditions
- Neighborhood Completeness Index (<1/2 mile radius for 8 out of 11 common public services and 9 of 12 common retail services)
- Housing to jobs ratio
- Jobs:housing match
- 5-year change in number of households by income and race/ethnicity (neighborhood change or gentrification)
- Degree of residential segregation (e.g., ratio of percent of non-white race/ethnic groups in a specific geographic area relative to a city or county average)
- Household by type of family and head of household



Other examples



- Access to affordable and safe opportunities for physical activity
 - Proportion of adults getting moderate/vigorous daily exercise
- Clean air, soil and water, and environments free of excessive noise
 - Number of days per year geographic area exceeds ambient air standards for criteria pollutants (ozone and PM2.5)
 - Percent of households/population near busy roadways
 - Average daytime and night time noise outdoor noise levels
- Green and open spaces, including agricultural lands
 - Percent of residents within ½ mile of park, beach, open space, or coastline
 - Acres of parkland per 1,000 residents
 - Tree canopy coverage
- Living wage, safe and healthy job opportunities for all
 - Overall and child poverty rate and concentrated poverty rate
 - Percent of the households earning a living wage
 - Number and rate of fatal and nonfatal occupational injuries by industry



Equity and Indicators

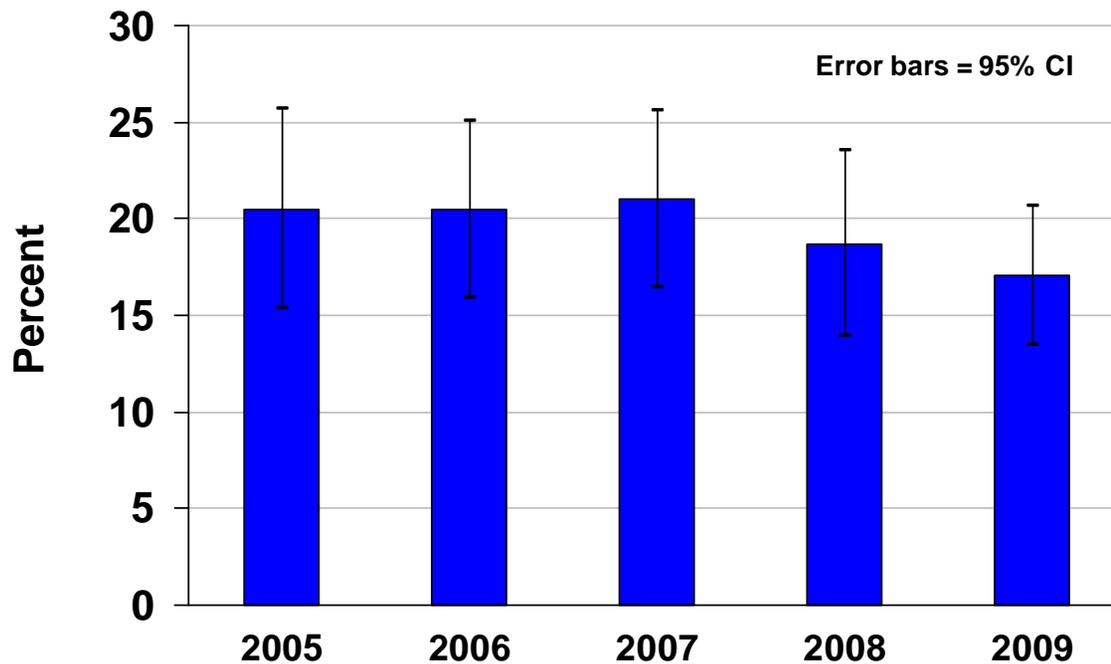
- Definition
 - Inequities are differences in indicator values that are avoidable, unfair, preventable, and rooted in social position such as race/ethnicity, social/economic class, educational attainment, occupation, place (urban/rural), tribal status, gender, sexual orientation, or other social disadvantage (N Krieger)

- Combining two approaches:
 - Equity within individual indicators (race/ethn., place)
 - Equity as its own domain using indices for:
 - ✓ Race/ethnicity equity
 - ✓ Income equity (Gini Index scaled 0 to 1)
 - ✓ Place-based equity

What might indicators look like?

