



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

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Chief Deputy Director

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April 12, 2018

California Air Resources Board
1001 I Street
Sacramento, CA 95814

RE: Comments on Community Air Protection Program Concept Paper

The Toxicology and Environmental Assessment Branch of the Los Angeles County Department of Public Health (DPH) appreciates the opportunity to review the Community Air Protection Program Framework Concept Paper. The draft concept paper solicits recommendations in several areas, including factors to identify priority communities; emissions reduction and mitigations strategies; the make-up and roles of community steering committees; and metrics for development of community emissions reduction programs. We offer the following recommendations.

I. Guiding Principles

- a. We recommend the addition of the following Guiding Principle: *Provide health risk communication, in coordination with local health departments, to present technical findings to the general public and other stakeholders, such as elected officials, businesses, school districts, and government agencies.* Health risk communication tailored to multiple audiences will facilitate public understanding of emerging data generated by AB 617, and empower community members to make informed decisions about risk mitigation measures.

II. Program Elements

- a. The statewide strategy should include a robust Public Health Risk communication plan. Program implementation will generate a massive amount of data and technical analysis, therefore the program should dedicate resources to outreach and public health education, to ensure that data is accessible and understandable at the community level.

III. Identification and Selection of Communities

- a. CARB should ensure full transparency in the community selection and prioritization process. This includes making available to the public any assessment and/or ranking results from this phase of program implementation.
- b. In addition to using source location, Multiple Air Toxics Studies (MATES), and CalEnviroScreen 3.0 to identify priority communities, also consider the following data sources:
 - i. California Healthy Places Index (HPI) (<http://healthyplacesindex.org/>)
 - ii. Air Quality Management District community investigations data and lessons learned from past investigations or projects in target communities.
 - iii. Local health data (e.g. Community Health Profiles developed by local public health departments, which is often reported by census tracts).

IV. Strategies to Reduce Emissions and Exposure

- a. We support the multiple layers of reduction strategies, and stress the need to seek immediate relief for the most burdened communities while pursuing additional longer term strategies. This includes strict enforcement of existing regulations and incentives for businesses to reduce and/or mitigate emissions as urgently as possible.
- b. Develop strategies to encourage emissions reductions beyond minimum compliance levels (e.g. incentive funding), such as the use of best available technologies and “good neighbor” policies and practices, in particular for facilities proximal to sensitive land uses (e.g. residential, schools, parks, childcare).
- c. Incentive funding to reduce impacts from stationary and mobile sources should be prioritized for sources proximal to sensitive land uses.
- d. Seek optimal alignment with local land use planning by linking program implementation to relevant general plan components and other local planning efforts to reduce pollution in disadvantaged communities (as required by SB 1000).

V. Criteria for Community Emissions Reduction Programs

Health-Based Air Quality Goals

- a. Establish public health goals for criteria pollutants and toxic air contaminants based on: 1) potential for cumulative exposure, 2) increased vulnerability of selected

communities (i.e. due to socioeconomic factors), and 3) chronic health risks. Some public health goals may be difficult to attain or to include health-based reference levels that are below laboratory detection limits, but are nonetheless important to ensure transparent health risk communication.

Community Engagement

- b. Seek participation from multiple sectors of local government in the community steering committees, including public health and planning departments.
- c. Share decision-making within the community committees among participants, with a transparent and fair process for nominating and choosing leadership.
- d. Air districts should make publicly-available maps indicating specific mobile and stationary sources, as well as locations of sensitive receptors (e.g. schools, residences, childcare sites, senior care centers, etc.) for education and discussion.
- e. Air districts should designate a primary program contact experienced in culturally-sensitive work and community outreach, and who can communicate fluently in the predominant language(s) spoken in the community. This would enhance responsiveness to community concerns, and support community involvement in program implementation.
- f. Communication should extend beyond a website to include social media platforms, preferably connecting to existing networks as part of the outreach methods. Meetings should be broadcast via the web and linked to social media, to allow community members to attend and/or participate remotely.
- g. Air districts should engage established community leaders, and present at their existing meetings and through existing communication channels to maximize attendance and participation. Updates on community emissions reductions and annual progress reports should be included on the agenda of existing community-led meetings whenever possible.

Technical Assessment

- h. Identifying metrics to track public health improvements is desirable, but also challenging, as discussed in the concept paper. Public health indicators will depend on the community of focus and specific air pollutants/contaminants measured or modeled over time. We recommend outreach to partner with local public health departments, academic institutions, community groups and other stakeholders to examine baseline data and to use measured/modeled exposure metrics and other tools such as community surveys designed to evaluate health, quality-of-life, and/or awareness indicators relevant to the exposure metrics being measured or modeled.
- i. While recognizing the utility of criteria air pollutant goals for short term metrics, longer term impacts could be tracked through changes in CalEnviroScreen scores.

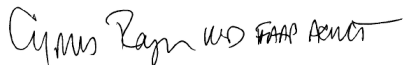
- j. Data from AB 617 implementation should be compiled with CARB and air district's monitoring data from multiple pollution sources in the community (e.g. oil and gas, pesticides etc.), to produce a single analysis of cumulative community pollution burden.
- k. Enforcement activities should be transparent, with results of any regulatory and enforcement actions easily accessible to the public.

VI. Additional Implementation Efforts

- a. Develop additional metrics to assess community understanding and awareness of the program itself. Data on these metrics could be collected through pre-/post- tests during community meetings, including tracking the knowledge/awareness of air pollution, the goals of AB 617, and community knowledge of processes to report nuisance complaints.
- b. Convene first year communities to share lessons learned, discuss program sustainability, and to identify potential additional state-wide actions to address cumulative burdens across all communities (participating or not).

DPH appreciates the opportunity to provide recommendations to enhance the Community Air Protection Program Framework, and we look forward to close involvement with CARB, the local air districts and any selected communities within Los Angeles County. If you have any questions or would like to discuss the comments outlined above in more detail, please contact Christine Montes at (213) 738-2189 or cmontes@ph.lacounty.gov.

Sincerely,



Cyrus Rangan, M.D., F.A.A.P., F.A.C.M.T.
Director, Toxicology & Environmental Assessment Branch
Environmental Health Division, Department of Public Health