

122nd Avenue Study
Health Partners Working Group (HPWG)
Meeting Notes

Meeting #1, June 23, 2009 / 9:00- 11:00 am
1900 Building, Room 7A

In attendance:

Sandy Johnson (MultCo Health), Kari Lyons (MCHD Enviro Health), Noelle Dobson (CHP), Heidi Guenin (CHP), Molly Haynes (Kaiser Permanente), Gretchen Luhr (PSU), Tammy VanderWoude (Oregon Food Bank), Meg Merrick (PSU), Raquel Bournhenesque (Upstream Public Health), Amy Rose (Metro), Betsy Boyd-Flynn (Oregon Medical Assn.), Olivia Quiroz (MultCo Health), Laura Boswell (OR Public Health), Mark Gilbert M.D. (Oregon Medical Association), Sharon Baggett (PSU)

Staff

Barry Manning (BPS), Julia Gisler (BPS), Chris Scarzello (BPS)

Welcome/Inductions

Barry Manning called the meeting to order and invited everyone around the table to introduce themselves.

Background

Barry provided background on the project which included:

- Explanation of the Planning Bureau's recent merger with Bureau of Sustainability. The new bureau is called the Bureau of Planning & Sustainability (BPS) and combines the land use functions of the old Planning Bureau (such as neighborhood planning, design elements, zoning, environment regulations, etc) with the City's sustainability programs (Green Buildings, Energy Conservation, Food Policy etc)
- How this study fits into the Portland Plan (update of the City's Comprehensive Plan) as a 'pilot study' that will explore issues that may have citywide, district-specific, or topical implications—particularly as they apply to health of the community. Lessons that we can learn through this process can be translated to the Portland Plan.
- The study area focuses along 122nd between Division & Foster. This study was called for as part of the East Portland Action Plan (area east of I-205 to Gresham annexed in '70s to '90s suburban/auto-oriented semi-rural character)

The 122nd pilot will study how to:

- achieve the 20-minute neighborhood
- create sense of place
- accommodate growing low-moderate income population
- provide services to serve changing area

122nd Avenue PowerPoint Presentation

Barry walked the group through a power point presentation that included a project overview and timeline.

Project summary

- Issues typical to a neighborhood plan that we will be addressing include transportation (safety, connectivity, public transit, bike routes, pedestrian routes, etc...), land use (does the zoning allow the right mix of uses, design elements of site and buildings?)
- This project will also have a ‘health perspective’ that looks at the land use/transportation options through a ‘health lens’ to make sure we make decisions that increase the livability of the neighborhood and acknowledge the trade-offs. The project received a capacity building grant from Kaiser Foundation.
- We will be testing the concept of the ‘20 minute neighborhood’ – which provides basic services within 20 minutes of walking, such as groceries, schools, parks, churches, community center. This is harder to do in outer SE and SW where land use patterns and topography make walking more a challenge.
- Area of interest – within 20 minutes of 122nd avenue, but these outer boundaries are ‘soft’
 - charge/goals of the project
 - parameters – test some of the Metro transportation designations
 - issues to address

Question: Why is west side area of interest so small? For a “walkability” study it might make more sense to move further west.

A: There’s no hard boundary; the thought was that as you move west you get closer to Lents which may have a different market gravity.

Question: Are the “issues to address” the typical planning study areas?

A: Yes. You’ll notice “health” isn’t listed as a typical issues – we are looking for this group to help with feedback and advise on health impacts/implications of issues.

Question: Has there been an assessment of the “issues to address” that identifies these things as being important to community health? For example, is the community going to be able to prioritize or provide additional items that they think should be addressed?

A: Not formally, although background work in East Portland and the neighborhood provide insights into priorities. Health impacts of some items may mean that some rise to the top.

