

David Burch, Principal Environmental Planner Executive Committee – March 17, 2014





BACKGROUND & OVERVIEW

- Senate Bill 1339 signed by Governor in fall 2012
- Authorizes Air District & MTC to jointly adopt a regional commuter benefits ordinance
- Modeled on local ordinances in several Bay Area cities
- Program must be approved by Air District Board of Directors
 & MTC in order to take effect
- Would apply to employers w 50+ employees in Bay Area
- Pilot program: 2014-2016
- Report to Legislature due by July 2016

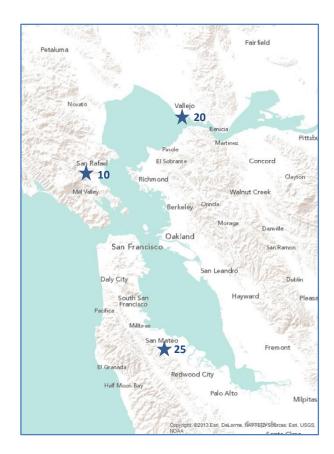
APPLICABILITY

Employers with 50+ full-time employees in Bay Area:

- Private business
- Public agency
- Non-profit organization

Employee count based on all Bay Area worksites combined

 Including branch locations with less than 50 employees



FOUR COMMUTER BENEFIT OPTIONS

- Option 1: Pre-tax payroll deduction for transit or vanpool
- Option 2: Direct subsidy for transit or vanpool
- Option 3: Employer-provided transportation
- Option 4: Alternative commuter benefit







PROGRAM REQUIREMENTS

New regulation will serve as foundation for Program:

- Regulation 14, Rule 1, Bay Area Commuter Benefits Program

Key requirements:

- Designate a commuter benefits coordinator
- Select one of the four commuter benefit options
- Register with Air District/MTC
- Notify employees & make benefit available
- Provide information needed for Program evaluation

POSITIVE OUTCOMES

- Better air quality
- Reduced greenhouse gas emissions
- Employers save on payroll taxes
- Employees save on transit/vanpool fares
 - both existing & new riders
- Enhanced employee benefits
- Reduced traffic congestion
- Economy: more \$\$ stay in the Bay Area





PUBLIC OUTREACH

Meetings with numerous employer groups & other stakeholders throughout the Bay Area:

- Chambers of Commerce & other employer groups
- Northern California Human Resources Association
- Transportation Management Associations
- Congestion Management Agencies

Public workshops in <u>all nine</u> Bay Area counties in October to get input on draft Program

RECENT PROGRESS

Made revisions to proposed Program/rule based on comments received on draft Program

Issued key docs for public review on January 21:

- Proposed rule (Regulation 14, Rule 1)
- Staff Report
- Socio-economic analysis
- CEQA doc (Initial Study / Negative Declaration)

COMMENTS RECEIVED

No comments submitted on CEQA doc

Comments on proposed Program:

- Support for proposed Program (4)
- Program would be a burden to employers (1)
- Raise threshold to 100 employees (1)
- Exempt worksites not near transit (1)
- Need minimum stds for Option 3, employer-provided transit (1)
- Do more to promote bikes & carpools (1)
- Expand beyond commuter trips (1)

Revised Program & guidance documents as appropriate

PROGRAM IMPLEMENTATION



- Program webpage: http://commuterbenefits.511.org
- Employer assistance materials
 - Employer Guide, Quick Guide, FAQs



- 511 Regional Rideshare Program staff will provide information & assistance
- Web-based employer registration process

NEXT STEPS

Board hearing on March 19

- Adopt Negative Declaration for CEQA
- Adopt proposed Regulation 14, Rule 1
- Concurrence by MTC Commission on March 26
- Notify employers & roll out the Program by March 31
- Employers will have 6 months (by 9/30/14) to:
- Select & implement an option
- Notify their employees
- Register with 511 Regional Rideshare Program



Community Air Risk Evaluation (CARE) Program Update

Phil Martien, Ph.D.

