



Via Email

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Re: LB-ELA Mobility Investment Plan Evaluation and Screening Process - Health Criteria and Data

Dear Metro staff:

The undersigned members of the Coalition for Environmental Health & Justice ("CEHAJ") appreciate the opportunity to provide feedback on Metro's proposed evaluation criteria for the Long Beach-East LA Corridor Mobility Investment Plan ("Investment Plan"). We believe health is still missing and urge Metro to explicitly integrate health criteria into its evaluation and screening process. We have raised health repeatedly throughout this process and will continue to do so because we know this Plan will not succeed unless it takes on health directly.

The fact that I-710 corridor residents face health inequities is well-documented. For example, the diesel emissions from trucks, trains, ships, cargo-handling equipment, and other vehicles to move cargo next to and through the I-710 corridor causes severe and widespread health impacts, which disproportionately fall on low-income communities of color.¹ Corridor communities experience higher rates of respiratory illness and cancer than those living in well-resourced communities in Los Angeles County.² Publicly accessible tools like the [California Healthy Places Index](#) contain data on the life expectancy and general health of various communities across the state and highlights health disparities. Metro should use this qualitative and quantitative data to develop a health baseline from which to evaluate how proposed projects can improve health outcomes for corridor residents.

¹ See the California Air Resource Board, 2022 Scoping Plan, Appendix G: Public Health (Nov. 2022), at pp. 10-15, available at

<https://ww2.arb.ca.gov/sites/default/files/2022-11/2022-sp-appendix-g-public-health.pdf>.

² Colin Caprara, Community Health in the I-710 Corridor

<https://la.myneighborhooddata.org/2019/09/community-health-in-the-710-corridor/>

The proposed project evaluation process has not yet directly incorporated health by establishing health criteria. Metro should compile and effectively utilize existing health data to fully and accurately assess the potential positive and negative impacts from proposed projects. While health makes sense as part of the Community goal, health criteria should also be folded into the others goals (especially Air Quality), as well as through the Equity and Sustainability Guiding Principles, which both commit to uplifting health. Failing to weave health into this evaluation framework runs the risk of not fully analyzing health impacts and potentially developing an Investment Plan made up of projects that could be rejected by agency regulators like the former I-710 expansion project.

We acknowledge this is not easy work, but we know taking the time to do center health will enhance the LB-ELA Investment Plan by ensuring that our investment of public money will tangibly improve health outcomes and ultimately yield long-term savings through reduced healthcare costs.

I. The Equity Tool Supports Establishing Health Criteria and Analyzing Health Data

Metro's Equity Planning & Evaluation Tool ("Equity Tool")³ creates a framework for how Metro should develop health criteria. Step 1 (Connecting Community Results to Project Outcomes) requires identifying the issues the project intends to address and that the project will have the ability to impact. As part of Step 1, the Metro Board of Directors approved a Vision Statement that looks toward a "[a]n equitable, shared I-710 South Corridor transportation system that ... will foster clean air (zero emissions), **healthy and sustainable** communities, and economic empowerment for all residents, communities and users in the corridor." It also approved a Sustainability Guiding Principle that includes "[a] commitment to sustainability to satisfy and improve basic social, **health**, and economic needs/conditions, both present and future..." and a Community goal to "support thriving communities by enhancing the **health** and quality of life of residents."

Step 2 (Analyze Data) then asks, in part, what data are available, what data are missing, and what data tell us about existing community disparities. While Metro staff have gathered, reviewed and presented a lot of useful data to the CLC, the Equity Working Group, and the Task Force, much of this data has not directly looked at health impacts and outcomes. For example, Metro has provided data on indicators such as diesel PM emissions and tree canopy concentration, but not on health data such as asthma or cancer rates, hospitalizations, or children's health and development.

Finally, Step 4 (Plan for Equitable Outcomes) calls on Metro to ask how the project will ensure equitable outcomes, address root causes, and what performance metrics will help measure and track impacts. Unfortunately, the proposed evaluation criteria are not enough to fully carry out Step 4 because without explicit health component they can only provide a partial picture of a

³ While community engagement is not the primary focus of this letter, Step 3 of the Equity Tool (Engage the Community) is essential and should inform all the other Equity Tool Steps. We continue to encourage Metro to meaningfully engage the CLC and other community members in an accessible way.

project's impacts. Currently health is associated with the "Community" goals and criteria, but none of those criteria measure or track health directly. The project evaluation criteria should include health criteria components that effectively assess the risks and benefits projects may have on communities in the corridor.

