



**Climate Action Team
Public Health Workgroup**

June 18, 2009
Draft Meeting Notes

Participants*

Gregg Albright, CA Business, Trans, and Housing Agency Sacramento CA
Andrew Altevogt, California Environmental Protection Agency, Sacramento, CA
Alvaro Alvarado, California Air Resources Board (CARB), Sacramento, CA
John T. Andrew, Dept of Water Resources Sacramento CA
Martha Arguello, Physicians for Social Responsibility Los Angeles CA
David Arrieta, DNA Associates Sacramento CA
Diane Bailey, NRDC Santa Monica CA
Cathy Bleier, Cal Fire CA
Edie Chang, CARB, Sacramento, CA
Alexandra Destler, Public Health Institute Oakland
James Goldstene, CARB, Sacramento, CA
Franco Guido, California Energy Commission, CA
Allan Hirsch, Office of Environmental Health Hazard Assessment (OEHHA), Sacramento, CA
Bonnie Holmes-Gen, American Lung Association Sacramento CA
Andy Katz, Breathe California Daly City CA
Alex Kelter, Consulting for Public Health West Sacramento CA
Kevin Kennedy, CARB, Sacramento, CA
Jonathan Kwan, Department of Public Health Elk Grove CA
Gregory P. Oliva, CA Department of Public Health (CDPH) Sacramento CA
Bart Ostro, OEHHA, Sacramento, CA
Shankar Prasad, Coalition for Clean Air Sacramento CA
Colleen Reid, US EPA/ UC Berkeley CA
Marisa Rimland, Public Health Institute CA
Linda Rudolph, CDPH CA
Robin Salsburg, Public Health Law and Policy Oakland CA
Gina M. Solomon, University of CA San Francisco, CA
Lynn Terry, CARB, Sacramento, CA
Mary-Ann Warmerdam, Department of Pesticide Regulation, Sacramento, CA
Janet Whittick, CA Council for Environment and Economic Balance, San Francisco CA
John Wogec, CDPH CA
Tina Yuen, UC Berkeley CA

I. Overview of Climate Action Team

Linda Rudolph and James Goldstene welcomed the participants. Andrew Altevogt described the structure of the Climate Action Team (CAT), its eight workgroups, and the role of the Public Health Work Group (PHWG):

- support/advise other efforts, subgroups, and broader efforts on climate change

* List reflects only participants who signed in

- serve as a forum for discussion of issues related to public health and climate change
- provide input to CARB and CDPH regarding AB32, adaptation, and other activities

Mr. Goldstene stated that if the group will be relatively informal, will provide input into AB 32 rulemaking, and ensure that public health impacts are adequately addressed. Linda Rudolph suggested that the group also help prioritize efforts given limited resources and help us implement the actual work to maximize the limited resources.

Bonnie Holmes-Gen proposed that the PHWG update the Board on a regular schedule so that their understanding of public health issues and tools is broadened. Mr. Goldstene stated that ARB expects updates from all sector of the CAT and there will be regular opportunities for up-dates from the PHWG.

Shankar Prasad noted that some other committees (e.g. EJAC) were more formally constituted and asked how this self-selected workgroup would ensure rigor. Lynn Terry said that the broad scope of topics the PHWG will address requires diverse involvement; we will reach out to ensure adequate review of products, including from academics, and may suggest subcommittees on specific issues if that is feasible.

II. Brief Overview of Public Health and Climate Change

Dr. Rudolph provided an overview of the health impacts of climate change, stating that climate change is one of the biggest challenges for public health in the 21st Century because its likely impacts on water, food supply, shelter, civil society, migration, etc. threaten the basic natural systems upon which humans depend on for life. She encouraged review of the new federal government report on climate change impacts[†]. She briefly addressed heat, impacts of increased air pollution, wildfires, pollen increase, changes in vector-borne diseases, increases in food and water borne diseases, mental health issues, and public health issues related to migration and environmental refugees. Bart Ostro (OEHHA) provided an overview of several OEHHA studies on the health effects of higher temperatures. Dr. Ostro stated that OEHHA had published on: Mary-Ann Warmerdam from (DPR) discussed issues related to climate change and pesticides.

Linda Rudolph addressed the public health perspective on climate change response, including the critical importance of identification and prioritization of mitigation and adaptation strategies with health co-benefits, the use of health impact assessments, local and global environmental justice issues, and the need to focus on promoting healthy communities and community resilience to lessen the adverse health impacts of coming climate change. Co-benefits of reducing GHG through reduced vehicle miles travelled, for example, include reductions in respiratory disease, heart disease, traffic injuries, depression, osteoporosis, diabetes, cancer, and stress; co-benefits of planting trees to reduce urban heat islands include reduced electricity use, improved air quality, and reduced stress. Climate change will both exacerbate existing inequities and have a greater impact on low income communities and people of color, due to the impacts of poverty (and fuel poverty), urban heat islands, and worse air quality.

