



Department of
Environmental
Conservation

Climate Justice Working Group Draft DAC Criteria Update

June 23, 2021

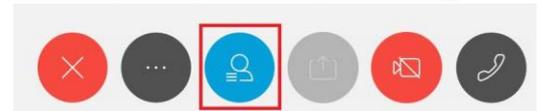
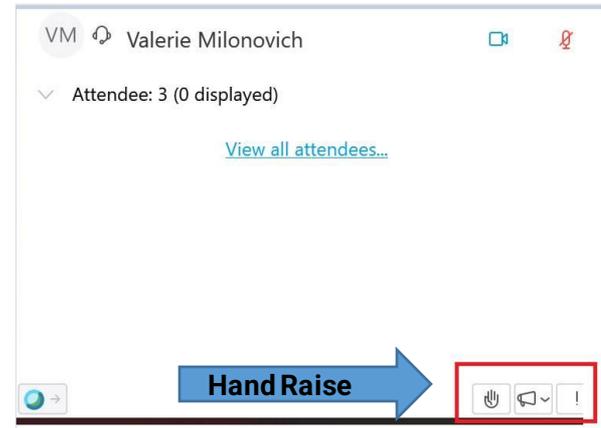
Meeting Procedures

Before beginning, a few reminders to ensure a smooth discussion:

- Working Group Members should be on mute if not speaking.
 - If using phone for audio, please tap the phone mute button.
 - If using computer for audio, please click the mute button on the computer screen (1st visual).
- Video is encouraged for Working Group members, particularly when speaking.
- In the event of a question or comment, please use the hand raise function (2nd visual). Click the participant panel button (3rd visual) for the hand raise function. Rosa or Alanah will call on members individually, at which time please unmute.



You'll see  when your microphone is muted



Welcome and Roll Call



Agenda

- Introductions and Business Items (10 min)
- Health Indicators (15-20 min)
- Draft Scenario (15-20 min)
- DAC Criteria Timeline Update (5 min)
- Next Steps (5 min)



Business Items

- > Approval of Minutes (May 24 and June 15)
- > Indigenous and Tribal Communities

Indigenous and Tribal Communities

Next Steps

DEC is continuing engagement with the Nations including:

- Inviting Nation leadership to consult on the topic
- Meet with CAC and others if desired

DEC's annual meeting with leadership is proposed as a remote webcall during the Fall or in-person next Spring.



Health Indicators



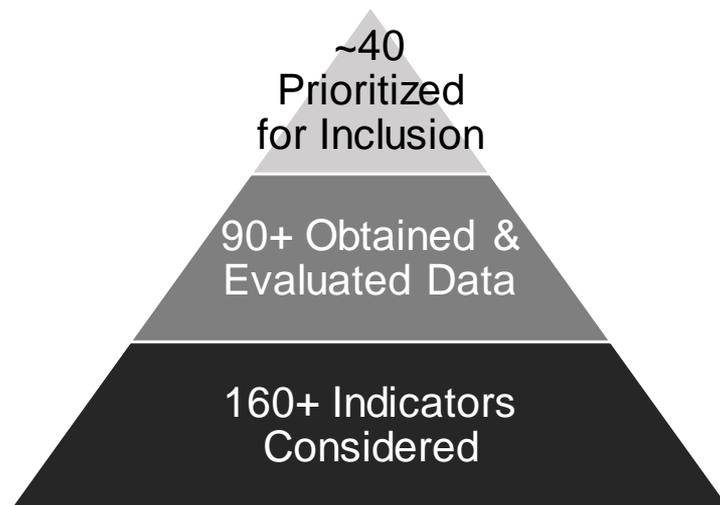
Inclusion Considerations

Inclusion decisions consider:

- Data coverage & granularity
- Data quality (e.g., measurement or sampling error)
- Modeled vs. directly-collected or measured data
- Correlations
- Technical guidance (e.g., DEC, DOH, DOS)

So far, we obtained & evaluated data for 90+ indicators
(a) on their own, and (b) in combination

Still waiting for several health and environmental indicators that require technical and GIS analysis



