

EQUITY ADVISORY GROUP (EAG) MEETING #38

Date and Time: Monday, July 15, 2024, 5:30pm to 7:30pm

Location: Zoom Webinar and YouTube Livestream

Number of concurrent YouTube viewers: 11

WELCOME

Dr. Roberta Hunte, EAG Facilitator, welcomed EAG members to the meeting, explained how to view closed captions, gave instructions for public input, and previewed the meeting agenda.

PROGRAM ADMINISTRATOR UPDATE

Greg Johnson, Program Administrator, provided IBR program updates. He shared that the IBR program was awarded \$1.5 billion Bridge Improvement Program (BIP) grant, one of the largest awards in recent USDOT history. Greg described it as another significant piece of the funding puzzle to support the program. Greg thanked the EAG for their contributions in advancing equity for the program. Greg said those efforts were described in the grant application and noted as a unique component of the program. Greg shared that the momentum is moving positively and that now it is key to follow through on the commitments to climate and equity.

Greg shared that the program has been giving out more tours, including with advisory groups. As well as a walking tour with Oregon Walks, The Street Trust, and Cycle Vancouver to have conversations about active transportation. There was another walking tour with the Association of Washington Cities, which he described as important to helping the community understand the context and goals of the program.

Greg said the program continues to engage with neighborhood associations, which he expects to increase as the Draft Supplemental Environmental Impact Statement (DSEIS) comes closer to release. He stated that the program wants to ensure people potentially impacted by the program are aware of those impacts and that their voices are heard.

Greg stated the program is hosting tables at events in the area, most recently at the Mississippi Street Fair in North Portland, Saturday in the Park for Vancouver Pride, and Picante. He stated that tabling events will continue through the summer and fall and encouraged EAG members to inform the IBR team about potential events in the area. Greg also shared that industry outreach continues to be a priority, and that he and Barbi Alexander, DBE and Workforce Equity Compliance Specialist, recently presented to the Association of Women and Minority Businesses. He described it as an important group that the IBR program is building a relationship with to make sure their voices are heard.

Greg stated that the program is working hard to release the Draft SEIS and hopes to have an update on the release window within the next month. He stated that the program's federal partners are very encouraged by the document the program submitted, so the process is going well.

EAG member: This grant is a huge deal. Oregon contains only 1% of the US population, so we are hitting above our weight class here. It's a credit to Greg, Johnell, and Aidan that we've come this far.

Greg replied that the program has approximately \$5.7 billion in the virtual bank, and while that's a good start, it will take more. He said an updated cost estimate is expected around summer 2025 which will define the program cost.

EAG member: It really can be hard to imagine the colossal amount. It's amazing. It makes me think about the adage of "make sure the juice is worth the squeeze." I think the program lives by that.

HEALTH ANALYSIS

Introduction to Health Analysis

Chris Regan, IBR Environmental Manager, introduced the health analysis. Chris stated that Greg, as Program Administrator, created a vision of what the IBR program was going to be and that a huge part of that was that the program would be delivered through a climate and equity lens. He said the program wants to make the area a better place to live and analyzing the human health impacts from the work is important to that.

Chris said the program first seeks to avoid harm to the environment and human health and to avoid disproportionate impacts to equity priority communities living adjacent to the program corridor. He explained that the Equity Framework and Climate Focus contribute to ensuring the interstate bridge connects with communities in ways that are safe.

Chris shared that this goal has been considered in multiple ways, including safety considerations in design and usability including active transportation, climate considerations such as greenhouse gas emissions, and workforce planning to anticipate future needs. He stated the Draft SEIS is evaluating the impacts of air quality pollutants, greenhouse gas emissions, noise, and vibration impacts on the community.

Chris explained that both the states of Washington and Oregon have laws to promote health within communities and require health assessments with major projects. Both states and community groups expressed interest in a Health Impact Assessment (HIA) for the IBR program to understand those potential health impacts. He stated that a fortunate partnership was created between the Washington State Department of Health and Oregon Health Authority to help lead a third-party health analysis that is independent of the IBR program. Chris further explained that an HIA typically takes several years, but that the Washington Department of Health and the Oregon Health Authority have agreed to submit the health analysis as a comment on the DSEIS so that the IBR program will need to address those comments through the National Environmental Protection Act (NEPA) process.

