

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

Meeting #4, January 13, 2010 / 2:00 – 4:00 pm
1900 Building, Room 7A

In attendance:

Betsy Boyd-Flynn (Oregon Medical Association), Noelle Dobson (CHP), Meg Merrick (PSU Institute of Portland Metropolitan Studies), Amy Rose (METRO), Nicole Risoletto (PSU Urban Studies PhD student)

Staff

Barry Manning (BPS), Julia Gisler (BPS), Chris Scarzello (BPS), Heidi Guenin (BPS), Lora Lillard (BPS), Steve White (CHP)

Handouts: Project Timeline, January 4, 2010 (Draft)
December 8th Community Workshop Summary (Draft)
Infill Trade-Off Matrix, January 13, 2009 (Draft)

PROJECT SUMMARY

Julia handed out a new timeline, identified new tasks, and discussed the membership of the advisory groups and upcoming outreach efforts. We're currently in the middle of task 3 - explore issues and opportunities. BPS staff is working on the existing conditions report and on developing the February 23rd community workshop focused on infill development and design and the character of the area. We will share a draft of the existing conditions report at the workshop.

After that workshop we'll enter task 4 which will end with another workshop, leading to development of recommendations and identification of implementers.

Question: What are the recommendations about and who are they for?

Answer: Recommendations will at least go to the Planning Commission but will include items that can be implemented by non-city groups. We'll identify solutions that come out of the workshops and these meetings that can move forward without city action, but we will also have recommendations that will need city action. Some suggestions—that are city-city issues such as sidewalk funding—will definitely move into the Portland Plan. Policy-level recommendations, such as possible changes in allowed densities (zoning), would most likely move to the Portland Plan. Recommendations that need to be implemented by agencies outside of the city would be forwarded to those agencies—example transit-related recommendations would be forwarded to Tri-Met.

Comment: Be careful about raising expectations – be clear about where the suggestions will end up.

Response: The hope is that the neighborhood, and groups working in the neighborhood, will help to advocate/implement recommendations also.

December Workshop Summary (distributed hand-out)

Issues were divided into the following four topic areas. We talked about the first two at this workshop and will talk about the last two at the upcoming workshop in February.

- Accessibility, Connections, and Pedestrian Comfort and Safety
- Convenience and Available Services
- Infill Development
- Community Amenities and Livability

Table discussions focused on all modes of travel. Summary: people drive everywhere, parking is easy, walking is unsafe, kids are not allowed to bike short distances - not even to Springwater Corridor trail. We also conducted a written survey which included connections & amenities questions, health-related questions, and simple demographic questions- results in summary handout. Even though it was not one of the two topics, infill development was a concern raised at several of the tables.

If you have ideas about outreach for the next workshop, BPS would love to hear them.

Comment: My table discussed the number of registered sex offenders in the study area, and people expressed fear about the crime level.

OUTREACH UPDATE

Barry gave an update on the outreach we are working on. In September we sent out a mailing to some of the underrepresented communities; we know we aren't likely to engage them in the usual process. Now we're following up with the SE Asian, Hispanic, and Russian communities. We met with El Programa Hispano - they run some of the SUN programs at several of the schools and do evening programs with the families. Gloria Higgins suggested we do Latino outreach through the schools. Our first focus group with Hispanic group is Feb 8th, and we are working with Jennifer Will-Thapa at Leander Court to do extra outreach.

We're also doing outreach to the Russian community through participants in the East Portland Action Plan and would like to do something similar with a Vietnamese focus group. The goal is to have a focus group to discuss some of the same topics that we've discussed in previous workshops. It is our intention that after these initial meetings, we'll invite participants to the Feb 23 workshop and provide interpretation so they can participate with the rest of the group.

Comment: Betsy will send contact information for a group that works with Latino health issues.

We have also met with the urban league of Portland, who has partnered with OPAL in this area on a survey. We need to engage the African-American population in the area and are thinking about having some sort of food event.

Comment: How you do the focus groups is important – it's better to train someone rather than have a translator speaking your part.

FEBRUARY WORKSHOP PREVIEW

Lora went through a PowerPoint presentation that we are preparing for the February workshop & asked for feedback. An accompanying matrix outlined some of the benefits and tradeoffs to be considered when thinking about infill.