Considerations for Health Indicators

Link to Environmental Factors

- Environmental (geographic) component of health outcomes
 - For chronic conditions, exposures may have occurred many years prior and/or in places other than where the health outcome is recorded
 - Environmental factors exacerbate or trigger acute events for some conditions more than others (e.g., asthma, MI)

Data Availability and Granularity

- NYSDOH only “sees” a health outcome when it appears in a dataset - Births, deaths, ED visits, hospitalizations, surveys, registries
- Need higher event frequency for stable/reliable rates and ability to share data (confidentiality)
- Data availability for small geographies in time for Draft DAC Scenarios



Potential Health Indicators

Proposed Indicators

- Asthma ED visits
- COPD ED visits
- Heart attack (MI) hospitalization
- Premature Deaths*
- Low Birthweight*
- Pct without Health Insurance
- Pct with Disabilities
- Pct Adults age 65+
- Distance to ED/critical/urgent care**

*NYSDOH is actively working on calculating rates at sub-county level

**NYSDOH and GIS team developing option to capture distance

Considered but Not Included

- COVID-19
- Heat stress
- Cancer
- Diabetes
- Pre-term births
- Mental Health
- Childhood Lead Exposure



Potential Indicator	Rationale for Inclusion
Asthma ED visits	Strong scientific literature associating asthma with environmental exposures. Managing asthma is linked with socioeconomic status and healthcare access.
COPD ED visits	COPD is considered a sub-set of respiratory disease, associated with air toxics as well as personal behaviors. We considered de-prioritizing though COPD outcomes are influenced by access to healthcare.
Heart attack (MI) hospitalization	Cardiovascular disease in general (not MI hospitalization specifically) increasingly associated with air pollution and criteria pollutants. However, MI hospitalization data is/was readily-available, though less stable at the sub-county level.
Low Birthweight*	Broadly represents maternal health, which is a factor of environmental, social, and structural policies. Data is available at the sub-county level.
Premature Deaths*	Broadly represents deaths due to cancer, diabetes, heart disease, lung disease, accidents, homicides, etc., to capture systemic disadvantage. Could also be indicator of avoided deaths resulting from environmental/health policy changes
Pct with Disabilities	Represents susceptibility to power outages and emergency situations due to extreme weather events
Pct without Health Insurance	Represents access to screening, ability to manage conditions, affordable car. May indicate structural and socioeconomic disadvantage.
Pct Adults age 65+	Represents susceptibility to power outages and emergency situations due to extreme weather events.

Indicator	Rationale for Exclusion	Potential Correlates (among included indicators)
COVID-19	Data not yet available; cases under active investigation; testing rates not equivalent across the state and through course of the pandemic	Socioeconomic status (SES), race/ethnicity
Heat Stress	ED visits or hospitalization either unavailable or unreliable at sub-county level. Heat deaths too small to report at sub-county level.	High temps, vegetative cover & road density (urban areas), housing quality, health vulnerabilities
Cancer	Cancers is multifactorial and represent a range of diseases. Some cancers are more vs. less environmentally or spatially-related.	Health insurance, SES (for certain types)
Diabetes	Hard to capture in NYSDOH datasets that contain ED visits & hospitalization. Clinic/pharmacy data would better capture disease. Also, diabetes may have a weaker environmental component.	Premature deaths, sociodemographic correlates and health insurance
Pre-term births	Generally captured by low birthweight	Low birthweight births
Mental Health	Mental health not well-captured in DOH data because they have ED visits & hospitalization; would only see co-occurring ICD-9 codes. Clinic/pharmacy data would better capture disease.	
Childhood Lead Exposure	Exposure data is small/unreliable at sub-county level.	Age of home, renters & rental costs, income

