



May 6, 2014

Chairman Harold Hanson and Members  
Board of Directors  
Kern Council of Governments  
1401 19th Street, Suite 300  
Bakersfield, California 93301

Dear Chairman Hanson and members of the Board:

On behalf of the undersigned health and medical organizations we write in response to the Kern Council of Governments' (KCOG) draft Regional Transportation Plan/Sustainable Communities Strategy (RTP/SCS) and draft EIR (EIR). As the Board moves toward a vote to adopt a final plan, we provide recommendations intended to improve air quality and public health, to increase safe, practical and healthier mobility options for children and seniors and to revitalize our existing communities, especially our most disadvantaged communities.

Our organizations are strong supporters of Senate Bill 375 because it holds the promise for healthier, more sustainable neighborhoods that support residents' health, safety and quality of life. Along with our colleagues in the Southern Sierra Partnership, we believe that SB 375 is vital to preserving the health of the environment by conserving natural landscapes that add to our quality of life<sup>1</sup>. There are some positive steps being taken in the plan, but we believe that more must be done given the significant challenges facing Kern residents. As illustrated in the recent *Bakersfield Californian*<sup>2</sup> opinion piece authored by Dr. Alpha Anders, president of the Kern County Medical Association, historical, auto-dependent development patterns contribute to health burdens in Kern County, including:

- Kern is home to the nation's third most particulate-polluted and ozone-polluted air;<sup>3</sup>

<sup>1</sup> See May 5, 2014 letter to Kern COG on behalf of Southern Sierra Partnership, American Farmland Trust, Council of Infill Builders, and Natural Resources Defense Council.

<sup>2</sup> Anders, Dr. Alpha. *Bakersfield Californian*. "Smarter Growth would mean improved health here in Kern" April 16, 2014.

<sup>3</sup> American Lung Association *State of the Air 2014*. [www.stateoftheair.org](http://www.stateoftheair.org)

- Kern has some of California’s highest chronic disease death rates, including second highest due to diabetes, fifth highest for heart disease, sixth highest for chronic respiratory diseases (e.g. COPD);<sup>4</sup>
- Over 40 percent of Kern children and nearly 30 percent of adults are obese;<sup>5</sup> and
- Over 130,000 Kern children and adults have been diagnosed with asthma, and Kern is home to higher rates of pediatric asthma emergency room visits than the state average and asthma hospitalizations cost \$25 million in 2010.<sup>6 7</sup>

Our recommendations below stem from the goal of the RTP/SCS to “improve the health of communities”<sup>8</sup> which we believe can be done through an ongoing commitment to a clear departure from historical sprawl, auto-oriented development patterns. Recently, the American Lung Association in California’s *Public Health Crossroads* report found that seizing the opportunity to create more walkable, connected Kern communities could avoid approximately \$140 million in traffic pollution-related health impacts, including over 4,800 asthma attacks and 760 lost work days each year by 2035<sup>9</sup>. But the benefits of healthier planning extend far beyond air quality. Planning that promotes good health can save families on medical care costs, prevent pedestrian and bicyclist injuries and associated costs, and save businesses in insurance costs and lost productivity (including lost work days among employees home with sick children)<sup>10 11</sup>.

We offer the following comments and recommendations on the draft RTP/SCS in order to support the health and well-being of the people of Kern County as the county grows. We must take advantage of this critical opportunity to grow healthier.

**The draft plan should align more with the spirit of Senate Bill 375.** Our overarching concern is that the draft plan relies heavily on factors outside of the COG’s control to achieve SB 375 emission reduction targets. Of the modeled 16.7 percent reduction noted in the report, the vast majority of reductions are achieved by assumed 1) economic recession and 2) gas price increases occurring due to outside forces – rather than clear, locally-driven land use and transportation policies and strategies. Land use changes and transportation improvements produce less than one-third of the emission reduction results in the draft plan (RTP/SCS Table 4-7). We do not believe that the emission reduction results presented in the draft plan truly represent achievement of SB 375 targets through healthier transportation and land use strategies.

---

<sup>4</sup> California Dept. Public Health. *County Health Status Profiles 2014*. <http://www.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2014.pdf>

<sup>5</sup> San Joaquin COG, *Basic Public Health Facts*. May 2013. pp 167-73. <http://www.sjcog.org/AgendaCenter/ViewFile/Agenda/05232013-147>

<sup>6</sup> Asthma Coalition of Kern County. *Asthma Resource Directory*. 2010.

