June 23, 2010

Chairman Mary Nichols and Members
California Air Resources Board
1001 I Street
Sacramento, CA 95812

RE: Achieve Significant Public Health Benefits With Ambitious Regional Greenhouse Gas Reduction Targets

Dear Chairman Nichols and California Air Resources Board Members:

Thank you for your leadership implementing SB 375, California's Sustainable Communities and Climate Protection Act. We are grateful for your, your staff's, and the Metropolitan Planning Organizations' (MPO) extensive efforts to begin the process of shifting land use and transportation planning in California to adopt a more forward looking and sustainable approach. California's new approach under SB 375 will open up tremendous opportunities to create healthier, more livable communities with less pollution and greater quality of life. The California Air Resources Board's (CARB) work in establishing regional targets will help incentivize regional and local land use strategies that not only achieve important reductions in greenhouse gases and other harmful pollutants, but also significantly improve chronic disease rates associated with car-dependent development patterns.

As public health organizations and medical experts, we are writing to urge CARB to adopt ambitious regional greenhouse gas reduction targets that encourage the use of the full range of policy tools available to local governments to reduce vehicle dependence and related pollution emissions. Our organizations believe that ambitious regional targets are an important element in California's fight against global warming, air pollution, and chronic illness. By establishing targets that challenge all regions to truly think beyond "business as usual" planning, CARB will not only promote local, cooperative strategies that increase access to transit and opportunities to bike and walk, but will improve public health both today and protect generations to come from the worst impacts of climate change.

We also strongly support the need for state efforts to assist MPOs and local governments with financial resources and modeling tools to adopt more sustainable land use and transportation plans. Land use and transportation modeling has yet to fully develop the capacity to evaluate the health benefits of

smart growth. We encourage CARB to support the development and implementation of models that can calculate the health benefits of varying land use and transportation scenarios to help clarify the public health benefits of more compact development that facilitates transportation alternatives.

The connections between urban design, transportation options, and health outcomes have been well known for decades and are now becoming well-documented. Research continues to emerge demonstrating that neighborhoods connected via various transit options and that are easier and safer to traverse by bicycle or on foot will not only help to reduce harmful emissions but can help to significantly improve physical activity and reduce skyrocketing chronic disease rates. For example:

- California's car-dependent lifestyle, marked by long commutes to work and significant distances from retail stores and public amenities, is a significant contributor to public health problems, including air pollution, obesity, and social isolation. In many California neighborhoods there is no option but to drive everywhere, as it is likely too far or dangerous to walk or bike to work, a transit stop, a grocery store, or a public park.
- Recent statistics indicate that 53 percent of Californians fail to meet recommended guidelines for physical activity, putting them at high risk for illness and premature death,[1] but people living in highly walkable, mixed-use communities are more than twice as likely to get 30 or more minutes of daily exercise (the daily recommended amount) as those living in auto-oriented areas.[2]
- Limited physical activity is a primary risk factor for obesity, as well as diabetes, heart disease, cancer, stroke, and Alzheimer's disease.[3] Unless aggressive efforts are made to slow rising rates of obesity – such as by providing opportunities to engage in active modes of transport – it is projected that over the next few decades, life expectancy for the average American could decline by as much as 5 years.[4]
- For every hour spent in a car each day, drivers are 6 percent more likely to be obese (controlling for age, education, gender, and ethnicity),[5] whereas almost one-third of Americans who commute to work via public transit meet their daily requirements for physical activity (30 or more minutes per day) by walking as part of their daily life, including to and from the transit stop.[6]
- Motor vehicle usage also results in significant injury and death. Car crashes are the leading cause of death for children ages 3 to 14,[7] and each year, over 31,000 Californians are injured in motor vehicle accidents.[8]
- California's severe air quality problems leads to serious public health consequences including thousands of premature deaths and hospitalizations every year and hundreds of thousands of cases of asthma and other respiratory illnesses. The Southern California Children's Health Study, a long-term investigation into air pollution and children's health, has issued over 100 publications on the health *effects of childhood* exposure to ozone and

---

[1] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Physical Activity Prevalence Data: California 2003, *available at* http://apps.nccd.cdc.gov/brfss.

[2] L. Frank et al., Linking Objectively Measured Physical Activity with Objectively Measured Urban Form: Findings from SMARTRAQ, Vol. 28, Issue 2, American Journal of Preventative Medicine, at 117-125 (February 2005).

[3] *California Center for Health Statistics, Office of Health Information and Research, Death Data Tables, Cause of Death, available* at www.dhs.ca.gov/hisp/chs/OHIR/tables/death/causes.htm.

[4] Olshansky SJ, Passaro DJ, Hershow RC, Layden J, Carnes BA, Brody J, Hayflick L, Butler RN, Allison DB, and Ludwig DS, "A Potential Decline in Life Expectancy in the United States in the 21st Century," New England Journal of Medicine, 352:11, pp. 1138-1145.

