



Bay Area Regional Health Inequities Initiative

Alameda County | City of Berkeley | Contra Costa County | Marin County | Napa County | City and County of San Francisco | San Mateo County | Santa Clara County | Santa Cruz County | Solano County | Sonoma County

January 12, 2015

Metropolitan Transportation Commission
Attn: Public Information Officer
Joseph P. Bort MetroCenter
101 Eighth Street, Oakland, CA 94607-4700

Re: Comments on the Draft Public Participation Plan

The Bay Area Regional Health Inequities Initiative (BARHII), a collaborative of the eleven local public health departments in the San Francisco Bay Area and the County of Santa Cruz that work with the mission to eliminate unjust differences in health status and life expectancy between different socio-economic, racial, and ethnic groups in our region, was deeply involved in the development of Plan Bay Area and looks forward to participating in its update process. Thank you for this opportunity to comment on the public participation plan you currently have out for review.

This proposed participation plan builds on many of the strengths of the last RTP process that involved the adoption of strong goals and performance measures early in the process; the convening of a Regional Equity Working Group to guide staff in analyzing equity issues throughout the process, the analysis of an equity-enhancing alternative, and the adoption of a strong Plan and amendments to continue to explore ways to improve health and equity throughout the region with upcoming plans. We are pleased to see that the PPP anticipates integrating equity metrics into the process of defining and evaluating scenarios.

Following are a list of recommendations and questions regarding the proposed process:

Overall:

Meaningful Input:

- *Technical Advisory Group (TAC):* Will there be a TAC? If so, how will it be staffed? Its meetings should be open to the public, with minutes of their meetings and a report of its findings, made available to the public. What are the assumptions behind mode shift from motorized to non-motorized transportation? Will there be an analysis of induced demand from different projects? Public health is interested in serving on a TAC.
- *Reconvene the Equity Working Group:* Last round, the Regional Equity Working Group (REWG) was an effective forum for integrating equity and allowing for representatives from different low-income communities to participate meaningfully throughout the process, yet the PPP makes no mention of reconvening the REWG.

Sensible Coordination:

- *Include an explicit process for integrating the recommendations of the Regional Prosperity Plan (RPP) into the PBA Update process:* The Bay Area RPP is a three-year initiative funded by a \$5 million grant from the U.S. Department of Housing and Urban

Development (HUD) to ABAG and the MTC. This important work should help inform the update process. In particular:

- *Fair Housing*: MTC should use the approach suggested by HUD for our Regional Prosperity Plan's "Fair Housing and Equity Assessment" by (1) identifying the determinants of current segregation and exclusion by race and income, (2) including actions to address and eliminate them in the short-term (4 years), and (3) assessing progress annually.
- *Focus on Quality Jobs*: With hundreds of billions of dollars being spent, our new regional plan should include a focus on creating and giving low-income residents access to good jobs.
- *Adaptation and Mitigation Planning*: The Joint Policy Committee (ABAG, MTC, BAAQMD, BCDC) are committed to climate change adaptation planning. There is no mention of coordinating the policy objectives, targets, and scenarios between GHG mitigation and climate change adaptation plans. If the smart growth strategies involve increasing house/jobs in PDAs threatened by sea level rise/coastal flooding, how will potential conflicts be anticipated and resolved, and still meet the targets?

Assessment:

- *Assess needs first*: There should be a mechanism early in the process to assess the critical transportation and housing needs of the region as a whole, and of low-income communities and communities of color in particular, as well as a decision as to how the critical needs identified will guide later analysis and decision making. This is a critical first step in public health program development and we recommend its use in your process.

Planning Process:

Targets and Performance Metrics:

- *Use of performance measures throughout*: PBA's targets and performance measures are strong, and should be strengthened. They should be used throughout the process. Rather than waiting until the EIR to see how well each scenario meets the performance measures, they should guide the Scenario process and decision points throughout.

Forecasts:

- *Make assumptions explicit*: The assumptions and implications for social and health equity and income inequality should be made clear to the public. For example, if the stated or unstated assumption is that existing income disparities will stay the same or get worse in the next 20 years, this should be clearly stated so that this can best inform program and policy deliberations.
- *Updating population figures*: Given the population shifts (displacement) since the 2010 Census, what more recent population data will the demographic, econometric, and travel models draw upon and what accommodations will be made to make sure the models reflect the new reality on the ground (e.g. eastern Contra Costa County)?

Project Performance:

- *Evaluation of health benefits/harms*: Will projects be evaluated for their health benefits and harms? Which benefits and harms will be considered? In cost-benefit analysis will the amount of health benefit or harm be used to screen projects irrespective of capital costs or thresholds? What opportunities will exist for independent review of cost-benefit methodologies? If so, will the findings of the review be made public?

Scenario Development and Analysis:

- *Engage stakeholders in Scenario Development:* The PPP only mentions public involvement in the evaluation of scenarios once developed. It does not lay out a process for involving the public in the development of Scenarios in the first place. In the development of the CTP Guidelines, MTC heard and responded to the public’s desire to participate in workshops to inform the development of the guidelines. This same early engagement is needed for the PBA update.
- *Include an Equity Scenario from the start:* A Scenario should be developed and analyzed that maximizes greenhouse gas reductions by running more frequent local transit service, protecting high-use transit riders against displacement, and locating more affordable housing near transit and jobs.
- *Evaluate the equity impacts of each alternative prior to selection of Preferred alternative.*

Monitoring:

- *Tracking Performance:* will there be any effort to coordinate “Vital Signs” with the many existing public health indicator projects (e.g. BARHII Guide to the Social Determinants of Health, California Department of Public Health’s Healthy Communities Project)? Will assumptions behind economic and population growth be monitored and will forecasting models be re-rerun and assessed for their implications on the transportation scenarios?

Public health relies on and partners with other public agencies to help achieve our vision of good health for all. In addition to addressing our region’s climate change mitigation and economic development goals, Plan Bay Area was a welcome opportunity to address the health needs of Bay Area communities. We urge to hold health and equity as high priorities in your development of the planning process for the update. Thank you for your consideration of our comments.

Sincerely,



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