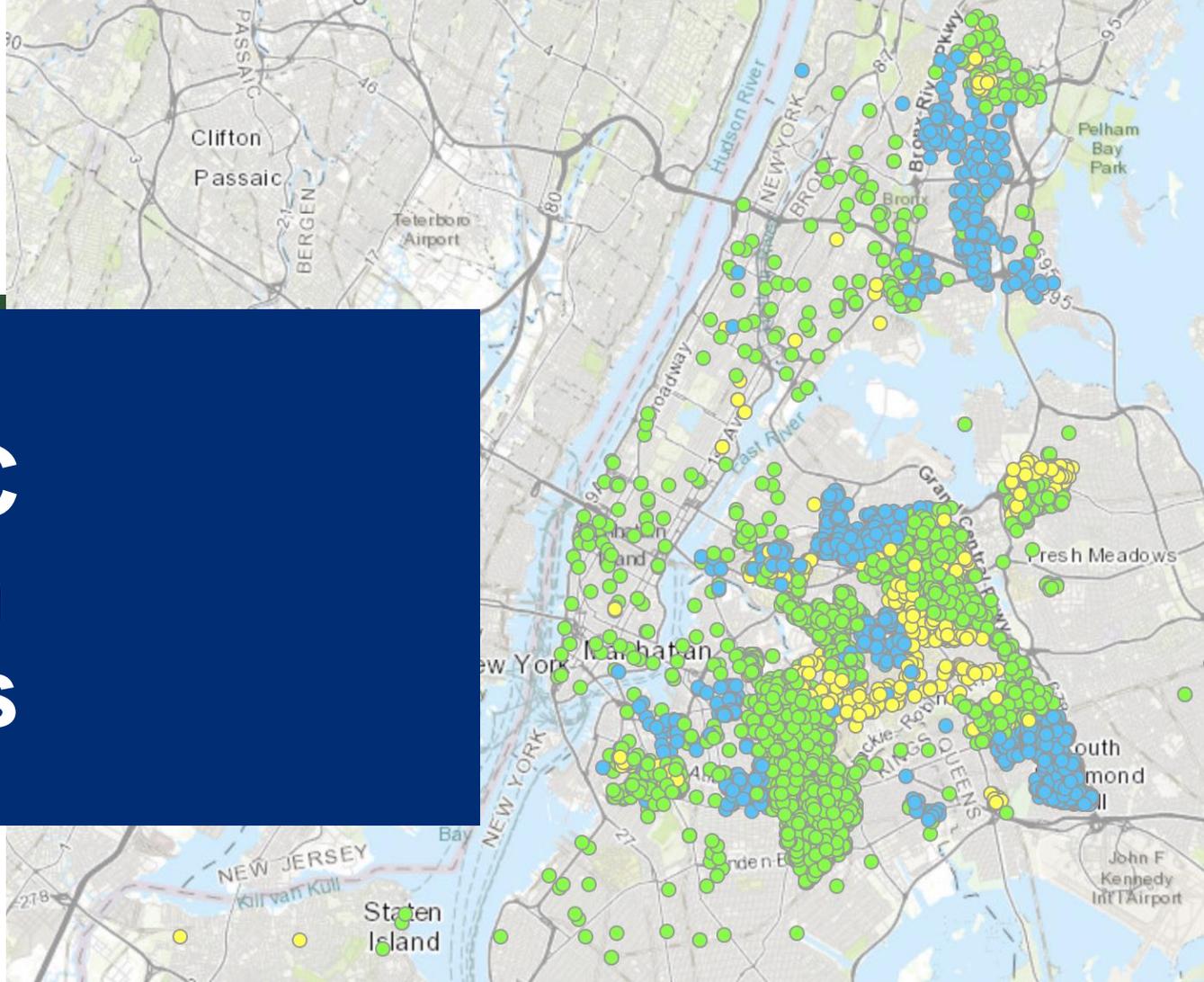
Other indicators may capture risk factors for health outcomes

- Environmental exposures
- Potentially (or formerly) hazardous facilities
- Housing conditions
- Socioeconomic indicators
- Health insurance
- Language barriers



Maps of Available Indicators

Draft DAC Definition Scenarios



Early maps to get your reaction to big things

Map tool includes a short form for submitting comments on individual tracts

When you select one or more tracts in the map, the "Selected Census Tract Details" table will update to show key metrics for those tracts

INSTRUCTIONS

1. Click on a tract in the map.
2. Fill out form
3. Click the "SUBMIT" button. Try clicking the button again if the website does not open.
4. Close the website window and ...

