On December 24, 2018, the California Supreme Court, *Sierra Club v. County of Fresno (Friant Ranch, L.P.] (2018) 6 Cal.5th 502, Case No. S219783 (Friant Ranch*), held that simply identifying that a project exceeds an emissions threshold is not sufficient to identify a project’s significant effect on the environment relative to the health effects of project emissions. The Court found that an EIR should make a reasonable effort to substantively connect a project’s criteria pollutant emissions to likely health consequences, or explain why it is not currently feasible to provide such an analysis. In 2019, there were several CEQA documents that included health effects modeling to provide additional analysis for projects with criteria air pollutant emissions that exceed a significance threshold. While it is technically possible to conduct this modeling, we argue that this additional layer of quantitative analysis may not always provide decision-makers and the public with additional meaningful information. It is the air districts that are best suited to provide frameworks for how to identify health effects of regional criteria pollutant emissions under CEQA.

# Introduction

Significance thresholds for regional criteria pollutants used by California air districts and lead agencies represent the maximum emissions from a project that are not expected to cause or contribute to an exceedance of the most stringent applicable national or state ambient air quality standard (AAQS). By analyzing the project’s emissions against these thresholds, the CEQA document assesses whether these emissions directly contribute to any regional or local exceedances of the applicable AAQS and exposure levels. The basis of the ruling in Friant Ranch was that the EIR did not provide a meaningful analysis of the adverse health effects that would be associated with the project’s criteria pollutant emissions, which were identified as being far above the relevant thresholds. The discussion of the adverse health effects in the EIR was general in nature and did not connect the levels of the pollutants that would be emitted by the project to adverse health effects.

The process of correlating project-related criteria pollutant emissions to health-based consequences is called a health impact assessment (HIA). An HIA involves two steps: 1) running a regional photochemical grid model (PGM) to estimate the small increases in concentrations of ozone and particulate matter (PM) in the region as a result of a project’s emissions of criteria and precursor pollutants; and 2) running the U.S. EPA Benefits Mapping and Analysis Program (BenMAP) to estimate the resulting health impacts from these increases in concentrations of ozone and PM.

# Limitations of Regional-Scale Dispersion Models

It is technically feasible to conduct regional-scale criteria pollutant modeling for a development project. Particulate matter (PM) can be divided into two categories: directly emitted PM and secondary PM. Secondary PM, is formed via complex chemical reactions in the atmosphere between precursor chemicals such as sulfur oxides (SOx) and NOx, Ozone (O3) is a secondary pollutant formed from the oxidation of reactive organic gases (ROGs) and nitrogen oxides (NOx) in the presence of sunlight. Rates of ozone formation are a function of a variety of complex physical factors, including the presence of sunlight and precursor pollutants, natural topography, nearby structures that cause building downwash, atmospheric stability, and wind patterns.. Secondary formation of PM and ozone can occur far from the original emissions source from regional transport due to wind and topography (e.g. low-level jet stream). As such, modeling concentrations of secondary PM and ozone require photochemical grid models (PGMs), such as CMAQ and CAMx. These models have a much larger “grid” system and much lower resolution than localized dispersion modeling (e.g., AERMOD). For example, common grid cells in PGMs are 4x4 kilometers, while AERMOD can identify concentrations at the meter-level.

Photochemical modeling also depends on all emission sources in the entire domain. Low resolution and spatial averaging produces “noise” and model uncertainty that can exceed a project’s specific emissions. Additionally, regional-scale models are highly contingent upon background concentrations. Factors such as meteorology and topography greatly affect the certainty levels of predicted concentrations at receptor points. As a result, there are statistical ranges of uncertainty through all the modeling steps. Due to these factors, it is difficult to predict ground-level secondary PM and ozone concentrations associated with relatively small emission sources with a high degree of certainty. While it is possible to use a regional-scale model to predict these regional concentrations, when a project’s emissions are less than the regional model’s resolution, the resultant ambient air quality concentrations will be within the margin of uncertainty. In CEQA terms, this would fit the definition of “speculative”. Only when the scale of emissions would result in changes in ambient air quality beyond the model margin of uncertainty would the results not be “speculative” as defined by CEQA.

# Identifying Health Effects due to Ambient Air Quality Changes

BenMap is a model developed by the USEPA to understand the health effects from changes in ozone and PM concentrations. If there is an acceptable level of confidence that the results provided by the regional dispersion modeling are valid, then these concentrations can be translated into health outcomes using BenMap. The health outcomes in BenMap are based on changes in ambient air concentrations and the population exposed to these changes. Data provided by this analysis may indicate increased number of workdays lost to illness, hospital admissions (respiratory), emergency room visits (asthma), or mortality, among other health effects. These are called “health incidences.”