II. Metro should establish a health baseline and use health data to analyze the health impacts from proposed projects

Health data must be gathered and analyzed to provide Metro, the CLC, the Task Force, and other stakeholders with a complete picture of the health of corridor communities and the health outcomes that this Investment Plan will help achieve. Metro should consider using Health Impact Assessments⁴ and Health Risk Assessments⁵ to establish a health baseline and support evaluation of potential health impacts and existing health risks.

There are various resources and tools that can aid Metro in this work. For example, [CalEnviroScreen](#) uses census tract data as the basis for its calculations and assessments of environmental hazards present in communities throughout the state of California. To determine the effects of air pollution in a community, it uses data gathered by air monitoring stations set up by the California Air Resources Board (CARB)⁶ as well as information from the Emergency Department and Patient Discharge Datasets from the State of California, Office of Statewide Health Planning and Development (OSHPD) regarding hospital visits to determine how many people in communities throughout the state suffer from asthma.⁷ As exemplified by CalEnviroScreen, using census tract data in conjunction with health and air emissions data from publicly available resources can provide an accurate assessment of the health baseline experienced by a community. Lastly, data concerning life expectancy, risk of cancer and respiratory illness, and other existing health disparities can also aid Metro in assessing how proposed projects can mitigate or worsen cumulative impacts in corridor communities.⁸ CalEPA and OEHHA have studied how exposure to pollutants has disproportionately affected communities of color⁹, and this type of analysis could help inform the development of a health baseline as well as health criteria.

⁴ See the LA County Department of Health, "Introduction to Health Impact Assessments", <http://publichealth.lacounty.gov/chie/HIA.htm>.

⁵ See the California Air Resources Board, "What is a health risk assessment?", <https://ww2.arb.ca.gov/resources/documents/health-risk-assessment> and the California Office of Environmental Health Hazard Assessment, "Air Toxics Hot Spots Program Guidance Manual for Preparation of Health Risk Assessment", <https://oehha.ca.gov/air/cmr/notice-adoption-air-toxics-hot-spots-program-guidance-manual-preparation-health-risk-0>.

⁶ Jared Blumenfeld, Lauren Zeise, et. al. CalEnviroScreen 4.0 <https://oehha.ca.gov/media/downloads/calenviroscreen/report/calenviroscreen40reportf2021.pdf> at 31.

⁷ *Id.*

⁸ California EPA (CalEPA) and the Office of Environmental Health Hazard Assessment (OEHHA) asserted that, "understanding cumulative impacts means comprehending how ... relationships, including the distribution and properties of environmental pollution, combines to create the potential for adverse health or environmental outcomes." Linda S. Adams & Joan E. Denton, Cumulative Impacts: Building a Scientific Foundation <https://oehha.ca.gov/media/downloads/calenviroscreen/report/cireport123110.pdf> at 5.

⁹ *Id.* at 7.