[5] L. Frank, Obesity Relationships with Community Design, Physical Activity, and Time Spent in Cars, Vol. 27, No. 2, American Journal of Preventive Medicine (2004).

[6] L. Besser and A. Dannenberg, Walking to Public Transit: Steps to Help Meet Physical Activity Recommendations, Vol. 32, Issue 4, American Journal of Preventative Medicine, at 273-280 (November 2005).

[7] National Highway Traffic Safety Administration, Traffic Safety Facts, 2008 Data, available at www-nrd.nhtsa.dot.gov/Pubs/811157.pdf.

[8] California Department of Public Health, EPICenter, Fatal Injuries by Age Group, California Residents, 2006, available at www.applications.dhs.ca.gov/epicdata/scripts/broker.exe?_SERVICE=Pool2&_PROGRAM=programs.sum_causebyage.sas&REGION0=XXX&R1=F+2006&REGION=California&OUTPUT=HTML.

particulates, including a 2008 study that found a 30 percent increased risk for new asthma cases in children living in communities with higher levels of traffic-related air pollution.[9]

- The equity implications of land use and transportation planning are also becoming better understood. Where people live can have significant consequences for their health. For example, the Bay Area Regional Health Inequities Initiative released a study in 2008 which documented that, in the nine-county San Francisco Bay Area, people who live in poor neighborhoods can expect to live on average 10 years less than people who live in affluent neighborhoods.[10] The built environment harbors many of the conditions that contribute to these stunning differences in life expectancy. Health inequities can be addressed by improving transportation choices that will enable residents of low income communities and communities of color to have better access to nutritious food, health care services, recreational facilities, affordable housing, and job opportunities which are often out of reach.

To ensure that California moves in the right direction to promote more sustainable planning and achieves important health co-benefits, CARB needs to propose regional targets that go beyond "business-as-usual" planning. California needs ambitious regional targets that will incentivize equitable community designs that include compact, mixed-used and mixed-income development that supports active modes of transportation and access to transit.

We urge the Board to propose strong regional goals to curb greenhouse gas emissions while promoting healthier, more active communities with reduced rates of chronic disease. We hope CARB will help to make the promise of SB 375 a reality – the development of healthier communities where Californians have more transportation and housing options that lead to better human and environmental health.

We look forward to your support of sustainable, healthy communities, and the adoption of ambitious regional greenhouse gas reduction targets.

Sincerely,

Israel De Alba, MD, MPH, President-Elect
American Cancer Society, California Division, Inc.

Bob Larlee, Chair
American Heart Association Board of Directors, LA Division

Bonnie Holmes-Gen, Senior Policy Director
American Lung Association in California

Bob Prentice, PhD, Director
Bay Area Regional Health Inequities Initiative

---

[9] Jerrett, et al. "Traffic-Related Air Pollution and Asthma Onset in Children: A Prospective Cohort Study with Individual Exposure Measurement". Environmental Health Perspectives 116:1433-1438. 2008.
[10] Bay Area Regional Health Inequities Initiative, Health Inequities in the Bay Area (2008), *available at* www.barhii.org.

Andy Katz, JD, Government Relations Director
Breathe California

Susan Hogeland, CAE, Executive Vice President
California Academy of Family Physicians

Justin Malan, Executive Director
California Conference of Directors of Environmental Health

Lisa Hershey, Associate Director
California Convergence

Veronica Ramirez, Research Associate
California Medical Association

Martin Martinez, MPP, Policy Director
California Pan-Ethnic Health Network

Janet M. Berreman, MD, MPH, Health Officer
Department of Health Services, Public Health Division
City of Berkeley

Nidia Bautista, Policy Director
Coalition for Clean Air

Teri Duarte, MPH, Chair
Design Sacramento 4Health

Jeni Miller, PhD, Communications Director
Partnership for Public's Health

Harry Wang, MD, President,
Physicians for Social Responsibility/Sacramento

Robert Gould, MD, President
SF-Bay Area Chapter
Physicians for Social Responsibility

Jeremy Cantor, MPH, Program Manager
Prevention Institute

Matthew Marsom, Director of Public Policy
Public Health Institute

Robin Salsburg, JD, Senior Staff Attorney
Public Health Law & Policy

Anne Kelsey Lamb, Director
Regional Asthma Management and Prevention
Community Action to Fight Asthma

Michael Kelly, MD, Chair
San Diego Regional Asthma Coalition

SaraT L Mayer, Director
San Mateo County Health System

Shan Magnuson, Program Director
Sonoma County Asthma Coalition

Erin Rogers, Manager
Western States Climate & Energy Program
Union of Concerned Scientists

Sonal R. Patel, MD
Pediatric/Adult Allergy & Immunology
White Memorial Pediatric Medical Group