[†] (reference new fed report)

Dr. Rudolph also talked about the vital importance of enhanced public health surveillance, the use of indicator sets[‡], and the need for downscaled localized projections of climate change impacts and for public health modeling tools. Mr. Altevoigt stated that the CAT – in conjunction with the Energy Commission’s climate research program - is trying to answer these questions; we know that even under optimistic scenarios, there are large impacts we will have to deal with. Greg Albright stated that while the changes may appear to be slow moving, we need to vigorously pursue policy changes now – there is urgency in turning things in the right direction to prevent most severe impacts.

Alex Kelter pointed out that climate action planning is taking place in many cities, that SB 375 is a regional process, but that the public health infrastructure is largely county based. Dr. Rudolph acknowledged this, and said that the many local health departments and the California Conference of Local Health Officers are looking at how to work more closely with cities and join together to work regionally, for example through the Bay Area Regional Health Inequities Initiative (BARHII) or similar efforts in Fresno and southern California. CDPH also needs to provide models for local policy/intervention for local health departments. Dr. Kelter noted the severely limited resources of local health departments.

Dr. Gina Solomon asked about the health economics issues and the need for analysis of the costs of the health impacts of climate change and thus the costs of inaction. Mr. Altevoigt stated that the CAT has begun looking into more economic analysis and expects to see an analysis of the economic impacts related to air pollution sometime next year. Dr. Prasad asked if there will be an effort to reconsider air pollution attainment issues in light of the impacts of increased temperatures; Ms. Terry said that CARB modelers are looking at air pollution scenarios related to climate change.

III. Schedule for Development of AB 32 Scoping Plan

Edie Chang provided a brief overview of the AB32 scoping plan, which is a combination of market mechanisms, other regulations, voluntary measures and fees. The largest component will be the cap and trade program and complementary measures will include energy efficiency, renewable energy, regional targets to transportation-related emissions, and existing laws and policies. The Plan covers major sectors including: transportation; land use; electricity and natural gas; industry; water, forests and agriculture; green building (cross-cutting); waste and recycling; high global warming potential (GWP) gases; and, state and local government. Many agencies in addition to CARB have responsibilities related to the implementation of the Scoping Plan. CARB adopted a low carbon fuel standard in April 2009, and plans to adopt major rules including high GWP regulations, Pavley II, and cap and trade regulation in 2010 – a very quick timeline.

Ms. Holmes-Gen emphasized the key importance of land use to this group, as well as the cap and trade program; she thinks land use may merit increased attention from the Board.

IV. Review and Discuss Draft Public Health Work Group Work Plan

[‡] Reference CSTE and OEHHA indicator sets

Dr. Rudolph reviewed the proposed PHWG work plan – at this point essentially a listing of the many areas that need to be addressed with regard to climate change and health, including:

- Health Impact Assessments[§] (HIAs): Development of guidelines for HIA is a priority for PHWG as guidelines can inform the PH analysis of proposed mitigation measures. Bonnie Holmes-Gen noted that HIA requires more discussion because HIA needs to be included in the CARB tool box; she asked for which of the proposed measures and regulations would we want to use these tools. Mr. Goldstene suggested that we come back to that question at a later meeting.
- Vulnerability assessments (VA): While CDPH, OEHHA, and CARB have done some initial VA, need considerably more detailed and local assessment in order to truly guide future adaptation efforts.
- Surveillance: Initial indicator sets suggest multiple areas of needed surveillance; we need to develop more robust systems – for example building on the CDPH Environmental Health Tracking program – especially for real-time surveillance with respect to heat, wildfires, and other extreme events.
- Research – The CEC is leading the research contracts process: public health needs to define a research agenda, identify priorities, and infuse into the CEC process.
- Community outreach and communications: How do we get the message out on the urgency of health impacts from climate change? People resonate with messages and information about health and health issues in their communities, and health concerns can drive behavior and policy change. We do not yet have a robust communication strategy.
- Adaptation, preparedness and response: We have an initial draft of the Climate Adaptation Strategy for Public Health. We now need to determine how to implement that at the state and local level.
- Training and Technical Assistance: how we develop and provide training and technical assistance for local health departments, local agencies, community-based organizations so that they can connect with climate change issues locally?
- Policy development: We need to ensure that future climate change policy development more consistently incorporates public health issues.

