



January 5, 2021

Hye-Youn Park & Rajinder Sahota
California Air Resources Board
1001 I Street
Sacramento, CA 95814

RE: Health Group Comments on CARB's New Health Endpoints

Dear Hye-Youn Park and Rajinder Sahota,

On behalf of the undersigned health organizations, we write to provide comments on the December 6, 2021 California Air Resources Board's (CARB) New Health Endpoint workshop. We appreciate that CARB is proposing to add additional health endpoints to provide a better understanding for the Board and the public of the health benefits for both air quality and climate change regulations, plans, and programs.

Communities across California continue to experience harmful health impacts due to poor air quality and the rapidly accelerating impacts of climate change. We urge CARB to take a more comprehensive approach to its analysis of health endpoints as it considers air quality and climate change regulations, plans and programs. As CARB evaluates its approach for new health endpoints, below are some comments to take into consideration from multiple health organizations working at the local and state-level on these issues.

Health Endpoints for Regulatory Analysis

CARB has proposed expansion of health endpoints in regulatory analysis from three endpoints (deaths, hospitalizations and Emergency Room Visits) to eight endpoints, including workdays lost and a range of illnesses associated with harmful air pollution. This expansion will provide a fuller assessment of the health benefits of proposed air quality regulations, and thus allow a more accurate accounting of the costs and benefits of proposed rules. The analysis, however, will remain heavily focused on particulate pollution. We encourage CARB to evaluate and implement additional strategies to include other toxins and air pollutants. We have all seen in the recent past that natural events due to climate change are and will continue to affect the health of Californians and CARB needs to provide the public with a full understanding of health outcomes.

Health Evaluation for Scoping Plan

We remain extremely concerned that CARB will yet again fail to conduct a robust health evaluation of the 2022 Scoping Plan. During the 2018 Scoping Plan, the Board directed the CARB Executive Officer to work with the Office of Environmental Health Hazard Assessment (OEHHA), California Department of Public Health (CDPH), and other state agencies to develop a plan that integrates health analysis broadly

into the design and implementation of the State's climate change programs in order to maximize health benefit. To date, the development of the new Scoping Plan is not responsive to this direction. As far as we can tell, CARB is not incorporating health analysis into the scenario design process to optimize health benefits, nor conducting a health analysis that differs in any substantive way from past Scoping Plan evaluations. It appears that other health agencies (such as CDPH and OEHHA) have not been fully engaged to inform the development of the Scoping Plan scenarios, conduct a more comprehensive health analysis, nor have a robust role in the preparation of the final plan. As CARB starts to conduct their health analysis for the various Scoping Plan scenarios, we recommend careful coordination with these sister agencies with a focus on health protective measures in the development of the proposed Scoping Plan and public discussion among the agencies on the joint work to maximize health benefits within the Scoping Plan implementation.

On the overall Scoping Plan scenarios, CARB should consider policy changes that will aid in maximizing health benefits and addressing identified risks, such as carefully designed climate strategies that reduce vehicle miles traveled (VMT) while thoughtfully building safety into walking, biking and transit modes. Also, in discussion of carbon sequestration, CARB should be focused on natural and working lands, including agricultural practices that reduce pesticide use and its related toxics exposures for workers and communities.

We are additionally concerned that "tradeoffs" (between greenhouse gas emissions and other pollutants) may be accepted in the development of the Scoping Plan that would perpetuate inequitable and disproportionate health impacts in vulnerable communities that are already suffering the impacts of fossil fuels, toxic air and water, and increasing climate impacts. Ultimately, reducing carbon emissions from one source or sector should not come at the expense of disadvantaged (DACs) and low-income communities (LICs). Similarly, we strongly encourage CARB to ensure that the Scoping Plan incorporate strategies for equitable climate action, for example providing access to transit, public charging infrastructure, and ZEVs in DACs and LICs.

Thank you for hosting this workshop and taking our comments into consideration. Please contact Will Barrett with the American Lung Association at William.Barrett@Lung.org or Linda Rudolph Public Health Institute at Linda.Rudolph@phi.org for any additional information.

Sincerely,

Will Barrett
American Lung Association

Linda Rudolph
**Public Health Institute and
Center for Climate Change and Health**

Kevin Hamilton
Central California Asthma Collaborative

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California Nurses for Environmental Health and Justice