Chris then introduced two of the professionals from the third-party analysis, Alyssa Shaw and Anna Caudell.

Health Analysis Presentation

Alyssa introduced herself as the Environmental Health Assessment Team Lead at the Washington State Department of Health, which is within the Built Environment Section of the Office of Environmental Public Health Sciences. Anna Caudell introduced herself as the Environmental Health Evaluation Specialist on Alyssa's team.

Alyssa shared that the hope of the presentation is to provide a high-level overview of the analysis and to have a robust conversation, as community engagement is one of the most important tenets of an HIA. Alyssa explained that the analysis is not a formal HIA, but that they still want to engage with the advisory groups and with the community to help them see what concerns they have.

Alyssa explained what the term "built environment" means within this context, saying it covers everything from roads to laws and access to resources within communities. The term forces us to consider the endless number of ways a community may be impacted by a change. She provided examples such as a new factory being built, which may release air pollutants and toxins into the water systems, or lack of access to grocery stores with fresh foods.

Alyssa shared information about the Health Analysis team, which is comprised of professionals from the Washington State Department of Health, the Oregon Health Authority, the Multnomah County Health Department, Clark County Public Health, a representative from the Cowlitz Tribe, and open consultation with all federally recognized tribes.

Anna presented information about HIAs. Anna explained that the original request was that an HIA be conducted for the program. An HIA is designed to assess a proposed project, policy, or program comprehensively to identify potential health and health equity impacts. HIAs are generally used to complement the findings of a NEPA assessment and help inform the public and decisionmakers about all potential impacts. She explained there are six standard steps of an HIA: Screening, Scoping, Assessment, Recommendations, Reporting, and Monitoring and Evaluation. Anna stated that a typical HIA takes two years to complete.

Screening determines whether an HIA is the best tool to use for the project. Anna explained that an HIA would not be feasible due to the time and resource constraints of the IBR program, but that an analysis would be valuable, so a modified health analysis was designed to meet that need.

Alyssa explained scoping, and stated it is a time to determine what topic areas the analysis will focus on. Currently, those topic areas are: air quality, transportation and active transportation, climate and heat, noise, social determinants of health, and water quality. Alyssa explained that these topics are connected to specific health concerns, a concept referred to as health pathways. She provided the example of air quality leading to potential respiratory disease. Alyssa further explained that each of these topic areas include equity

and environmental justice as components of the analysis to identify health disparities. She provided the example of data supporting the reality that unshaded areas of primarily roads and other paved infrastructure are more common in communities of color, even though having tree canopies would provide better health outcomes. Wealthier, suburban, and often Caucasian communities are more likely to have maintained tree canopies in their neighborhoods.

EAG member: *I liked the tree canopy example. What would be an example of what you'd be looking for as a correlation question in looking at the bridge specifically?*

Alyssa responded that the tree canopy question could apply to the bridge or, more broadly, green space in general. Looking at how the bridge could incorporate vegetation as a mitigating measure to lower adverse health impacts is one idea. Alyssa also explained that her team hopes to tie all of the topics together in a narrative form to help show the cumulative health impact, meaning the full picture of how all the layers play into each other.

EAG member: *I would like to see mental health explicitly included in that, as well. I think that can be overlooked.*

Gabriella responded that the team will not only be making recommendations, but also flagging areas of concern for the program to consider. Gabriella stated that the data, recommendations, and flags of concern from the health analysis should be considered throughout the design process. She said this is part of why the community engagement portion of the analysis is so important, to help identify more concerns for the program.

Barbi Alexander, IBR DBE and Workforce Specialist, recommended that the health analysis team make strong connections for people to help them understand the magnitude of importance in the work and piece together all the layers and elements of the analysis.

Alyssa responded and stated that they are committed to making the report not just technical and scientific, but usable to anyone who wants to read it.

EAG member: *Could you say more about the populations the equity assessments focus on? Are you using the Equity Framework and the equity priority communities identified by this group?*

Alyssa responded that they have access to the Equity Framework, including the IBR program's definition of equity, and information about the equity priority communities to tie that work together.

EAG member: *I understand you are looking at the 5-mile corridor, not just the bridge itself. I'm thinking about the active transportation piece, our walkers and bikers – are there any recommendations that include that corridor to make the active transportation experience better for people?*

Alyssa responded that, yes, they are. These considerations are part of helping people make positive health decisions, so design elements to mitigate heat and noise will be part of their recommendations.

