SB375 Health & Equity Metrics

SB375: Sustainable Communities Strategies for Regional Transportation Planning
With the goal of reducing greenhouse gas emissions, SB375 requires that California’s Metropolitan Planning Organizations (MPOs) prepare a Sustainable Communities Strategy (SCS) as part of their Regional Transportation Plan (RTP). The SCS process is an opportunity to improve the health of all communities in the state, truly ensuring our sustainability.

Performance Metrics and Planning
MPOs use a variety of performance measures to assess different scenarios for land use and transportation changes. As we have seen in the past, if those metrics don’t include health and equity measures, it is unlikely that the final selected plan will lead to healthy and equitable outcomes. For example, if MPOs use the indicator “Automobile Level of Service (LOS) on Roadways,” their decisions will focus on making driving easier, which might not be the best for health given the many ways driving can harm health. If instead they use “Premature Death due to Traffic-Related Pollution,” then their plans are more likely to decrease traffic-related pollution by promoting alternate forms of transportation. Our goal is to provide MPOs a set of metrics that will promote health and equity as well as sustainability.

Developing the Health and Equity Performance Metrics
To develop a list of health and equity metrics, Human Impact Partners, an Oakland-based non-profit that strives to transform the policies and places people need to live healthy lives, received funding from the Resources Legacy Fund and worked in collaboration with:

- American Lung Association in California
- Bay Area Regional Health Inequities Initiative
- Climate Plan
- Fehr & Peers
- Healthy Places Coalition
- Move LA
- Nelson & Nygaard

- PolicyLink
- Public Health Institute
- Prevention Institute
- Public Advocates
- Public Health Departments in Shasta, Marin, San Mateo, & Los Angeles
- Public Health Law & Policy
- Public Law Center
- Public Policy Institute of California
- Raimi & Associates
- Reconnecting America
- Safe Routes to Schools
- TransForm

Starting with metrics proposed by many organizations and agencies, we developed a final list of 13 metrics. For each proposed metric, we also provide a review of its links to health and a description of how it can be measured.
# The Health and Equity Metrics

## SAFETY
1. Map annual number of pedestrian and bicycle collisions (and severity of injury/fatality): per capita, per geographic area, by daytime population.
2. Total number of vehicle, bike and pedestrian collisions per capita, broken down by injury type: fatalities and injuries.

## ACCESS TO GOODS, JOBS & SERVICES
3. Proportion of households that can walk or bike (10 minutes) to meet at least 50% of their daily needs. Public daily needs defined as: schools, parks, healthcare institutions and transit. Private daily needs defined as: restaurants, grocery stores, food markets and childcare.
4. Proportion of households and proportion of jobs within 1/4 mile of local public transit (including both bus and rail) or 1/2 mile of a regional public transit, that has less than 15 minute frequencies.
5. Proportion of daily trips less than 3 miles and less than 1 mile by mode (walking/biking/transit (bus and rail)/driving).

## GENERAL TRANSPORTATION
6. Daily amount (in minutes) of work-trip and non-work trip related physical activity.
7. Work and non-work trip mode share (including biking, walking, transit (bus and train), carpooling and SOV)- Both at peak times and all day.

## FUTURE GROWTH
8. a) Share of housing growth in transit priority areas, targeting measures of how many large (3-4) bedroom units, senior housing, low-income units will be built; b) Proportion of projected population growth located in transit priority areas; c) Proportion of projected jobs in transit priority transit areas.

## ECONOMIC
9. a) Percent of household income consumed by housing and transportation combined; b) Percent of income going towards housing costs; c) Percent of income going towards transportation costs.

## ENVIRONMENTAL POLLUTION
10. For all daily trips, per capita miles traveled by mode (walking, biking, transit, vehicle).
11. Working with a local public health department, university or air quality management district: Estimate pre-mature mortality attributed to traffic related ambient PM 2.5, and estimate asthma incidence and asthma exacerbations attributed to traffic related NO2.
12. Existence of:
   a) A regional air quality management district protocol to assess the need for environmental/health impact analysis when housing is proposed near (within 500 feet) busy roadways (over 100,000 AADT); and
   b) Best practice mitigation requirements by local governments when the AQMD assessment determines that environmental quality is below standard for such proposed housing.

## EQUITY
13. Measure and stratify all indicators by race/ethnicity; income; geography (neighborhood, Census block or tract level, or Community of Concern); age; disability.

## Ways You Can Advocate for Health and Equity
Through letters to and meetings with MPO staff and Board, through testimony at public meetings, and in letters to local press, you can advocate that health and equity be considered when your MPO is:

- ✔ Developing performance metrics to assess proposed growth scenarios.
- ✔ Proposing scenarios about future transportation and land use.
- ✔ Conducting its Environmental Impact Review (EIR), which technically requires an analysis of health impacts, but often doesn’t. You can do this when the agency announces that it is starting the EIR at the Notice of Preparation stage, when it is Scoping the EIR, and/or as comments on the Draft EIR.

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