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Transportation

Keith Millhouse, Ventura County

Transportation Commission

**No. 5
MEETING OF THE**

PUBLIC HEALTH SUBCOMMITTEE

**Tuesday, February 12, 2013
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**

Videoconference Available

Orange County Office

**600 S. Main Street, Suite 906
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San Bernardino County Office

**1170 W. 3rd Street, Suite 140
San Bernardino, CA 92410**

Ventura County Office

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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 Tonia Reeves-Jackson at (213) 236-1995 or via email jackson@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.

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, Coalition for Clean Air

Terry M. Roberts, American Lung Association

Michael Morris, FHWA

Lianne Dillon, The Public Health Institute

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**SOUTHERN CALIFORNIA
ASSOCIATION of GOVERNMENTS**

TELECONFERENCE INFORMATION

(Pursuant to Government Code Section 54953)

PUBLIC HEALTH SUBCOMMITTEE

Tuesday, February 12, 2013

10:00 AM – 12:00 PM

**Note: Teleconference Number
Provide Under Separate Cover**

**For Brown Act Requirements, please post the
agenda at your teleconference location.**

MEMBERS PARTICIPATING VIA TELECONFERENCE

- | | |
|---|--|
| 1. Hon. Ron Garcia, Vice Chair (OC)
Public Health Subcommittee | Brea City Hall
1 Civic Center Circle
Brea, CA 92821 |
| 2. Mr. Randall Lewis, Ex-Officio Member
Public Health Subcommittee | Lewis Operating Group
1156 N. Mountain Avenue
Upland, CA 91786-3633 |
| 3. Ms. Lianne Dillon, Ex-Officio Member
Public Health Subcommittee | California Department of Public
Health
1616 Capitol Avenue
Sacramento, CA 95814 |

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PUBLIC HEALTH SUBCOMMITTEE

AGENDA

FEBRUARY 12, 2013

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

CONSENT CALENDAR

Time **Page No.**

Approval Item

- | | | |
|--|-------------------|----------|
| 1. <u>Minutes of November 28, 2012</u> | Attachment | 1 |
|--|-------------------|----------|

INFORMATION ITEMS

- | | | |
|---|-------------------|----------|
| 2. <u>Public Health Subcommittee Policy Staff Recommendations Presentation and Discussion</u>
<i>(Christopher Tzeng, SCAG Staff)</i> | Attachment | 5 |
|---|-------------------|----------|

CHAIR'S REPORT

(Hon. Deborah Robertson, Chair)

STAFF REPORT

(Christopher Tzeng, 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 date and time will be determined.

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Public Health Subcommittee
of the
Southern California Association of Governments

November 28, 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. Sylvia Ballin	City of San Fernando
Hon. Ray Musser	City of Upland
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
Michael A. Morris	FHWA

Members Not Present:

Hon. Ron Garcia (*Vice Chair*) City of Brea

CALL TO ORDER & Pledge of Allegiance

Chair Hon. Deborah Robertson, Rialto, began the meeting at 10:00 a.m. and led the Pledge of Allegiance.

PUBLIC COMMENT PERIOD

There were no public comments.

REVIEW AND PRIORITIZE AGENDA ITEMS

There was no requested prioritization of the agenda.

ACTION ITEM

Approval Item

1. Minutes of October 1, 2012 Public Health Subcommittee meeting were approved. A motion was made by Arlene Granadosin to approve the meeting minutes. The motion was seconded by Hon. Dan Medina and unanimously approved. Motion passed.

INFORMATION ITEMS

2. Review of Joint Subcommittee Meeting, November 5, 2012

Jacob Lieb, SCAG staff, provided a brief summary of the previous Joint Subcommittee Meeting held at the SCAG Los Angeles office on November 5, 2012 at 10:00 am. Mr. Lieb recounted the items discussed at the last meeting, which included the introduction of the policy framework for each subcommittee and the mutual benefits the 2012–2035 RTP/SCS provides for each planning area.