Name

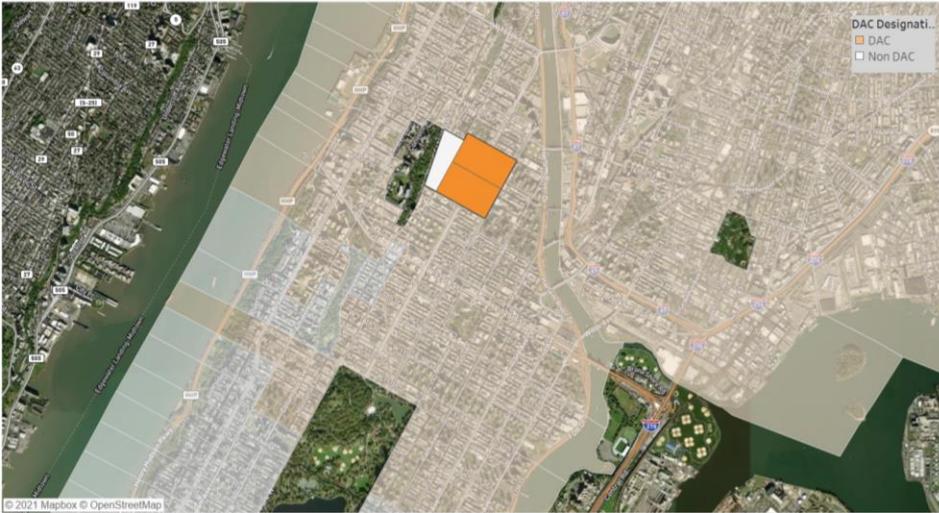
Tract Number

Should be a DAC?
 Yes
 No

Brief Explanation

Statewide Averages

Burden Pctl	40
Vuln Pctl	48
Median Income	\$74,317
% BIPOC	45%
Redline Score	3.0
% PEJA	47%



Selected Census Tract Details

Tract	Is a DAC?	Burden Percentile	Vulnerability Percentile	Median Income	% BIPOC	Redline Score	% PEJA
36061022102	NON-DAC	73	54	\$96,154	79%	4.0	100%
36061022800	DAC	72	69	\$70,650	85%	4.0	100%
36061023000	DAC	73	79	\$36,124	92%	4.0	100%
Grand Total		73	67	\$67,643	85%	4.0	100%

Note: Draft maps exclude 138 census tracts (2.8%) with very low population because Vulnerabilities data is missing/unreliable; they can be scored separately on the basis of Burdens alone.



NEW YORK
STATE OF
OPPORTUNITY

**Department of
Environmental
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% Region Designated DAC

Region	
New York City	44%
Long Island	12%
Mid-Hudson	34%
Western NY	32%
Finger Lakes	31%
Capital Region	22%
Central NY	31%
Southern Tier	21%
Mohawk Valley	24%
North Country	13%
Grand Total	33%

Percent of tracts **within** a region that are a DAC

22% of tracts in the Capital Region are designated DACs

These two tables will help you assess whether we're covering regions appropriately.

When we eventually have more than one scenario, you'll be able to compare the breakouts by region. For now, the question to ask yourself here is whether your region breakdown feels right to you.

DAC Designation by Region

Region	% of NY Tracts	% of NY DACs
New York City	44%	58%
Long Island	12%	5%
Mid-Hudson	11%	11%
Western NY	7%	7%
Finger Lakes	6%	6%
Capital Region	6%	4%
Central NY	4%	4%
Southern Tier	3%	2%
Mohawk Valley	3%	2%
North Country	2%	1%
Grand Total	100%	100%

Percent of DACs in a region vs the total % of tracts in that region

Long Island has 12% of the state's tracts but 5% of the DAC tracts

Simple set of statistics for comparing scenarios. Currently we have:

- Burden and Vulnerability percentile scores
- Median income
- % BIPOC
- Redline score
- % PEJA

Is there anything else you'd like to see when comparing high-level scenario stats?