Barry talked about the issues facing the area:

- Connectivity issues – limits to streets + ped paths, safety + crime
- Lack of green, orientation to street (how much on a busy street?)
- Improvements in design – encourage or require better decisions
- Commercial access mostly via auto – add walking/biking opportunities?
- Lents Urban Renewal Area extends into this area – but only on west side of 122nd
- Springwater Corridor in the southern section – Leach Botanical, too
- Zoning in the area is for 20-40 units/acre, existing development is more like 3 units/acre; compare to inner city at 8 units/acre
- Infill development over last 13 years – about 3000 new households + highest amount of development in non-central city neighborhoods
- Environmental Issues
- Transit – less than 15 minute frequency

Question: Impact of current economy – vacancy + overbuilt?

A: Don't know about vacancy, permits have slowed, anticipate this area will boom once the economy gets going again. The area is underdeveloped based on zoning potential. The persons per household ratio is 2.8-2.9 people/household which is higher than other parts of PDX; we know David Douglas School District has seen large increase in students.

Possible Maps to Generate

- Existing Conditions—amenity map (parks, schools, bike/ped trails, community centers, libraries, post office, etc.)
- It would be great to have a connectivity map that shows lack of street connection + map showing substandard + improved streets. (There is a map...Red = sidewalks = intermittent)
- Need a map that shows **crosswalks** – safety is an issue
- Grocery store + “walking shed” (1/4 mile) – from Portland Plan--Nothing at south end of district
- Map of school districts
- Map of health care providers
- Opportunities to address food + food access? Gardens, restaurants, etc – mapped?
 - Noelle – those maps do exist

Question: Do we know where it's possible to achieve better connectivity?

A: That's one thing we'll look at in pilot study

Timeline

Barry showed a flow chart describing the project process

- Technical Working Group (TWG),
- Health Partners Working Group (HPWG)
- Community Working Group (CWG) with NA folks, nonprofits, other ethnic + minority groups, underserved, Rose CDC, Human Solutions

Also we will be working with a PSU graduate student and our youth planners, on reaching the minority community in the study area.

Questions from Barry to the Health Group:

How to partner effectively?

Are we looking at the right issues?

What info is needed to better evaluate health-environment issues?

Do we really need a health impact assessment?

What kinds of questions should we be asking of this group and the community?

Comments:

- In commercial areas that have some openings/spaces, maybe encourage small medical clinics.
- There are a lot of resources just on the edge of this area – identify/show how they serve the area.
- Provide more sidewalks on 122nd + provide connections to Lents.
- Elderly + disabled population? That will address transportation needs & street crossing issues – level of ADA compliance
- Engage the community to hear from all ages. Don't underestimate the level of effort. Minorities, etc – takes a huge effort.
- The 20 minute community is not about the distance from my house to the destination but what happens on my way there – doctor's appt, post office, place to see friends.
- Multi-generational households, elders don't drive. Need more depth for the study. If you make the community accessible and safe for elders + children, it's that way for all.
- Are schools in the area served by the "safe routes to school" program? Funding for engineering?
- 20 minute neighborhood is a white, middle class person construct; East Portland's 20 minute community will likely be different
- Sense of place – the health impact assessment can bring the community together
- Morbidity + disease mapping? Asthma, etc. if we can get the data we may be able to add it to our GIS
- From air quality, impervious surfaces, planting area – how does this all address climate, etc.?
- If no grocery stores, what happens when the roads become inaccessible?
- Community characteristics – Somali population

- Apartment vacancy rate?
- Affordability – what is access to food that meets cultural needs + is affordable (mobile food cart)
- Some large undeveloped lots = more community gardens?
 - Talk to Mercy Corps/micro enterprise loan program for farming/gardening
- Get feedback from community members on our ideas to make sure they like it & have their ideas incorporated
- Check other cities or counties that might have a good model to look at.
- Explore ways to leverage resources for community groups – those who help others within the community
- We need to identify the health issues that are of the highest priority for this project: air quality, impervious surfaces, walking/biking challenges, etc...

Barry noted that BPS can provide the development framework and other “planning” level components, but much implementation is ultimately up to the private sector (bldgs, businesses, and local infrastructure/frontage), public agencies (crossing improvements, major infrastructure, services), non-profits (services, development), and dependent on community advocacy. The BPS budget is currently limited in terms of the level and depth of outreach and additional specialized work that can be done. We do have resources, but limited for community work.