3. Improve Regional Health Through Transportation Planning

The first presentation was given by three subcommittee members, Patty Ochoa (Physicians for Social Responsibility-LA), Lianne Dillon (The Public Health Institute), and Terry M. Roberts (The American Lung Association). This presentation put forth consideration for the definition of a “healthy community,” which was derived from the state of California’s Health in All Policies Task Force. The presentation also posed specific policy suggestions for how to incorporate health into the RTP/SCS:

- Implement the Enhancement Motion recommendations
- 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 organization in promoting healthy-growth strategies in the region

The presenters also posed discussion questions to the subcommittee and presented their specific additions to the Public Health Policy Framework table. The discussion after the presentation dealt with several subjects. Subcommittee members, Hon. Paula Lantz and hon. Deborah Robertson, focused on the availability of data and the importance of gathering data that was not only relevant at a regional level but also at a local level. Hon. Lantz expressed the need for data that provided local jurisdictions with a more focused view of specific communities and neighborhoods. The discussion also included comments about active transportation and Safe Routes to School. Hon. Robertson expressed that an agreed upon definition of “active transportation” was important because of other modes of transportation such as electric vehicles, Segways, and horses. Hon. Medina and Hon. Musser stated that electric vehicles will be an important transportation option for many communities in the near future. Hon. Medina mentioned electric vehicle programs and car share programs in Hermosa

Beach and through Enterprise Rent-a-Car. Hon. Musser stressed the importance of reaching out to local communities to gather data on how people get to work. Hon. Lantz identified that in order to have a successful Safe Routes to School network and program, schools and school districts should be approached as partners, and suggested that schools and school districts should be engaged in the overall RTP/SCS process

4. Healthy Community Indicators

The second presentation by Dr. Neil Maizlish provided an update on the Healthy Community Indicators project, which is being developed to provide data, a standardized set of statistical measures, and tools that a broad array of sectors can use for planning healthy communities and evaluating the impacts of plans, projects, and policies on public health. Dr. Maizlish presented example indicators that are currently being considered including indices that address health and social equity. The project was started in April 2012 and will span two years. It is funded by the Strategic Growth Council.

Hon. Paula Lantz and Hon. Deborah Robertson commented on the comprehensiveness of the indicators and stressed the importance of determining a base line for the region.

5. Discussion of Public Health Subcommittee Policy Framework

Arlene Granadosin, SCAG Staff, reviewed the Public Health Subcommittee Framework presentation and asked the members if they wanted to closely review the presentation or continue with the meeting.

The chair, Hon. Deborah Robertson, assigned subcommittee members to review the Public Health Policy Framework table, along with the suggestions added by Patty Ochoa, Lianne Dillon, and Terry M. Roberts, and to send staff additional suggestions. Staff will update the table with these additional suggestions and with comments made at the 3rd meeting, and will send it back to the subcommittee members for further discussion and refinement at the 5th meeting.

CHAIR'S REPORT

Hon. Deborah Robertson, Rialto, polled the subcommittee on future meeting dates. It was determined the next subcommittee meeting was forthcoming.

ADJOURNMENT

The meeting was adjourned at 12:15 p.m. The next meeting will be a joint meeting with the Public Health, Sustainability, and Active Transportation subcommittees. A future meeting date will be forthcoming.

Minutes Approved by:

Christopher Tzeng, Associate Regional Planner
Sustainability

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Public Health Subcommittee Draft Policy Staff Recommendations

Public Health Subcommittee Meeting
February 12, 2013

1



Starting the conversation early

“We committed to an open process,
and this is what that looks like.

We have to talk about these
questions. If we had something to
look at then the staff work would be
done, and we wouldn't have an open
process.”

-Hon. Pam O'Connor, 2011

2

2012-2035 RTP/SCS Adoption



- Adopted unanimously at SCAG's General Assembly
- Regional Council approves motion to create six new subject area subcommittees

3

Subcommittee Charters

- Charters Approved July 5, 2012

“The six (6) subcommittees will facilitate information exchange and policy development around their respective emphasis areas, identify regional priorities, and help facilitate the implementation of the 2012-2035 RTP/SCS.”