For the % agreement table:

- Look at agreement between DAC scenarios + your "groundtruthed" list
- Understand, through your comments, what indicators are more important to you
- Check whether our data/indicators capture the types of things you care about

DACs vs Non-DACs - Statewide Averages

	DAC	Non DAC	Grand Total
Burden Pctl	46	37	40
Vuln Pctl	63	41	48
Median Income	\$48,198	\$87,307	\$74,317
% BIPOC	70%	32%	45%
Redline Score	3.3	2.8	3.0
% PEJA	83%	29%	47%

Comparison of attributes of tracts that are designated DACs in this scenario

DAC census tracts have a higher vulnerability health score than non-DAC census tracts

% Agreement with Responses

% Agreement	77%
% Agreement (Should NOT be DAC)	54%
% Agreement (Should be DAC)	94%

Percent agreement based on groundtruthing input

% agreement = Overall agreement

% agree that it should be a DAC = Overlap of when WG member says it's a DAC and scenario says it's a DAC

% agree that it should not be a DAC = Overlap of when WG member says it is NOT a DAC and scenario says it is NOT a DAC

Go to Tableau

Note: Draft maps exclude 138 census tracts (2.8%) with very low population because Vulnerabilities data is missing/unreliable; they can be scored separately on the basis of Burdens alone.

Review: Combining Data

Group Indicators into Factors



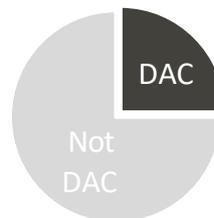
Combine Factors into Components



Calculate Statewide & Regional Scores



Designate DACs based on their relative score



Some decisions move things more than others

Designation Threshold

(High-scoring tracts to designate as DACs – e.g., top third?)



https://www.clrp.comell.edu/q-a/272-excavator_certification.html

Factor Importance

(Relative importance of exposures vs. climate, etc.)



<https://compactequip.com/excavators>

Indicators

(With ~40 indicators, changing one doesn't shift much)



Photo by Andres Siimon on [Unsplash](#)

Indicator Weights

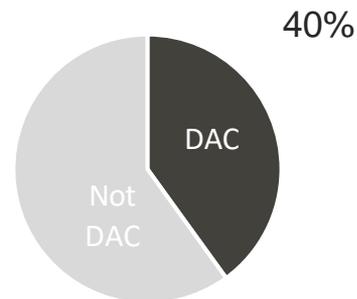
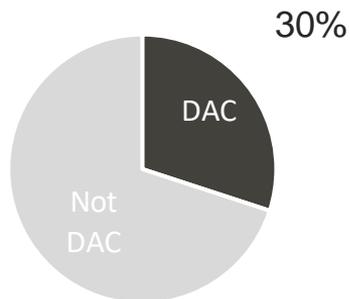
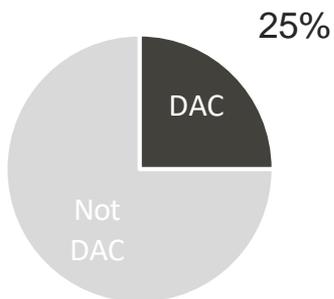
(With highly-correlated indicators, weights don't shift results much)



Photo by Anaya Katlego on [Unsplash](#)

Critical Question for CJWG: Share of DACs

In general, what share of communities (census tracts) should be designated as DACs?



We've discussed the idea of "leave no DAC behind", but we need to operationalize this as the final % will be an arbitrary number.

Designation Threshold Across Regions

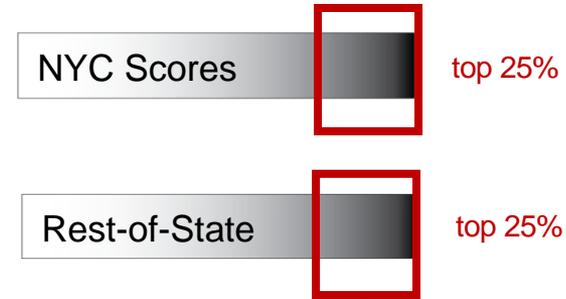
Statewide Score

How each community ranks (on all of the data) within the **entire** state



Regional Scores

How each community ranks (on all of the data) in NYC and Rest-of-State separately



About 1/3 designated

Designate communities that score in either top 25% **statewide** OR **regionally**



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What can we do to help your review?