Translating the incremental increase in PM and ozone concentrations to specific health effects is also subject to uncertainty. For example, regional models assign the same toxicity to PM regardless of the source of PM (such as road dust as exhaust), and thus potentially overpredict adverse health effects of PM. BenMap also assumes that health effects can occur at any concentration, including small incremental concentrations, and assumes that impacts seen at large concentration differences can be linearly scaled down to small increases in concentration, with no consideration of potential thresholds below which health impacts may not occur. Additionally, BenMap is used for assessing impacts over large areas and populations and was not intended to be used for individual projects. For health incidences, the number of hospitalizations or increase in morbidity predicted by BenMap is greatly affected by the population characteristics.[[1]](#footnote-1) Small increases in emissions in an area with a high population have a much greater affect than large increases in emissions over an area with a small population. As a result, the same amount of emissions generated in an urban area could result in greater health consequences than if the same emissions occurred on the urban periphery, where fewer people may be affected. This will also depend on other factors including meteorology and photochemistry, as discussed above. Emissions in areas with conditions that favor high air dispersion or unfavorable ozone formation will likely have relatively lower effects on ambient air quality and health outcomes.

While BenMap provides additional statistical information about health consequences requested by the Court in the Friant Ranch decision, this information is only meaningful when presented with the full health context of the region or locality at hand. For example, if the BenMap analysis says that the project would result in two additional hospital admissions, this result alone is not useful unless one identifies how many hospital admissions are caused by poor air quality now (without the project) and how many hospital admissions occur overall (due to air quality and other causes). Because health is not solely influenced by ambient air quality, and has many factors that are highly variable across geographies and populations, there is an added level of uncertainty in using a generalized identification of health effects due to air quality conditions overlaid onto a specific diverse set of health conditions and other factors. Regardless of the uncertainty levels, if regional health effects are identified for a project, then the CEQA analysis needs to provide a full health baseline for decision-makers and the public to be able to understand the marginal change due to project criteria pollutant emissions. Given the margin of uncertainty at each step in the process (regional scale modeling, existing ambient air quality effects on health, population health conditions vulnerability, and marginal health effects of air pollution), the identification of marginal health effects due to individual projects using regional air quality modelling and tools such as BenMap are likely to be within the level of uncertainty and thus defined as “speculative” per CEQA.

# The Role of Air Districts

Regional, community, multiscale air quality modeling conducted by the air districts for each individual air basin or locality within the air basin would be the most appropriate indictor of health effects for projects. The AQMPs provide a forecast of regional emissions based on regional dispersion modeling for all sources within the air basin. Regional-scale models attempt to account for all emissions sources within an air basin.

The regional scale model requires inputs such as existing and future regional sources of pollutants and global meteorological data, which are generally not accessible by CEQA practitioners. Modeling of future years should consider future concentrations of air pollutants based on regional growth projections and existing programs, rules, and regulations adopted by Federal, State, and local air districts. In general, air pollution in California is decreasing as a result of Federal and State laws. Based on the air quality management plans (AQMPs) required for air districts in a nonattainment area, air quality in the air basins are anticipated to improve despite an increase in population and employment growth. Air districts are charged with assessing programs, rules, and regulations so that the increase in population and employment does not conflict with the mandate to achieve the AAQS. Because emissions forecasting and health outcomes based on the regional growth projections to achieve the AAQS is under the purview of the air districts, it should also fall on the air districts to identify the potential health outcomes associated with individual project’s criteria pollutant emissions.

The South Coast Air Quality Management District (South Coast AQMD) and the Sacramento Metropolitan Air Quality Management District (Sacramento Metropolitan AQMD) are exploring concepts for project-level analysis in light of Friant Ranch to assist local lead agencies.

* South Coast AQMD is looking at the largest land use development project they have had in the air basin and doing a sensitivity analysis (using CAMx for photochemical grid modeling and BenMap for health outcomes) to see how locating a very large project in different parts of the air basin (Los Angeles, Inland Empire, v. Orange County) would affect the health incidence.
* Sacramento Metropolitan AQMD is also looking at a screening process. Rather than looking at the upper end (i.e., largest project in the air basin), Sacramento Metropolitan AQMD is starting at the smallest project that exceeds the regional significance threshold and running CAMx and BenMap at different locations in the air basin to see how it affects regional health incidences.