-SCAG Regional Council Staff Report, 2012

4

Subcommittee Outlooks

- Started the process with a range of ideas from discussions during the RTP/SCS development, and draft review
- Arranged for speakers to describe local examples of implementation



5

Policy Frameworks

Public Health Policy Framework: For Discussion

Policy Component	Considerations	Potential Recommendations/Options	RTP/SCS Process
Definition	<ul style="list-style-type: none"> • Definition for the following: <ul style="list-style-type: none"> o Health Equity o Healthy Community o Factors affecting health 	2008 RTP/SCS Preliminary Policy Recommendations <ul style="list-style-type: none"> • Identifying a definition of public health to guide regional public health policy • Identifying a list of factors affecting health to guide regional public health policy 	Provide guidance to draft and review language into the RTP/SCS final
Needs Assessment	<ul style="list-style-type: none"> • How can health impact assessments (HIA) be used to improve regional public health? • How should public health programs, activities, and services be implemented by local public health departments? 	2008 RTP/SCS Development <ul style="list-style-type: none"> • Review how HIA can be used to address the RTP/SCS • Review how HIA can be used to address health departments to determine needs, assessment gaps 	Provide guidance to staff for research and development

↓

(Note: Additional feedback for presentation: "Improving Regional Health through Transportation Planning", "Subcommittee 2012", and "Public Health Policy Framework: Additional Recommendations for Discussion")

Topic	Considerations	Potential Recommendations/Options	RTP/SCS Process
Public Health	<ul style="list-style-type: none"> • How can health impact assessments (HIA) be used to improve regional public health? • How should public health programs, activities, and services be implemented by local public health departments? 	<ul style="list-style-type: none"> • Review how HIA can be used to address the RTP/SCS • Review how HIA can be used to address health departments to determine needs, assessment gaps 	Provide guidance to staff for research and development
Transportation	<ul style="list-style-type: none"> • How can health impact assessments (HIA) be used to improve regional public health? • How should public health programs, activities, and services be implemented by local public health departments? 	<ul style="list-style-type: none"> • Review how HIA can be used to address the RTP/SCS • Review how HIA can be used to address health departments to determine needs, assessment gaps 	Provide guidance to staff for research and development

- Initial framework categorized suggestions:
 - o Definition
 - o Needs Assessment
 - o Perf. Monitoring
 - o Strategy
 - o Investment
- Allowed for stakeholder and member input

6

Consolidated Policy Suggestions

- Staff presented all the suggested policy recommendations in one document demonstrate interrelatedness of the ideas

Subcommittee	Draft Policy Recommendations	Notes
I. DEFINITIONS		
Public Health Subcommittee	Develop standard definitions related to public health measures for use in the region, and incorporate these definitions into standard practice and public policy considerations for project selection and implementation. <i>(California use still under development and will continue to be proposed at meetings 9/8 & 9/16)</i>	2016 RTP/SCS Process
Sustainability Subcommittee	Develop a definition of sustainability that recognizes the unique history and development patterns of Southern California yet challenges the region to achieve nationally emissions targets. Proposed definitions of Sustainability SCAG should use to undergird the 2016 RTP/SCS. UN: Meeting current needs without hindering future generations from meeting their own needs. SEI/PS: Reduce GHG emissions to 1990 levels by 2025 through a combination of vehicle, and stationary source emissions reductions technologies, and per capita VMT reductions. Audacious: Balance policies along triple bottom line determination: Equity, Environment, Economy -or- People, Places, Profit. Develop a definition of public health to guide regional public health policy.	2016 RTP/SCS Policies
Active Trans Subcommittee	Work with local jurisdictions and Caltrans to develop standard definitions of experimental bikeways in use in the region, ensuring consistency and helping acceptance of standards on State/federal level. Active Transportation refers to transportation such as walking or using a bicycle, trike, e-bicycle, wheelchair, scooter, skateboard, push scooter, trailer, handcart, shopping cart, or similar low speed electrical devices.	2016 RTP/SCS Process 2016 RTP/SCS Policies

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Draft Policy Recommendations

- Departing the Policy Framework format staff refined and synthesized the suggestions into 3-5 draft recommendations based on viability, and relevance.