Executive Committee

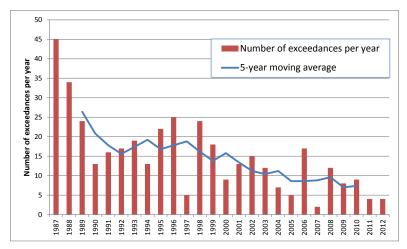
Bay Area Air Quality Management District

March 17, 2014

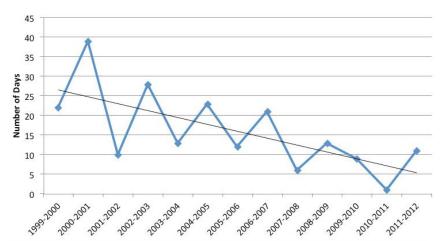
Overview

- Community Air Risk Evaluation (CARE)
 - Objectives
 - Accomplishments
- Identifying areas with greatest air pollution impacts
 - Version-1 cumulative impacts method (2009)
 - Version-2 cumulative impacts method (2013)
 - Areas with episodes of high air pollution
 - Uses for the maps
- Next steps

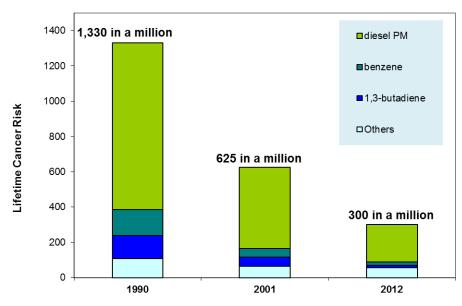
Air Quality is Improving in the Bay Area



Days/year over national 8-hour ozone standard

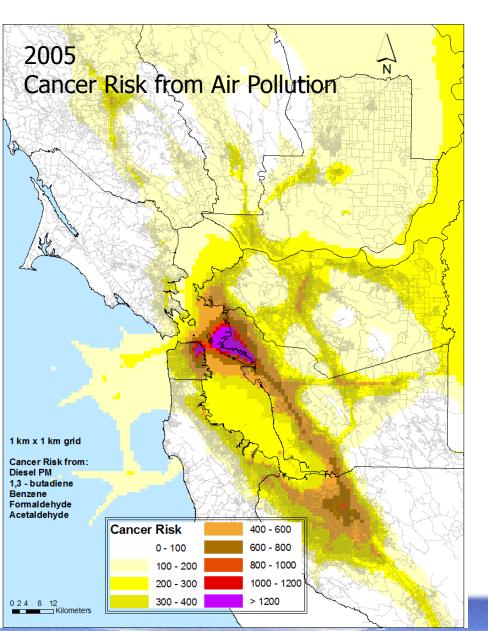


Winter days over national 24-hour PM_{2.5} standard



Lifetime cancer risk from air pollutants

But Air Quality Challenges Remain



- Some communities have higher air pollution exposures and health impacts
- Near-source exposures, especially particles and toxic air contaminants
- Episodes with higher levels of fine particles and ozone

CARE Program Objectives

- Evaluate regional and community health impacts from outdoor air pollution
- Identify sensitive populations
- Focus health risk mitigation measures on locations with higher impacts and sensitive populations



CARE Program Accomplishments

- Regional toxics emissions and modeling
- Mapping impacted areas
- Local-scale air pollution studies
- Screening tools to support infill development
- Helping to prioritize Air District actions to support healthy communities
- Productive CARE Task Force meetings
- CARE Summary Report documents program accomplishments and future direction

Reducing Health Impacts

- Prioritize grant funding
- Focus outreach and education
- Focus enforcement activities
- Coordinate planning efforts
- Develop regulations targeted to source categories
- Prioritize local-scale measurement and modeling studies

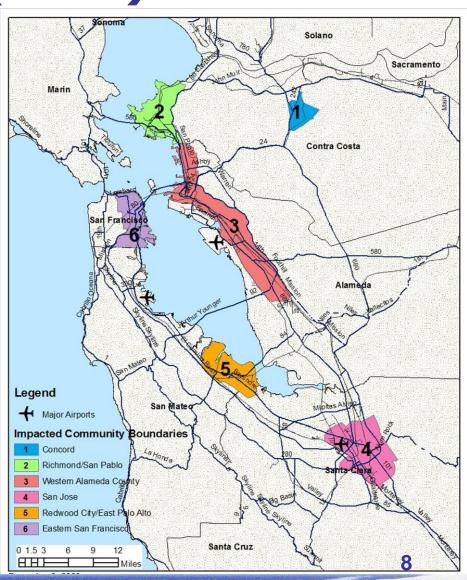


Clean Air Communities Initiative

First Identified Cumulative Impact Areas (2009)

Based on

- Elevated cancer risk
- High emissions of toxic air contaminants
- Vulnerable populations
 - Youth
 - Seniors
 - Low-income families



Why Update Maps?