Comment: It would be helpful to have a tradeoffs matrix like this for each of the 4 topic areas.

HEALTH LENS

This part of the meeting was facilitated by Noelle Dobson and Steve White of Community Health Partnerships (CHP)

Update on related grants

Noelle gave an update on grants that have been awarded to CHP to help inject a health lens to the 122nd Avenue project – Healthy Kids Health Communities from Robert Wood Johnson Foundation and a Kaiser Permanente Community Fund Implementation Grant. BPS, Rose CDC, Human Solutions and Powellhurst-Gilbert Neighborhood Association are listed as partners. As part of these grants a Health Impact Assessment (HIA) on 122nd will be conducted. Noelle explained the HIA process.

There are 5 stages in an HIA. Noelle explained they are currently involved in the first two phases and showed a slide of the methods for HIA screening and assessment phase.

- *The scoping phase* - What health determinants are we going to be looking at in this project? What matters? Air quality, healthy living, etc. We take the existing conditions, out to the community and ask questions: does this resonate with you, what is missing, how are other groups impacted, are there groups not represented in the outreach? If the community doesn't care about walking to school, then we won't include that as a recommendation.
- *Assessment phase* – collecting what we know, then going out to the community to find out what information will help inform decisions down the road, what information do we yet need to gather and how do we gather it? In a typical HIA we set up a stakeholder group (committee) and make sure we have all the right folks involved. Noelle said they were leaning toward not having a special stakeholder group but using existing groups such as the 122nd project Community Working Group and Technical Advisory Committee, this group, etc...as the stakeholder group.

She said they are currently exploring how we use various existing groups to help us with our outreach, (example, using Jennifer at Leander Court to do outreach to the folks at that housing complex). Noelle asked for feedback on this approach.

Comment: I can see how you don't want to duplicate groups and burn people out, but it may be easier to have your own group rather than trying to get on the agenda of so many different groups.

Who we talk to and HOW we talk to them is important to help us discover what additional information we still need.

Comment: Contact individuals from the different stakeholder groups to provide feedback and info to their groups and report back to you.

APPLYING HEALTH DETERMINANTS TO SE 122nd AVE

Steve White discussed the work he's been doing to connect health determinants to the study area conditions. There are 3 questions we need to answer: what more do we want to know, how can we get the information, and how should we share the information with community stakeholders?

We want to get participants to think more about transportation options that would help to make their day a little easier. As we talk with the minority population, we want to think about how we can bring health into the equation.

Want to group mapped elements into two broad frames – environmental opportunities for healthy eating and opportunities for active living.

Maps (Slides Show)

- High crash locations with pedestrians and autos.
- Mortality rates by neighborhood – high in our area, but they don't tell us why (Multnomah Co)
 - There are unknown neighborhood health outcomes – asthma, obesity, heart disease, hypertension, cancer rate, diabetes, etc. does your neighborhood constrain you from active living/eating healthy? (lack of grocery stores, street connectivity, crime, lack of sidewalks, etc)
- Air quality map (DEQ)
 - Shows the study area as moderate compared to the rest of the city – makes the lack of connectivity in the area look good (auto emissions are the cause of the bad air)
 - Caveat for the map: we only have 3 air sampling stations in the city. There are other contributing factors to bad air – dry cleaners, etc.
 - There are better maps that provide more detail and include other air pollutant factors.
- Noise (traffic) map
- Natural hazards map, mainly showing 100 year floodplain and the landslide hazard area

- Healthy eating full service grocery stores community gardens, farmers markets maps
 - Someone was going to map the large vacant lots for community garden purposes
 - Fast food/cheap restaurants map – population density, lack of market demand. Is this a problem?
- Additional maps: street conditions, sidewalk presence, signalized intersections
- Availability of services (retail, schools, parks, etc within the study area)
- Transit service – poor, transit stops – poor
- Pedestrian potential index – very low in study area - map shows whole city.(1998 data)
- Bicycling potential
- Design/urban form
- Active recreation opportunities: aquatics (water feature)
- Play area locations (includes schools and parks) and basketball tennis etc

Table showing reasons that prevent any or more participation in PP&R programs (2008): respondents not aware of programs, not enough time to use programs, and/or programs don't coincide with interests.