What we heard on June 15:

- More information on considered indicators
 - Health impacts/burdens – Discussed today
 - Any others?
- Update Tutorial PDF
- Tutorials/one-on-sessions



Don't forget BOGO

If you want to
select a tract you
think is **wrong**...



...First tell us a
tract you think
is **right!**

Timeline & Next Steps



Month Ahead – DAC Criteria

Work Ahead

Groundtruthing –
BOGO!

Compare several
scenarios

Review Considered
Indicators

Meetings

One-hour meetings

Full meeting July 20

** one-on-ones
available **

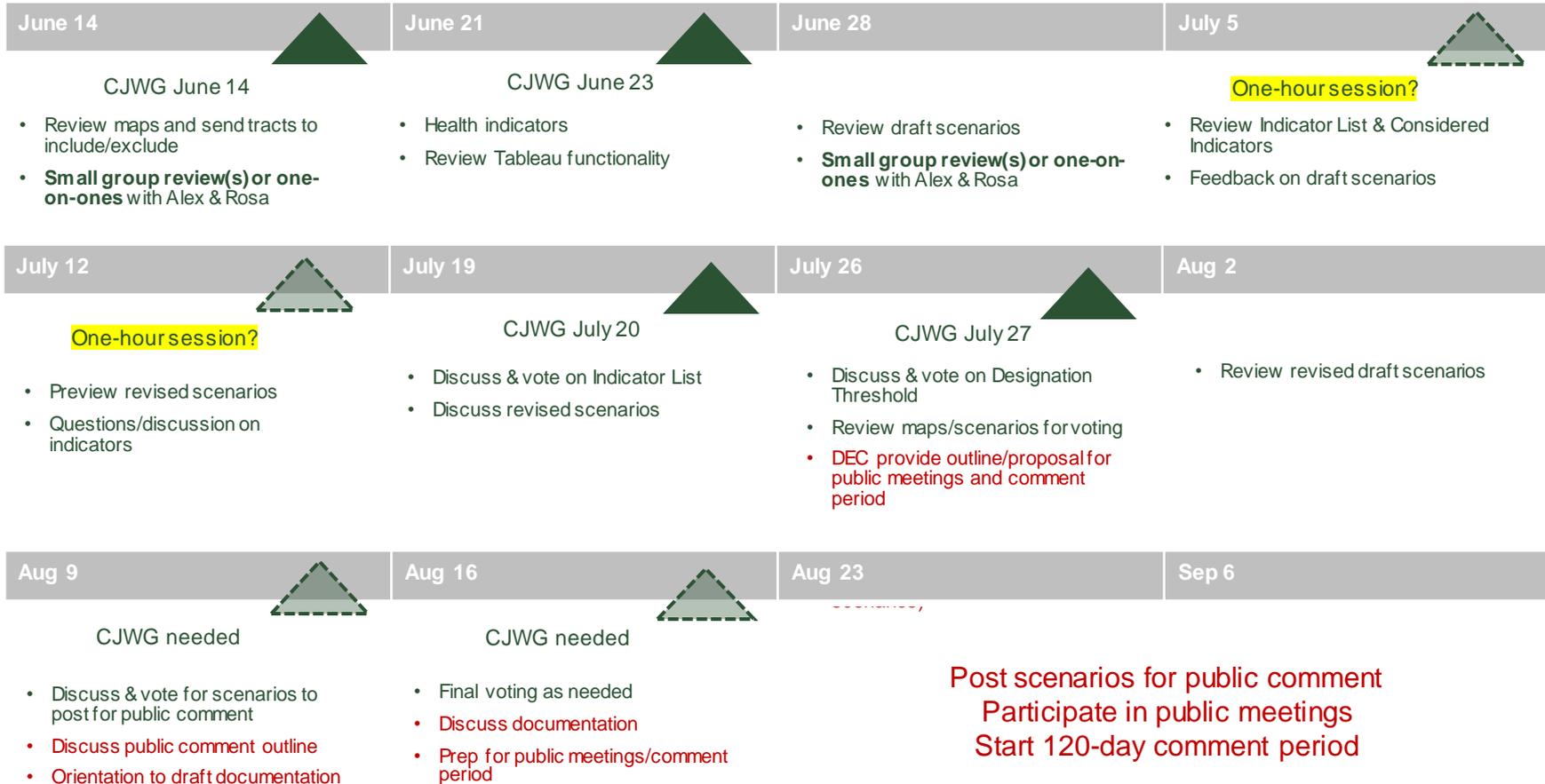
Voting in Stages

Indicator List

Designation Thresholds

Scenario(s) to post to public
comment*





Indicator Considerations



Indicator Update

Community Burdens and Potential Risks

Potential
Pollution
Exposures

Performing
“custom” analysis
with DEC data
(using EJScreen
in interim)

Land use
associated with
historical
discrimination or
disinvestment

Performing
“custom” analysis
with DEC data
(using EJScreen in
interim)

Potential
Climate
Change Risks

Tweaking inland/
coastal flooding
Waiting for
distance to
hospitals

Population Vulnerabilities

Socio-
demographics

Have all
census data;
assessing
correlations

Health Impacts &
Burdens

Waiting for Low
Birthweight &
Premature Deaths

Housing,
Mobility,
Communication
s

May improve lead
paint risk indicator



Community Burdens and Potential Risks: Indicators in Current Scenario

Potential Pollution Exposures

- Vehicle traffic density*
- Particulate Matter (PM2.5)
- Benzene
- Wastewater discharge*

Land use associated with historical discrimination or disinvestment