Public Health Subcommittee

Public Health Subcommittee Policy Staff Recommendations

Goals and Guiding Policies were included in the 2012 2035 Regional Transportation Plan/Sustainable Communities Strategy. In order to assist in meeting the goals and guiding policies, six subcommittees were convened to help guide SCAG as it implements the 2012 2035 RTP/SCS and begins to lay the foundation for the 2016 RTP/SCS. These six subcommittees focus on different components that were strongly advocated for during the development of the last RTP/SCS.

At the commencement of the Public Health Subcommittee, five components were presented for members to consider, discuss and define for a final deliverable to the SCAG Policy Committees. The components were definitions, needs assessment, performance measures, strategies, and measurements. Five subcommittee meetings were held and dialogue was held on the five components presented, the considerations for each component, and potential recommendations were provided. In addition to the meetings, subcommittee members were also given the opportunity to provide written comments. After reviewing the dialogue of the subcommittee meetings and the written comments provided, SCAG staff has recommended the policy recommendations for the Public Health Subcommittee. Staff is also providing annotation of the full policy framework for participants to review the status of any individual report.

Seek opportunities to promote transportation options with an active component/physical activity

- Support the Active Transportation Subcommittee and work plan to promote active transportation as a means to promote active and healthy lifestyles
- Support and seek opportunities to promote safety in active transportation

Next Steps: Develop investments and strategies as part of 2016 RTP/SCS development process

Provide robust public health data and information to increase number of public health inputs in RTP/SCS development

- Gather information for a thorough and complete analysis of the RTP/SCS and its alternatives
 - Includes analysis on monetary, health impacts of transportation choices and health outcomes, e.g., chronic disease
- To the extent feasible, include information in the following emphasis areas:
 - Physical activity
 - Emissions and exposure
 - Safety
 - Health outcomes (e.g. incidence of chronic disease)

- Pursue enhancements in data with regards to Environmental Justice component of RTP/SCS, e.g. health and equity issues

Next Steps: Pursue scenario planning tool enhancements to include increased and dynamic public health data. Engage partners and stakeholders. Select technical review through the

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Draft Policy Recommendation I

- Seek opportunities to promote transportation options with an active component/physical activity



Draft Policy Recommendation II

- Provide robust public health data and information, as feasible, to better inform regional policy, the development of the 2016-2040 RTP/SCS, and support public health stakeholder participation



Performance Measures 3

Category	Performance Measure	Definition	Performance Level	Measurement Year
Mobility and Accessibility	Travel time per capita	Using per capita can be used as a supplemental measure to account for population growth impacts on being	Improvement over the Project Baseline	Travel Demand Model
	Personality by facility type	Using a vehicle travel time resulting from the difference between the two scenarios	Improvement over the Project Baseline	Travel Demand Model
	Travel time by facility type (High and Medium)	Using a vehicle travel time resulting from the difference between the two scenarios and high speed	Improvement over the Project Baseline	Travel Demand Model
	Travel time by facility type (Low and Medium)	Using a vehicle travel time resulting from the difference between the two scenarios and low speed	Improvement over the Project Baseline	Travel Demand Model
Safety and Health	Cyclists per capita	Accumulated miles per capita vehicle miles by mode (all bicyclists) per capita	Improvement over Base Year	DMF Accident Data Base, State Census, Census of State and County
	Crashes per capita	Crashes per capita	Meet Transportation Commission requirements and 50% of per capita	DMF Accident Data Base, State Census, Census of State and County
Environment Quality	Greenhouse gas emissions	GHG, PM _{2.5} , PM ₁₀ , and VOC	Meet Transportation Commission requirements and 50% of per capita	DMF Accident Data Base, State Census, Census of State and County
	Greenhouse gas emissions	GHG, PM _{2.5} , PM ₁₀ , and VOC	Meet Transportation Commission requirements and 50% of per capita	DMF Accident Data Base, State Census, Census of State and County
Equity	Additional jobs supported by transportation investment	Number of jobs supported by the investment in each of project transportation conditions which make the region more competitive	Improvement over the Project Baseline	Regional Economic Model
	Additional jobs supported by transportation investment to low-income areas	Number of jobs supported by the investment in each of project transportation conditions which make the region more competitive	Improvement over the Project Baseline	Regional Economic Model
Investment Efficiency	Benefit-Cost Ratio	Cost per capita to generate additional jobs supported by investment and state of good repair conditions	Greater than 1.0	California Benefit-Cost Model
	Cost per capita to generate additional jobs supported by investment and state of good repair conditions	Annual costs per capita required to generate the multi-modal system in current conditions	Improvement over Base Year	Estimated using SHRP Plus and other California Transportation Commission 10 Year Model Assumptions