Guidance from Air Districts would be the most effective way to incorporate meaningful information concerning regional health effects of project criteria pollutants in CEQA analyses, including guidance as to when modelling is and is not useful and meaningful, how modelling should be conducted, and how to best present additional information to inform decision-makers and the public about a project’s impacts.

# So…until air districts do their part, what should we do?

## Projects with criteria pollutant emissions below air district thresholds

The Friant Ranch ruling was about providing disclosure of health effects of project emissions that were well over the significance thresholds. Since the air district thresholds are tied to a level the air districts find to not have a significant effect on ambient air quality, there should be no need to discuss the health effects of criteria pollutant emissions that are less than the significance thresholds.

## Projects with criteria pollutant emissions above air district thresholds

Pursuant to Section 15125 of the CEQA Guidelines, the environmental setting will normally constitute the baseline physical conditions by which a lead agency determines whether an impact is significant. For CEQA, the health effects associated with buildout of a project would occur at the project’s horizon year. Because CEQA requires an analysis of the change from existing conditions, the change in effects would be associated with changes in ambient air quality and associated health outcomes between existing conditions and the project’s horizon year. Therefore, in order to show how a project affects health outcomes in an air basin, the CEQA documents will need to qualitatively or quantitatively address: (1) existing ambient criteria pollutant concentrations, health incidences due to existing air quality, and health incidences overall; 2) future (without project) ambient criteria pollutant concentrations and health incidences, and 3) future (with project) ambient criteria pollutant concentrations and health incidences.

Projects with significant criteria pollutant emissions could use regional modelling and BenMap to identify health effects of project emissions, but it is likely that many (or most) projects that are not regionally substantial in scale will be shown to have minimal regional changes in PM and ozone concentrations and therefore minimal changes in associated health effects. In addition, many projects may have emissions that are less than the uncertainty level of regional air quality models and BenMap health effects modeling; in these cases, quantitative results will not be meaningful. Thus, absent better direction from air districts, CEQA lead agencies will have to determine on a case by case basis whether a qualitative discussion of health effects will suffice, or whether regional modeling, despite its limitations, should be conducted for the project.

Where a project has substantial criteria pollutant emissions when considered on a regional scale, and there is reason to believe that the modeling of ambient air quality and regional health effects would produce non-speculative results when considering modeling uncertainties, then CEQA lead agencies should use regional modelling.

# Conclusion

The purpose of CEQA is to inform the public as to the potential for a project to result in one or more significant adverse effects on the environment (including health effects). A CEQA document must provide an understandable and clear environmental analysis and provide an adequate basis for decision making and public disclosure. Regional dispersion modeling of criteria pollutants and secondary pollutants like PM and ozone can provide additional information, but that information may be within the margin of modelling uncertainty and/or may not be meaningful for the public and decision-makers unless a full health context is presented in the CEQA document. Simply providing health outcomes based on use of a regional-scale model and BenMap may not satisfy the goal to provide decision-makers and the public with information that would assist in weighting the environmental consequences of a project. A CEQA document must provide an analysis that is understandable for decision making and public disclosure. Regional scale modeling may provide a technical method for this type of analysis, but it does not necessarily provide a meaningful way to connect the magnitude of a project’s criteria pollutant emissions to health effects without speculation.

In order to accurately connect the dots, we urge California air districts to provide more guidance on how to identify and describe the health effects of exceeding regional criteria pollutant thresholds. The air districts are the primary agency responsible for ensuring that the air basins attain the AAQS and ensure the health and welfare of its residents relative to air quality. Because emissions forecasting and health outcomes are based on the regional growth projections to achieve the AAQS is under the purview of the air districts, it should fall on the air districts to identify the potential health outcomes associated with exceeding the CEQA thresholds for projects. The air districts should provide lead agencies with a consistent, reliable, and meaningful analytical approach to correlate specific health effects that may result from a project’s criteria pollutant emissions.

# Glossary

AAQS – Ambient Air Quality Standards

BenMap – Benefits Mapping and Analysis Program

CAMx – Comprehensive Air Quality Model with extensions

CMAQ – Community Multiscale Air Quality

NOx – Nitrogen Oxides

PM – Particulate Matter

SOx – Sulfur Oxides

State – California

USEPA – United States Environmental Protection Agency

1. BenMap assigns prevalence rate for asthma and other health effects based on indicators such as gender, race, age, ethnicity, etc. The BenMap user manual specifically states that there are a wide range of variables that can be included in the health effect function. The health effect function was developed based on epidemiological studies, and specifically states that “there are a number of issues that arise when deriving and choosing between health effect functions that go well beyond this user manual. Hence, it is important to have a trained health researcher assist in developing the impact function data file.” [↑](#footnote-ref-1)