- Hazardous Waste treatment/storage/disposal facilities*
- Remediation Sites (e.g., NPL Superfund or State Superfund/Class II sites)*
- Regulated Management Plan (chemical) sites*
- Industrial/manufacturing/mining land use (zoning)
- Utility/waste land use (zoning)
- Transportation facilities land use (zoning)
- Historical redlining score
- Housing vacancy rate

Potential Climate Change Risks

- Extreme heat projections (>90° days in 2050)
- Coastal/tidal flooding projections (from sea level rise, storm surge, etc.)
- Inland/riverine flooding projections (from sea level rise, storm surge, etc.)
- Low vegetative cover
- Agricultural land
- Distance to grocery stores

NOTE: Future data may include modeled Woodsmoke exposure & other water quality metrics.
*We may replace EJScreen indicators.

NOTE: Future data will include several other types of regulated and permitted facilities (e.g., power generation, landfills).
*We may replace EJScreen indicators.

NOTE: Future data may include distance to urgent/emergency care

Population Vulnerabilities: Indicators in Current Scenario

Sociodemographics

- Pct <80% Area Median Income
- Pct <100% of Federal Poverty Line
- Pct without Bachelor's Degree
- Unemployment rate
- Pct Single-parent households
- Pct Latino/a or Hispanic
- Pct Black or African American
- Limited English Proficiency

NOTE: State staff are considering designating Tribal Land/Territory as DACs **after** the quantitative scoring

Health Impacts & Burdens

- Asthma ED visits
- COPD ED visits
- Heart attack (MI) hospitalization
- Pct without Health Insurance
- Pct with Disabilities
- Pct Adults age 65+