- Same goal as current maps:
 - Focus actions/engagement where most needed
- Use latest data
- Consider additional air pollutants
 - In addition to toxics: fine particles and ozone
- Use new methods
 - Estimate health outcomes from air pollution
 - Use health records to reflect vulnerability
- Consider different types of impacts
 - Cumulative impacts: multi-pollutant, vulnerable populations
 - Exceedances: particles, ozone above standards

New Method for Identifying Cumulative Impacts

Considers air pollution levels and community health

Inputs

Air Pollution

- TAC
- PM_{2.5}
- Ozone

Health Records

- Death rates
- Hospital admissions
- ER visits

Method

Models from US EPA and Cal/EPA

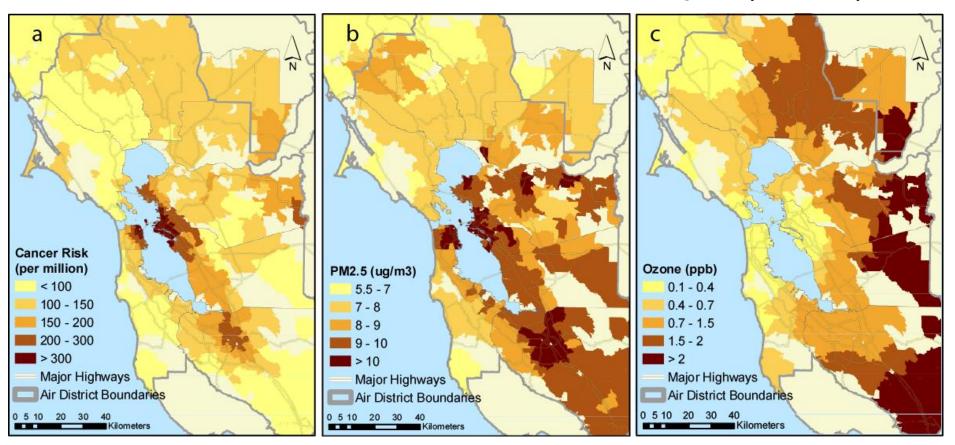
Health Impacts

- Increased cancer risk
- Increased death rate
- Increased costs from hospitalizations and ER visits

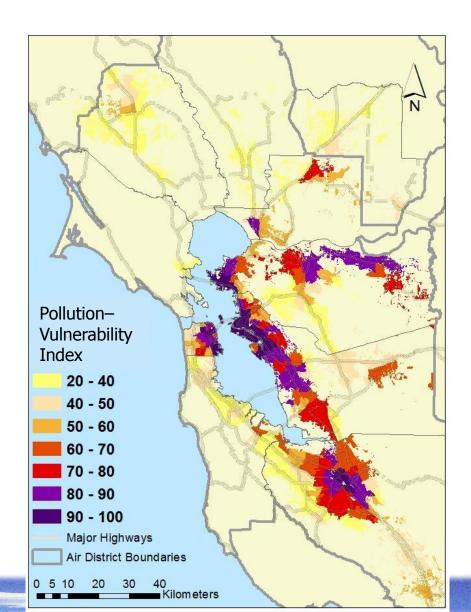
Cumulative Impacts

Regional Air Pollution Mapped to ZIP code areas

Cancer Risk Modeled annual average (2015) PM_{2.5} Modeled annual average (2010) Ozone
Interpolated measurements
Mean 8-hour daily max. above
background (2010-2011)