- Time series

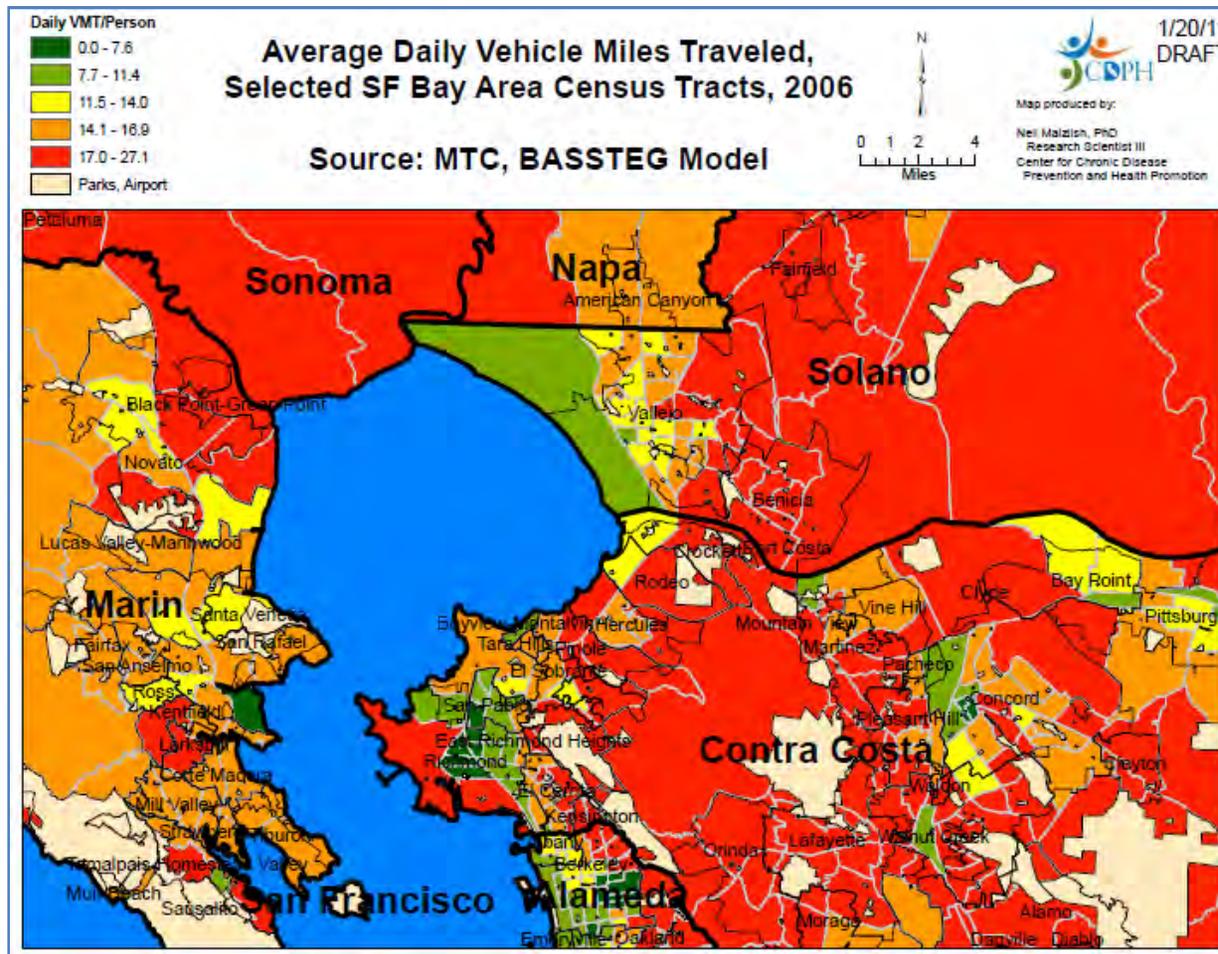
Percent of Population Living Below Federal Poverty Level, Berkeley, California



What might indicators look like?