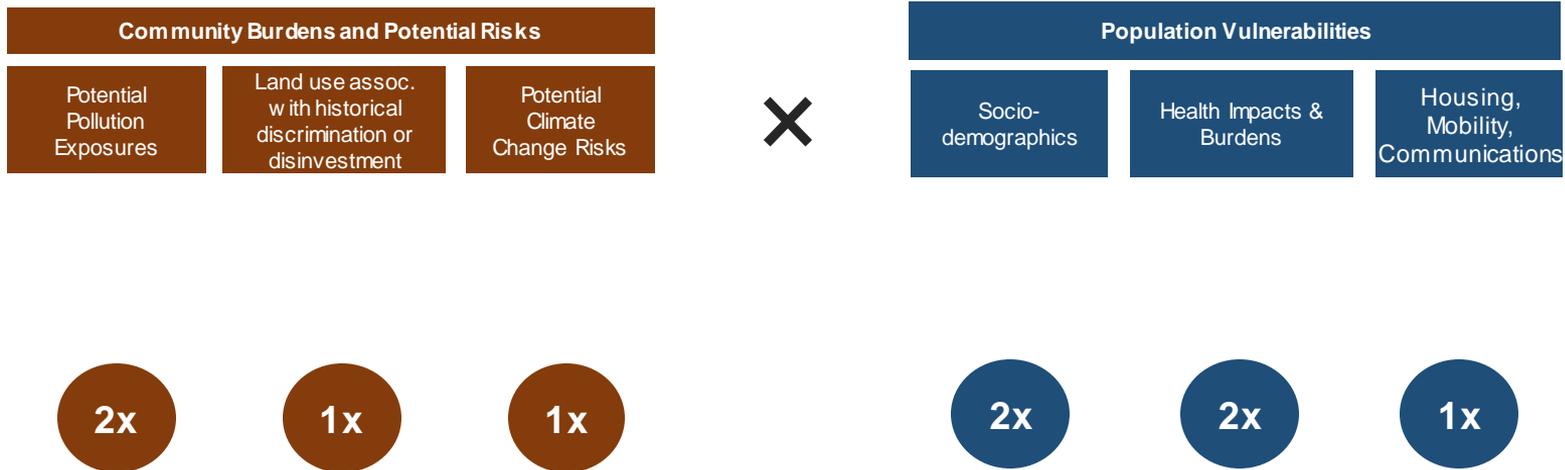
NOTE: Future data will include Low Birthweight births and Premature Deaths

Housing, Mobility, Communications

- Pct Renter-Occupied Homes
- Housing cost burden (rental costs)
- Energy Poverty / Cost Burden
- Manufactured homes
- Homes built before 1960*
- Percent without private vehicle
- Pct without Internet (home or cellular)

*Short-term proxy for lead-based paint risk. We are working with DOH on how to represent risk.

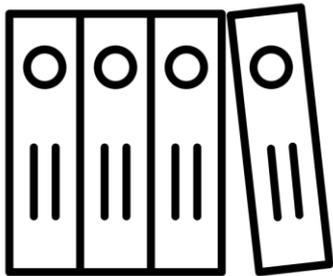
Starting point for Factor Importance



Note: Since Burdens and Vulnerabilities are multiplied, they have equal weight, regardless of how you weight things within them.



Indicator Limitations



Documentation (for public comment) will discuss:

- Indicators/data we **considered** but did not pursue, and why
- Data limitations, including Census (e.g., not specific enough to race/ethnicity), public health data (e.g., limited data @ sub-county level), and more
- Recommendations for future/additional community-level data (e.g., migration)
- Potential for periodic indicator review/updates

Legislation allows for continuous improvement



CalEnviroScreen 4.0 Indicators

Pollution Burden

Exposures

- Ozone Concentrations
- PM2.5 concentrations
- Diesel PM Emissions
- Drinking Water Contaminants
- Children's Lead Risk from Housing
- Pesticide Use
- Toxic Releases from Facilities
- Traffic Impacts

Environmental Effects

- Cleanup Sites
- Groundwater Threats
- Hazardous Waste
- Impaired Water Bodies
- Solid Waste Sites and Facilities

Population Characteristics

Sensitive Populations

- Asthma Emergency Department Visits
- Cardiovascular Disease (Emergency Department visits for Heart Attacks)
- Low Birth-Weight Infants

Socioeconomic Factors

- Educational Attainment
- Housing-Burdened Low-Income Households
- Linguistic Isolation
- Poverty
- Unemployment