MS = High occupancy vehicle, HOV = single occupancy vehicle

Draft Policy Recommendation III

- Promote and seek on-going partnerships with regional partners, local public health departments and other stakeholders



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Public Health Subcommittee

Public Health Subcommittee Policy Staff Recommendations

At the commencement of the Public Health Subcommittee, five components were presented for members to consider, discuss and define for a final deliverable to the SCAG Policy Committees. The components were: definitions, needs assessments, performance measures, strategy, and investments. Subcommittee meetings and dialogue were held on the five components presented, the considerations for each component, and potential recommendations/actions were provided. In addition to the meetings, subcommittee members were also given the opportunity to provide written comments. After reviewing the dialogue of the subcommittee meetings and the written comments provided, SCAG staff has developed a set of policy staff recommendations for the Public Health Subcommittee. Staff is also providing annotation of the full policy framework for participants to review the status of any individual input (see attachment).

1. **Seek opportunities to promote transportation options with an active component/physical activity**

- Support goals and principles of Active Transportation Work Plan, as it pertains to public health
- Promote active transportation as a means to encourage active and healthy lifestyles
- Support and seek opportunities to promote safety in active transportation

Next Steps to 2016-2040 RTP/SCS Development: Develop cost effective investments and strategies that promote an active life style as part of 2016-2040 RTP/SCS development process, subject to further stakeholder input and technical review, and work with transportation finance division to quantify costs and identify funding. This will be discussed further at Joint Meeting #6 with the Active Transportation, Public Health and Sustainability Subcommittees.

2. **Provide robust public health data and information, as feasible, to better inform regional policy, the development of the 2016-2040 RTP/SCS, and support public health stakeholder participation**

- To the extent feasible, include information in the following emphasis areas:
 - Monetary and health impacts of different plan alternatives
 - Physical activity
 - Emissions and exposure
 - Safety
 - ¹Health outcomes (for example, incidence of chronic disease)
- Pursue feasible enhancements in data and analysis with regards to Environmental Justice report of RTP/SCS; for example, exposures and likely health issues
- Provide data and technical foundation for potential regional public health policy and expanded performance measures, as feasible

¹ SCAG currently does not possess data or technical capacity to produce health outcomes.

Next Steps to 2016-2040 RTP/SCS Development: Pursue scenario planning tool enhancements to include increased and dynamic public health data. Solicit technical review through technical working groups and other forums. Final recommendations on plan methodologies, data and performance measures in advance of release of draft plan in late 2015.

3. Promote and seek on-going partnerships with regional partners, local public health departments and other stakeholders

- Participate, gather information and provide information in the So Cal Collaborative Active Transportation Team (run by the Southern California Chronic Disease Collaborative Public Health Institute), and includes County Public Health Departments and SANDAG
- Reach out to non-traditional stakeholders; for example, school districts
- Engage regional partners, including transportation agencies, on how they include health considerations in planning and project delivery

Next Steps to 2016-2040 RTP/SCS Development: Staff participation in partnerships and continue reaching out to non-traditional stakeholders. On-going report out to partners (for example, Regional CEOs Sustainability Working Group and technical working groups) and policy committees.

Public Health Subcommittee

Public Health Subcommittee Full Policy Framework Annotation

The number next to the "Suggested Items – Meeting Items and Input" identifies which policy staff recommendation it was considered to be a part of. If the "Suggested Items – Meeting Items and Input" was not considered as a part of the policy staff recommendations, a brief explanation will show.