<http://www.kernpublichealth.com/departments/callToAction/pdfs/AsthmaResourceDirectory2010.pdf>

<sup>7</sup> California Dept of Public Health, California Breathing. *County Asthma Profiles: Kern*. <http://www.californiabreathing.org/asthma-data/county-asthma-profiles/kern-county-asthma-profile>

<sup>8</sup> Kern COG. Draft RTP/SCS. p.ES-2

<sup>9</sup> American Lung Association in California. *Public Health Crossroads: Kern County*. March 2014. [www.lung.org/california](http://www.lung.org/california).

<sup>10</sup> Maizlish, N., et al. *Health Cobenefits and Transportation-Related Reductions in Greenhouse Gas Emissions in the San Francisco Bay Area* American Journal of Public Health. April 2013. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3673232/>

<sup>11</sup> American Lung Association in California, *ibid*.

### **The Sustainable Communities Strategy should shift to the 33 Percent Housing Mix**

**Alternative to provide more walkable, transit-oriented housing options:** To its credit, the draft plan does increase infill over past plans. However, it continues to focus growth heavily on large lot single-family homes that lead to sprawl, auto dependency and air pollution. We recommend that, at a minimum, the draft EIR's 33 Percent Housing Mix Alternative should be the baseline for the final plan, and – importantly – that the 33 percent housing mix be extended beyond the metro Bakersfield area to ensure that all communities and residents in Kern County have real choices.

A future with real consumer choices must include diverse transportation and housing options for residents, (rather than simply over-supplying large lot housing on vital agricultural and greenfield areas) and land use choices should support housing in more walkable, compact and transit-oriented settings. Increasing the focus of the plan to at least the 33 Percent Alternative would provide a boon to the health and vitality of existing communities. Evidence shows that communities where residents can take part in daily physical activity and active transportation often result in significant reductions in air pollution, cancers, diabetes, heart disease, obesity and stroke, as well as billions in associated health care costs<sup>12 13</sup>.

### **Ensure real funding is available for healthy walking, biking and transit choices and bring more projects online in the near term.**

To ensure that residents of all ages, abilities and incomes can take part in real, safe and practical active transportation options, the draft plan should increase the focus on active transportation through guaranteed funding and front-load these projects in the plan. At present, the second largest line item for active transportation funding investment capital and the largest active transportation maintenance item is speculative revenue that may or may not become available locally (Table 6-1). Given the severe chronic disease burdens and air pollution challenges facing Kern residents, more emphasis must be given to real, near-term investment and the deployment of safe, healthy and cleaner-air transportation options. Priority for investment in early projects should be placed on low-income communities lacking safe walk and bike infrastructure and reliable, high quality transit.

We view the SCS process through the lens that planning decisions have a real impact on the health and vibrancy of our communities and we appreciate your consideration of the above recommendations in this light. We thank you for the important dialogue on the future of Kern County, and look forward to working with you as you consider the final plan.

---

<sup>12</sup> Maizlish, *ibid*.

<sup>13</sup> Hsi-Hwa Hu, et al. *Neighborhood environment and health behavior in Los Angeles area*. Transport Policy. May 2014.  
<http://www.sciencedirect.com/science/article/pii/S0967070X14000353>

Sincerely,

Tim Gibbs, Director of Campaign Initiatives  
**American Cancer Society – Cancer Action Network**

Heather Dumais, San Joaquin Valley Advocacy Coordinator  
**American Lung Association in California**

Nancy Perrin, President  
**California Society for Pulmonary Rehabilitation**

Heidi R. Flori, MD, President  
**California Thoracic Society**

Stephen W. Schilling, CEO  
**Clinica Sierra Vista (Bakersfield)**

Eric Lerner, Climate Director  
**Health Care Without Harm**

Sara Satinsky, MPH, MCRP, Senior Research Associate  
**Human Impact Partners**

Harry Wang, MD, President  
Sacramento Chapter  
**Physicians for Social Responsibility**

Azibuike Akaba, Policy Analyst  
**Regional Asthma Management & Prevention (RAMP)**

Marty Martinez, MPP, Bay Area Policy Manager  
**Safe Routes to School National Partnership**

**Individual Medical Professionals**  
Alpha Anders, MD, Bakersfield

Carlos Bello, MPH, CHES, Bakersfield

Thomas Larwood, MD, Bakersfield