Johnell Bell, IBR Principal Equity Officer, highlighted the work from the Community Benefits Advisory Group (CBAG) and stated he hoped the health analysis team would review the recommendations the CBAG is making.

Alyssa responded that the team has reviewed those recommendations. She also stated that they are scheduled to meet with the CBAG and Community Advisory Group (CAG) to provide the same presentation and gather feedback.

Johnell stated he also hopes their analysis looks at similar projects to glean best practices that the IBR program can use. The IBR program has a lot of incredible work coming from the advisory groups and finding ways to operationalize that is important to the program.

Alyssa affirmed that their role is to help decision makers make positive choices by providing all of the information they need to do so.

Alyssa then posed two questions to the EAG for discussion:

- What health concerns have you heard from the community about this project?
- Based on your experience and lived experience, what health concerns do you have related to this project?

EAG member: For the first question: noise. It's what I hear most about, noise all around. Concerns about construction, vehicular noise, etc. For the second question, beyond just noise, there's a piece I feel like we haven't talked a lot about yet, which is timescale. The health of the river is a much longer timescale than the 100 years of the bridge's life. River health and water quality are very important.

Greg Johnson: Asthma is one I hear about, it's something commonly talked about along major trucking corridors. We are trying to solve traffic flow, so we don't have inefficient fuel burning at either standstill congestion or too fast traffic. We're between a rock and a hard place trying to solve one problem without creating another.

Gabriela replied that they can flag those issues for the decisionmakers, but the health analysis team can't bring traffic flow expertise to the table. She stated it is a question they will pose. Alyssa stated that she agreed with Gabriela's response, and that there was no magic wand.

EAG member: Because the populations of people of color have been historically small, it has created historical problems in collecting accurate data. 60% of Warm Springs has no internet connection, for example. It is important to consider those barriers in your data collection.

Alyssa responded that the report will contain a methodology section that includes candid disclosures of the limitations in their data collection.

Barbi Alexander: I suggest looking at LA County. They just completed a massive infrastructure project, and they have great Medicare and state Medicaid healthcare utilization data. That may help inform some of the questions we are asking now.

Alyssa posed two additional questions to the group:

- Are there any recommendations for the IBR program you would like to see based on community health concerns?
- Is there anything missing from our list of topic areas that you would expect to be covered in a health analysis?

Greg Johnson: My question is more towards the long-term. Part of the partner conditions we had was to perform an HIA, but another is to keep long-term health monitoring in the corridor to see if we have done a good job. The IBR program is just made of two DOTs; once the project is done, the program goes away. It's important for the community to understand whether we have done harm or whether we have made things better. Do you have thoughts on future monitoring. Are there any examples of studies done years later to assess whether projects were successful in changing health outcomes?

Alyssa responded that her team has not done that work, but that they are a new team. She highlighted that Monitoring and Evaluating is step six of the HIA process but shared that it seems like people tend to skip that step. Alyssa stated that resources are not often set aside on projects to continue monitoring and evaluating health impacts.

Greg Johnson: A thought would be to have the CBAG set up a benefit, as the program is wrapping up the final years of construction, for dollars to be set aside for evaluating health impacts in the future. Maybe that is something we can put on the table as a follow-up. This is something we can set aside for 10 to 15 years in the future.

Johnell Bell: I also recommend the health analysis team look at the Equity Key Performance Indicators (KPIs) that the EAG put together, which all ties back into the Equity Framework.

Anna confirmed that she already saw an overlap in the goals of the health analysis and those found in the Equity Framework. She also agreed with Greg that having that funding set aside will be important.

Gabriela then gave additional context that they are a source of technical assistance for other regional governments and that resources are constrained. She stated that Washington's Department of Health has been taking the lead on this analysis because they have a dedicated team, but gave praise to the other regional partners involved.

Barbi Alexander: I love the feedback shared to look at the social determinants of health, but I would like to uplift a previous comment about considering impacts to mental health. There are so many layers and are so intertwined, so however we can help people make these connections would be helpful.

Anna acknowledged that not everyone knows the jargon and provided examples of social determinants of health such as income and education levels. Gabriela stated that OHA includes healthcare access, grocery store access, sidewalk conditions, and linguistic isolation as other social determinants.