- "1" represents the active transportation recommendation
- "2" represents the public health data and information recommendation
- "3" represents the on-going partnerships recommendation

Suggested Items – Meeting Items and Input	Included in Staff Recommendations?	If so, which policy?	Note
Develop a definition of public health to guide regional public health policy	No		Subject to on-going collaborations
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	No		Subject to on-going collaborations
Review how HIAs can be used to inform the RTP/SCS	No		Subject to additional review and discussion (e.g. staff and technical working groups)
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)	Yes	2 and 3	

Suggested Items – Meeting Items and Input	Included in Staff Recommendations?	If so, which policy?	Note
Support an assessment of available and potential public health data that can be utilized at the county and city-level to help local jurisdictions identify high need areas	Yes	2	
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)	Yes	2	
Promote use of Urban Footprint model to analyze and monetize health impacts of walking, cycling and transit and ensure comprehensive health analysis of growth scenarios in all decision making for development of 2016-2040 RTP/SCS	Yes	2	
Create methodology to incorporate health and equity as criteria for project selection process and prioritization	No		Subject to dialogue with partner agencies. SCAG does not act independently in project evaluation
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.)	No		No identified funding source
Include an expanded analysis of traffic pollution impacts to include areas with housing with 1,000 feet of high-volume roadways	Yes	2	Will consider as part of EJ analysis, subject to technical review
Incorporate enhanced tracking of chronic disease outcomes, such as asthma incidence and exacerbation, heart disease, stroke and diabetes	Yes	2	Subject to additional review (e.g. staff and technical working groups)

Suggested Items – Meeting Items and Input	Included in Staff Recommendations?	If so, which policy?	Note
Develop appropriate public health performance measures for the 2016-2040 RTP/SCS	Yes	2	Subject to additional review (e.g. staff and technical working groups)
Consider measuring other social determinants of health	Yes	2	Subject to determination by staff and others
Consider measuring the co-benefits of active transportation and zero-emission/near-zero emission projects (i.e., neighborhood electric vehicle infrastructure, car-share and ride-share programs, etc.)	Yes	1 and 2	Subject to additional review (e.g. staff and technical working groups)
Support the development of a pilot project in the SCAG region for the Healthy Community Indicators project sponsored by the Strategic Growth Council	Yes	2	Subject to funding availability. Similar policy being developed by the Sustainability Subcommittee
Promote the development of a Public Health Work Plan to inform regional planning, pending budget availability	No		No identified funding source
Develop additional mitigation strategies to address the negative health effects of the 2016-2040 RTP/SCS	No		Subject to additional staff work and review
Include public health as a goal of the RTP/SCS	Yes	2	Existing goal of RTP/SCS
Encourage the participation of schools and school districts in the development of the RTP/SCS with the aim of supporting the improvement of Safe Routes to School programs in the region	Yes	3	
Work in partnership with local public health departments, planning departments (including transportation departments) and health organizations to develop public health policies and programs	Yes	3	

Suggested Items – Meeting Items and Input	Included in Staff Recommendations?	If so, which policy?	Note
Consider public health policy and program development	Yes	2	Subject to identifying appropriate funding source
Develop methods to leverage different sources of federal/state/local funding for public health	Yes	2 and 3	Subject to input from appropriate SCAG staff and partner agencies
Research and review available funding sources for public health-related projects and programs	Yes	2 and 3	Appropriate SCAG staff will initiate
Promote funding sources to promote complete streets and active transportation throughout the SCAG region	Yes	1 and 3	Subject to dialogue with partner agencies
Monitor and report on the outcomes and impacts, as well as possible mitigation strategies	Yes	2 and 3	

Public Health Policy Framework- Additional Recommendations for Discussion

Underlined RED text= Additions by Patty Ochoa, Lianne Dillon, and Terry M. Roberts (Ex-Officio Members of the Public Health Subcommittee)

Underline BLUE text= Additions by SCAG Staff per comments made by subcommittee members and discussion during Public Health Subcommittee Meeting #3 held on November 28, 2012; Names of specific members are indicated on each added potential recommendation/action

