

HEALTH IN ALL POLICIES: HEALTH & EQUITY METRICS CALIFORNIA

Healthy Public Policy and Transportation Planning

In 2008, the California legislature passed SB375, with the intent of reducing to target levels greenhouse gas emissions in each region of the state. To implement the new policy, Metropolitan Planning Organizations (MPOs) in each of the state's 18 regions are updating their Regional Transportation Plans (RTP) and developing a Sustainable Communities Strategy (SCS). The RTP is an update to the transportation policies and guidelines that direct the types of projects, and in some cases the actual projects, to be constructed over the next 25 years. Within that broader plan, the SCS is a document that describes the MPO's vision for decreasing greenhouse gas emissions through transportation and land use planning. Given the close connection between the built environment and health behaviors, outcomes, and inequities, these processes are a unique opportunity to incorporate health and equity in transportation and land use planning.

The Project

Human Impact Partners, with funding from the Resource Legacy Fund, convened a statewide group to develop 13 health and equity performance metrics that assess the outcomes of land use and transportation changes made by MPOs. The group, which included statewide health experts, agency staff, advocates, and transportation planners, engaged in a 2-month collaboration to prioritize and select metrics from 129 potential indicators. In September 2011, HIP and partners released the final metrics, relevant health and equity evidence, and methods for measurement. The final list covers 7 topics, including safety; access to goods, jobs and services; general transportation; future growth; economy; environmental pollution; and equity. Since the metrics release partners have worked with stakeholders around the state to promote their use. Health and equity proponents can use the metrics in discussions with transportation planners to increase the consideration of health and equity impacts in RTP/SCS processes around the state. The public comment forums for MPO visioning of the RTP/SCS, the releases of the plans, and their Environmental Impact

Sample Metrics

- Daily amount (in minutes) of work-trip and non-work trip related physical activity
- Estimated premature mortality attributed to traffic-related ambient PM 2.5 and estimated asthma incidence and exacerbation attributed to traffic-related NO₂

Reviews are examples of venues where health and equity advocates can use the metrics to highlight beneficial or harmful impacts of the plans and suggest improvements. In addition, metrics can help MPOs in gathering baseline conditions information that is included in their RTP/SCS. Performance measures can also be used by MPOs to score alternative scenarios they consider, and for city or county planning agencies to use in assessing individual projects.

Outcome

In the short time since their release, the metrics have already been used to influence proposed SCS plans, including those by the Southern California Association of Governments (SCAG) and Sacramento Area Council of Governments (SACOG). For example, the final set of metrics from SCAG incorporated adjustments suggested via comment letters by HIP and other partners sent in response to the initial set of proposed metrics. Additionally, HIP has given presentations about the metrics to educate decision-makers for SCAG and SACOG, and in Fresno. As more MPOs roll out their plans, we note the metrics will not apply equally across regions, particularly in more rural areas. It is our hope that in each region, local public health agencies and advocates will work with transportation planners to adapt the metrics to fit their particular jurisdiction.

Health in All Policies Context

- Opportunity to influence the health and equity impacts of regional transportation planning processes as RTPs are revised and before policies for the next 25 years are set
- Plans are being developed simultaneously across multiple jurisdictions, with differing policies, timelines, and decision points, making a single HIA less feasible

