



June 2, 2014

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Via Email to: CalEnviroScreen@oehha.ca.gov

Re: EHC Comments on CalEnviroScreen version 2.0 Draft

Dear Dr. Faust:

Environmental Health Coalition, as a member organization of the California Environmental Justice Alliance (CEJA), has signed onto and endorses the CEJA comment letter on CalEnviroScreen2.0 Draft (CES2). In particular, we echo CEJA's appreciation that the new version is at census tract level and now includes a drinking water indicator that references Public Health Goals in determining contaminant levels. We are pleased that the new version incorporates a more robust proximity analysis. We strongly support the recommendation for regional rankings as well as statewide rankings.

In reviewing the CES2 scores for San Diego area census tracts, we have observed a couple of anomalies where the application of the indicators to census tract level may have had unintended results, and we wanted to bring these to your attention.

1. Presence of military populations seems to be distorting some of the rankings. The San Diego region has numerous military facilities and many census tracts with heavy concentrations of military population, which in some cases outnumber the civilian population. One census tract in west National City, for example, tract 06073021900, has a total of 6816 people in the 2010 Census; of these, only about 1700 are civilian and the remainder are military. The presence of this large population of Navy personnel skews the demographic data for this census tract, particularly for age, unemployment, low birth weight, and poverty. There are also two large military hospitals in the region, one in San Diego and one on Camp Pendleton. A review of the asthma rankings for census tracts with large military population suggests that the military hospitals are treating the acute asthma incidences among this population; because the military hospitals are federal and do not report to OSHPD, these asthma ER visits are not included in the asthma ER rates. Our recommendation is that population in military group quarters be excluded from the

asthma and other population vulnerability statistics, and/or that census blocks within military facilities be excluded entirely from CalEnviroScreen.

2. The age indicator still seems to be selecting areas with high populations of seniors, and not communities with greater than average percentages of children. The EJ communities in which EHC works have up to 34% of the population under age 18, yet this indicator does not rank these communities high. Both ends of the age spectrum need to be reflected in the function of this indicator.

Thank you for the opportunity to review and comment on this new version of CalEnviroScreen. We appreciate CalEPA's continuing efforts on refinement of this tool, and the transparency of the process as it moves forward.



Joy Williams
Research Director