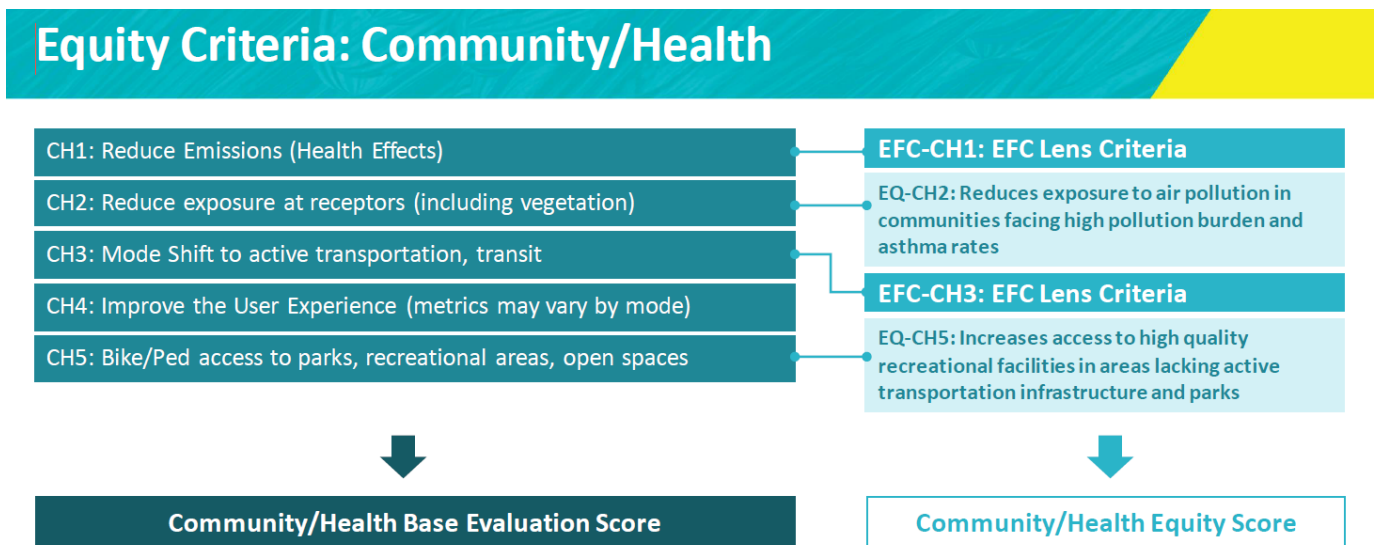
III. Health criteria will make the evaluation criteria and performance metrics more effective

Metro must use health criteria to evaluate proposed projects to be in full accordance with its Guiding Principles, which charge Metro with the responsibility to “satisfy and improve basic social, health, and economic needs/conditions, both present and future.” In order for the LB-ELA Mobility Investment Plan to achieve Metro’s stated commitment to rectify past harm and eliminate disparities while providing fair and just access to opportunity, projects best suited to address disparate health harms should be elevated as a result of the evaluation process. Projects that will exacerbate existing health burdens should be deprioritized or screened out.

Health evaluation criteria will allow Metro to assess the possible negative and positive health impacts of proposed projects and safeguard the communities these projects will be located in. Potential projects that increase traffic, use construction vehicles and equipment that emit diesel exhaust, and create dust and other pollution threaten to exacerbate the compounding health issues experienced by the underserved communities these projects aim to benefit. In the inverse, assessing the positive health benefits of a project, such as reduced rates of asthma and other respiratory conditions and less hospitalizations will give Metro and members of the community empirical evidence about which projects could mitigate and/or improve health disparities.

A. Community Goal Criteria

Metro developed six criteria goals and two guiding principles to measure whether a proposed project will advance those goals and principles. Five criteria were developed for the Community goal:











While the proposed Community criteria provide helpful insights into how a project may indirectly impact health, these should not stand in entirely for health criteria that directly measure and model health impacts. Metro should incorporate health criteria that can quantitatively and qualitatively analyze and measure whether a project will “enhance health” as required by this goal. This could include analyzing health indicators such as:

- Child and adult asthma rates
- Cancer rates (which a health risk assessment would identify)
- Adverse and improved birth outcomes
- Premature deaths
- Rates of cardiovascular, respiratory, and chronic illness
- Mental and brain health
- Respiratory emergency department visits
- Hospital admissions for respiratory and cardiovascular causes
- School absenteeism due to health emergencies

B. Air Quality Goal Criteria

Health is especially relevant in setting air quality evaluation criteria, as exposure to air pollution has a profound correlation to disparate health outcomes. Unfortunately, the evaluation of air quality misses the mark when it comes to health impacts as the three criteria fail to capture the same categories of information or metrics. For example, the summary for the Air Quality Goal describes three criteria to measure how a project might foster local and regional air quality improvements:

	Goal	Equity	Sustainability
AQ1: Reduce Emissions / [EQ - EFCs]			
AQ2: Facilitate clean technologies & lower emissions vehicles			
AQ3: Mode shift to cleaner modes / [EQ - EFCs]			