Greg Johnson: This is helpful. The IBR program translates its materials into multiple languages and is dedicated to supporting pre-apprenticeship programs to help people get from poverty to prosperity.

Johnell Bell: To the degree that there are resources or other materials to consider, it would be great if we can receive those to help us better our efforts. Unnatural Causes is a documentary that I think of as a great piece of media to help people understand social determinants of health.

EAG member: *Other things we've been considering in CBAG are food deserts, like on Hayden Island. Access to healthy affordable food is something we want to support.*

Gabriela said the health analysis will draw connections to these important topics, but it will not get into the granular level of analysis for each of the ideas put forward by the group. Alyssa affirmed Gabriela's statement, saying this is why a full HIA typically takes two years, but these considerations are important to flag for decisionmakers.

EAG member: *I feel like the community will be asking these questions. This has been a simplified discussion, but I think this is more important than that. We should be looking for a grant to dedicate to this cause so someone can be hired to do this work in the program.*

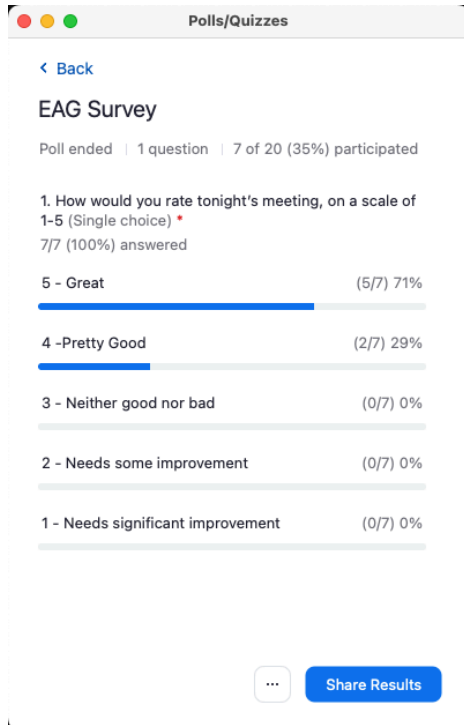
Barbi Alexander: The Portland State Master of Public Health Students or OHSU's Nursing students may all be interested in getting involved in capturing data and learning more about this work.

Alyssa responded that the idea of having students assist was discussed, but the timing did not work out with this analysis.

PUBLIC COMMENT

No comment

MEETING EVALUATION POLL



ADJOURN

- Next EAG meeting: September 16, 2024, 5:30pm-7:30pm
- Following EAG meeting: October 21, 2024, 5:30pm-7:30pm

ATTENDEES

Attendees	Organization/Affiliation
EAG Members	
Aidan Gronauer (they/he)	WSDOT
Vicki Nakashima	Community member
Meg Johnson	Community Member

Attendees	Organization/Affiliation
Jennifer Campos	SW Washington Regional Transportation Council
John Gardner	TriMet
Nicole Chen	City of Vancouver
Pat Daniels	Constructing Hope
Sebrina Owens-Wilson	Metro DEI Team
Shawnea Posey	PBOT
Chandra Washington	C-TRAN
Shona Carter	Washington State Black Future Co-op
Johnathan Eder	Port of Vancouver
Guest Presenters	
Alyssa Shaw	WADOH
Anna Caudill	WADOH
Garbiela Goldfarb	OHA
IBR Staff	
Greg Johnson	Program Administrator
Johnell Bell	Principal Equity Officer
Erika McCalpine	Equity Team
Lucy Hamer	Equity Team
Chris Regan	IBR Environmental Manager
Daryl Wendle	GEC Deputy Program Manager
Tanya Adams	WSP Inclusion and Diversity

Attendees	Organization/Affiliation
Barbi Alexander	DBE and Workforce Specialist
Emilee Thomas-Peralta	Equity Team
Dr. Roberta Suzette Hunte	Facilitator
Amanda and Andrea	ASL Interpreters
Tracy Ukura	Captioner
Amelia Ulsh	Tech Support

MEETING RECORDING AND MATERIALS

Meeting Recording

A recording of the meeting is available here: [Equity Advisory Group \(EAG\) July 15th, 2024 5:30PM PST \(youtube.com\)](#)

Meeting Materials

The meeting materials are available here: [EAG July 15, 2024 Meeting | Interstate Bridge Replacement Program](#)