Dr. Rudolph asked for feedback on the work plan – what is missing, do we need subgroups to flesh it out, are there areas people are particularly interested in working on, what are the priorities? She noted the lack of resources, and said we are not expecting to have a final “approved” work plan today.

Mr. Goldstene stated that while cap and trade often gets the most attention, the Board is asking about public health impacts and co-benefits on every issue. He said CARB does need guidance from this group on HIA. Ms. Holmes-Gen asked if this group would be reviewing specific tools to review health impacts and how those tools would be applied; she feels that one of the more immediate tasks should be to evaluate the available tools and provide guidance on how to apply those tools to specific measures and regulations.

[§] HIA is a multi-disciplinary approach to holistically assess health impacts of a given policy, development, or environmental change, analyze the different pathways through which a particular policy might impact human health, and identify the potential ways to “mitigate” or lessen the adverse impacts. HIA identify both positive and adverse health impacts. HIA incorporates stakeholder involvement in the process.

Dr. Rudolph added that we are working on our draft HIA guidelines and expect that we will bring them to this group to discuss within a few months

Mr. Goldstene also note that the recent Governor's executive order impacts all state agencies and their contracting processes, and we will keep you posted on the impact. We will need to be creative about how to get the work done – for example by working in partnership with people on the PHWG.

Dr. Kelter asked about how local general plan updates relate to the PHWG work plan, and the importance of that process for addressing climate and health. One participant suggested that HIA guidelines could also be incorporated within CEQA guidelines. Dr. Rudolph and Mr. Albright noted that health issues are also being addressed in the Strategic Growth Council, which is distributing Prop 84 bond money and considering other SB 375-related issues such as the sustainable communities strategies.

Discussion highlighted the need to prioritize the work of the PHWG – the work plan covers a lot, so need to figure out what we can do in light of limited resources. There was support for initial focus on HIAs, particularly with regard to the need to maximize co-benefits and minimize adverse health impacts. Policy development, adaptation, and research agenda were also proposed as priorities.

Shankar Prasad asked about the meaning of the word “institutionalization” in the Policy objective. Dr. Rudolph said we need to institutionalize the integration of public health in all policy development – Health in All Policies – so that we more routinely consider the health implications of transportation, energy, and climate change policies.

It was suggested that the Environmental Justice Advisory Committee and the PHWG conduct a joint meeting. The need for CARB to incorporate climate change considerations into existing processes was noted – e.g. urban heat islands and air pollution, effects of global warming as counters to

Dr. Rudolph stated that the draft charter is based on the proposed work plan and asked that comments on the charter and the work plan to be sent to her for further discussion and hopefully finalization at the next meeting (though noting that the work plan will evolve over time).

V. Process and Tools to Identify Impacted Communities as Required by AB 32

Ms. Chang discussed key near-term priorities that include the identification of communities that are already adversely impacted by air pollution and a health impact assessment of the cap and trade regulation. The Scoping Plan Board Resolution mandates a public health workgroup to review and provide input on AB 32 measures, and need to identify communities already adversely impacted by air pollution Dr. Alvaro Alvarado presented an overview of a research project to develop an environmental justice screening method. The method integrates socioeconomic vulnerability (race/ethnicity, poverty, education, home ownership, age, voter turnout, language), air pollution, and other risks (toxics, cancer and respiratory hazards, birth outcomes), and land use hazard proximity to identify impacted communities. Road way exposures were not included.

Questions were asked about sensitivity analysis, inclusion of other variables (e.g. health care access), and the distribution scoring process. Other layers will be added as data is available. The report and methods will be available when contractor finalizes the report. It was noted that this approach and the use of HIAs are complementary. The need to actively engage communities identified is critical.

Open Discussion

- The next meeting is scheduled for July 6, 2009. Dr. Rudolph asked for comments on the following:
 - Who else needs to participate? (Local government, local health departments)
 - The draft work plan and charter and the methodology on the vulnerability screening tool
 - Future agenda items (will include presentation from other WGs)
- Amy Kyle asked how willing is the Board to incorporate HIA findings, and would they conduct a HIA on carbon tax or cap and trade? Ms. Terry stated that this could be a July 6 meeting subject.
- Ms. Holmes-Gen wanted to identify any gaps in the Scoping Plan. What co-benefits are not in the Scoping Plan.

We need to also be mindful of the location of meetings given many have travel constraints – will investigate ability to add teleconference capability.

Adjourn