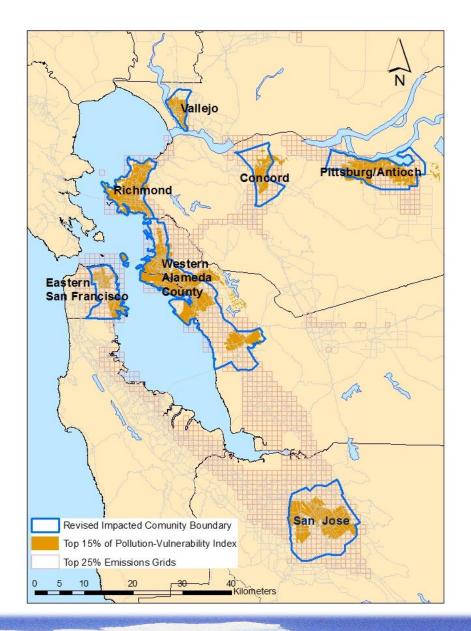


Cumulative Impacts from Multiple Factors



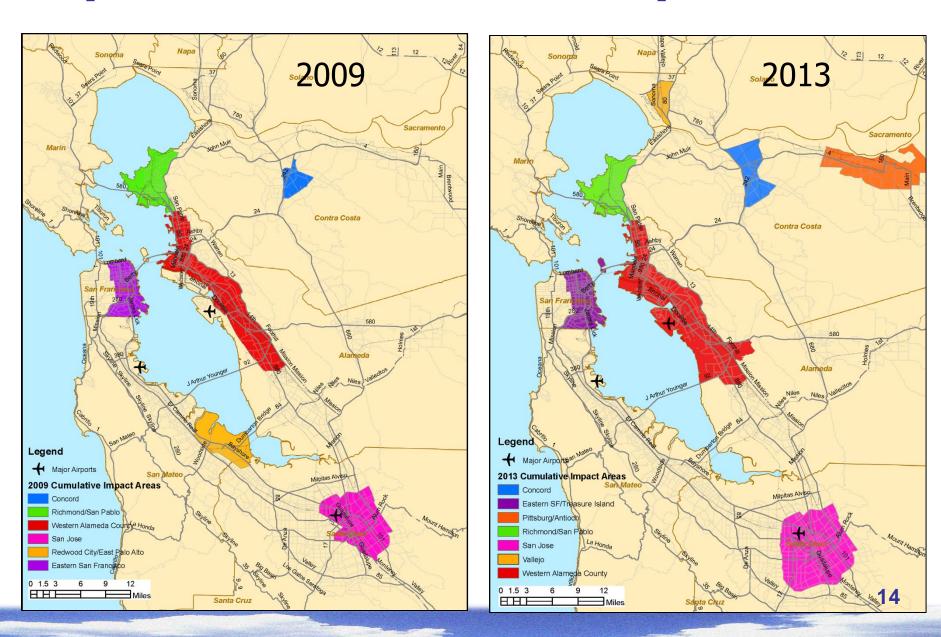
- Increased cancer risk
- Increased death rate
- Increased health costs
- Considers health records in each zip code
- Cumulative impacts higher where combined factors overlap

Revised Cumulative Impacts



- Map areas with greatest impact
- Develop boundaries to encompass areas with highest impacts
- Consider where emissions are also high
- Use major roadways, geographical features to form boundaries

Update to Cumulative Impact Areas



Some Areas have Episodes of Higher Air Pollution

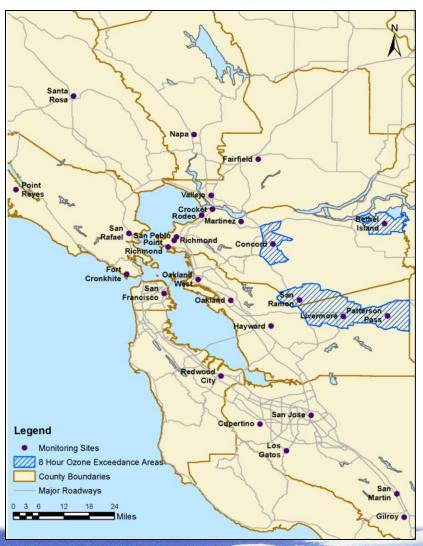
- Areas exceed air quality standards on some days
- Identify areas with three or more exceedances in three years:
 - Fine particulate matter
 - Ozone
- · Identify areas of impact based on
 - Air quality measurements
 - Typical patterns seen in regional air pollution modeling

Episodic PM_{2.5} and Ozone Exceedance Areas

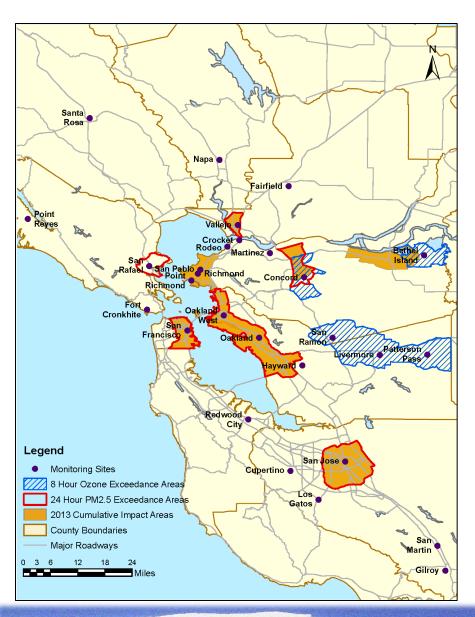
PM_{2.5} Exceedance Areas



Ozone Exceedance Areas



Uses of Maps



- Cumulative impact maps support and focus localized mitigation activities
 - Clean Air Communities Initiative
- Exceedance maps support and focus regional mitigation activities
 - Clean Air Plan policies and programs
 - Identify and reduce upwind sources of precursor emissions
 - Public outreach

Next Steps

- Use updated cumulative impact maps to prioritize Air District local-source measures
- Use exceedance maps to inform regional programs and policies
- Continue to refine methods, improve input data
- Review Draft CARE Summary Report with CARE Task Force
- Report to Board of Directors on CARE program