 **Quantitative:**
TDM: Transportation Demand Management Model
EFC Lens: Equity Focus Community Lens


 **Qualitative:**
QUAL: General qualitative analysis
SA QUAL: Sustainability analysis


While AQ1 (Reduce Emissions) and AQ3 (Mode Shift to Cleaner Modes) use the same qualitative and quantitative metrics to measure equity and sustainability, that is not the case for criteria AQ2 (Facilitate Clean Technologies & Lower Emissions Vehicles) which only focuses on general quantitative metrics that are yet to be defined. This could lead to incongruent results when it comes to comparing projects that purport to champion clean air initiatives. While it will be difficult to discern without more detail how AQ3 (mode shifting to cleaner modes) and AQ2


(facilitating clean technologies) do not overlap, the inconsistency in applying equity and quantitative criteria may result in one project scoring higher than other by promoting new transportation modes without truly assessing health impacts. It should be made clear that proposals alleging “clean technologies and lower emissions vehicles” are also evaluated on the basis of potential health impacts and not automatically scored higher. The distinction can be significant. For example, a proposal for low-NOx trucks which may purport to be lower emissions may still have greater health impacts than battery electric zero-emissions vehicles currently on the market.


C. Sustainability Principle Criteria


The Sustainability evaluation criteria unfortunately also fail to explicitly measure the mitigation of health impacts and instead focuses on infrastructure. While CEHAJ has supported investments in active transportation (including infrastructure) to promote physical activity with corollary health benefits, the Sustainability Guiding Principle, especially as applied to the Air Quality criteria, lacks a true health impact component. Without health impact as an element for evaluation for technology-driven proposals, the evaluation for air quality is incomplete.

SA1: Provides infrastructure and technology to reduce reliance on polluting and energy-intensive modes of travel and goods movement 

SA2: Provides infrastructure to promote physical activity and health through active transportation and recreation 

SA3: Improves climate resilience through infrastructure that addresses the impacts of flooding and increased heat 

SA4: Supports job creation in, and workforce transitions to, green technology and infrastructure sectors 

SA5: Improves cargo efficiencies to minimize trip volumes and emissions from goods movement activity 

IV. Ignoring calls from community to address health impacts led U.S. EPA to reject the I-710 freeway expansion project

The analysis offered by the United States Environmental Protection Agency (“EPA) in its March 25, 2021 letter to Metro and Caltrans (“EPA Letter”) is helpful in this context as it highlights the need to engage in a wider scope analysis when it comes to project-specific health impacts. EPA stood with community in recognizing that the I-710 Corridor is an area populated with residents already overburdened by freight and industrial activity and located in a region that has among the worst air quality in the United States.¹⁰ It further recognized that a large percentage of impacted communities are low-income and communities of color that have historically voiced concerns about air quality and health impacts from freight projects and yet continue experiencing a legacy of harm in the form of health disparities and asthma burdens and remain

¹⁰ See Letter from U.S. EPA to California Department of Transportation, District 7 and Los Angeles County Metropolitan Transportation Authority (March 25, 2021), pp.1-2.

vulnerable to increases in particulate matter pollution.¹¹ As part of its conformity analysis, EPA determined that even with air quality mitigation proposals like the former 710 Clean Truck Program, it is essential for a project to demonstrate reduction of polluting sources to a point where they would no longer be an air quality concern.¹²

EPA's analysis may be instructive to this process. CEHAJ has consistently supported investments into zero-emissions technology along the corridor and making its broad deployment a priority for achieving air quality, environment, and economic opportunity goals. Yet, not all purported "clean" technology is created equal when it comes to protecting health. There must be a consistent application of criteria used to evaluate community impacts, air quality, safety, etc. to ensure that the most health-protecting measures are elevated during the initial screening process. It is unclear, for example, whether a project that scores well under AQ2, but does not have the quantitative analysis of Transportation Demand Modelling and the Equity Focus Community Lens, will receive an advantage or a handicap during the evaluation process. Without a qualitative sustainability and equity analysis that explicitly examines health impacts, the evaluation may result in an incomplete picture of the project's benefits or potential harms.

In conclusion, we ask Metro staff and its consultants to develop health criteria to apply as part of the project evaluation process with input from the Community Leadership Community. Developing health criteria alongside community members will help us create a stronger Investment Plan and achieve our shared Goals and Vision for this corridor.

Sincerely,

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California Department of Transportation, District 7, Acting Director Gloria Roberts

¹¹ *Id.*, p. 2.

¹² *Id.*, p. 6.