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>	Provide guidance to staff, and eventual integration into 2016 RTP/SCS text
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 do not achieve the public health performance measures (GHGs, VMT, collision injuries and fatalities etc.) AND the RTP goals and need the most support- i.e. mitigation, transportation investments, public health or economic development, or coordinated investment?</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>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, <u>share data, and leverage health departments expertise to identify high need areas (i.e., high-collision and disease burdened communities).</u></p> <p><u>Support an assessment of available and potential public health data that can be utilized at the county and city-level to help local jurisdictions identify high need areas</u> *(Comment/Discussion by Hon. Robertson and Hon. Lantz)</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>Promote use of Urban Footprint model to analyze and monetize health impacts of walking, cycling and transit and ensure comprehensive health analysis of growth scenarios in all decision making for development of 2016 RTP/SCS.</u></p>	Provide guidance to staff for research and development

	<p><u>What are the active modes of transportation systems to jobs and basic services, available to low-income communities of color and low-income households?</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><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> <p><u>Which communities/cities are experiencing displacement and gentrification from the implementation of the SCS?</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><u>Include an expanded analysis of traffic pollution impacts to include areas with housing with 1,000 feet of high-volume roadways.</u></p>	
<p>Performance Measures</p>	<p>What are the appropriate indicators and metrics to assess the performance of the RTP/SCS as it affects public health?</p> <p><u>How can SCAG measure and communicate the public health and health equity benefits of the RTP/SCS?</u></p> <p>How should SCAG address other social determinants of health?</p> <p><u>Is there a reduction or increase of criteria pollutants by TAZ (Traffic Analysis Zones)? Where there is an increase in criteria pollutants, are the rates of chronic diseases also increasing, such as asthma incidence and exacerbation, heart disease, stroke, diabetes, etc.?</u></p> <p><u>How do we measure chronic illnesses that can help us measure the health impacts of the goods movement</u></p> <p><u>How can we measure the co-benefits of active transportation</u></p>	<p>2016 RTP/SCS Development</p> <p><u>Incorporate enhanced tracking of chronic disease outcomes, such as asthma incidence and exacerbation, heart disease, stroke and diabetes</u></p> <p>Develop appropriate public health performance measures for the 2016 RTP/SCS</p> <p>Consider measuring other social determinants of health</p> <p><u>Consider measuring the co-benefits of active transportation and zero-emission/near-zero emission projects (i.e., neighborhood electric vehicle infrastructure, car-share and ride-share programs, etc.) *(Comment/Discussion by Hon. Medina and Hon. Musser)</u></p> <p><u>Support the development of a pilot project in the SCAG region for the Healthy Community Indicators project sponsored by the Strategic Growth Council *(Comment/Discussion by Hon. Robertson)</u></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>

	<p>and zero and near-zero emission projects?</p> <p>What does the “safety” element look like in goods movement communities?</p> <p>What do safe routes programs look like in environmental justice communities where goods movement traffic is prominent?</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>Promote 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>Include public health as a goal of the RTP/SCS</p> <p>Encourage the participation of schools and school districts in the development of the RTP/SCS with the aim of supporting the improvement of Safe Routes to School programs in the region *(Comment/Discussion by Hon. Robertson and Hon. Lantz)</p> <p>2016 RTP/SCS Preliminary Policy Recommendations</p> <p>Work in partnership with local public health departments, planning departments (including transportation departments) and health organizations to develop public health policies and programs</p> <p>Consider public health policy and program development</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>How can the investment plan address health and health equity considerations?</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</p>	<p>Provide guidance to staff for budget allocation and direct investment through grant making, staff work, and educational opportunities</p>

	<p><u>Where are communities receiving existing funding that could be leveraged in implementing the RTP (i.e. SRTS)?</u></p> <p>Consider using School facilities improvement bond funding, <u>federal Prevention and Public Health Funding</u></p>	<p>health-related projects and programs</p> <p><u>Promote funding sources to promote complete streets and active transportation throughout the SCAG region.</u></p>	
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