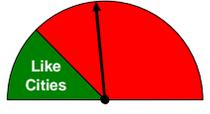
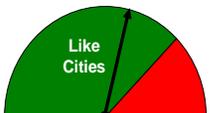
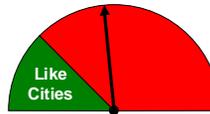
Small area variation within a place or region

- Maps



Report Card or Dash Board

With like-geographic area comparison (i.e. city ▲)

Meets basic needs of all	Indicators
<ul style="list-style-type: none"> ■ Safe, sustainable, accessible and affordable transportation options 	
<ul style="list-style-type: none"> ■ Affordable, accessible and nutritious healthy foods 	
<ul style="list-style-type: none"> ■ Affordable, high quality, socially integrated and location-efficient housing 	
<ul style="list-style-type: none"> ■ Affordable, high quality health care 	
<ul style="list-style-type: none"> ■ Complete and livable communities including affordable and high quality schools, parks and recreational facilities, child care, libraries, financial services, and other daily needs 	



Next Steps

- Share with stakeholders to get feedback
- Work with stakeholders on pilots to flesh out potential uses and user friendly presentation
- Apply full criteria to generate revised core set
- Finalize core indicator set
- Support Implementation of Indicators
 - Provide examples of indicators
 - How-to manual for local/regional users
 - Provide support for use of indicators (checklists, best practices/policies/programs, health impact assessments)
 - Support/TA for data acquisition, analysis, and reporting
 - Clearinghouse for how indicators used

Contact Information

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Discussion of Public Health Subcommittee Policy Framework

Public Health Subcommittee Meeting
November 28, 2012 10:00am-12:00pm
SCAG Los Angeles Office

Role of Subcommittees in the Development of the 2016 RTP/SCS

- Recommendations to the Policy Committees
- Additional opportunities for input



Subcommittee Recommendations

- Questions from Members
 - What types of recommendations should Subcommittee members provide to the Policy Committees?
 - What is the substance of the policy recommendations?
- Developed an overall Policy Framework to provide guidance to Subcommittees



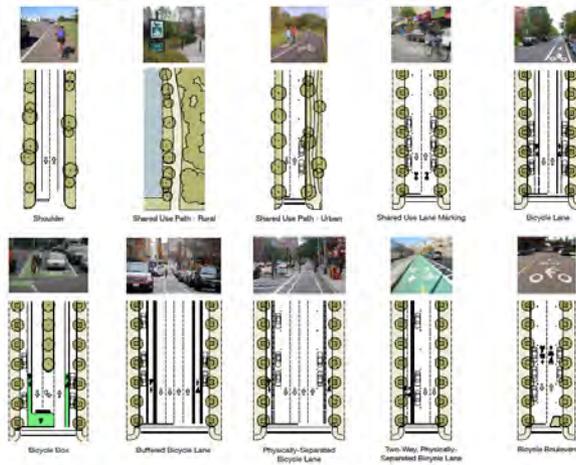
Policy Framework



- Definition(s)
- Needs Assessment
- Performance Measurement
- Strategy
- Investment

Definitions

A COLLECTION OF BIKEWAY TYPES



- Definitions for Public Health, Healthy Community, and Factors



Needs Assessment



- Health Impact Assessments (HIA)
- Other local health assessments by public health departments



Performance Measurement



- Social Determinants of Health
 - Access to transportation options including active transportation
 - Access to open space
 - Housing affordability
 - Availability of resources and services
 - Public safety
 - Urban form and the built environment

Strategy



- Consensus building and working with other agencies
- Mitigation strategies to address negative health effects
- Scenario development and modeling

Investment



- Increased funding for transportation projects that support public health goals (Active Transportation, etc.)
- Implementation Grant Programs (Compass Blueprint, etc.)