

ALAMEDA COUNTY PILOT PROJECT: FINAL REPORT

SUMMARY OF STAKEHOLDER ADVISORY GROUP INPUT

The Alameda County Pilot Project Stakeholder Advisory Group (AG) consists of representatives of over 25 organizations, including community-based and non-governmental organizations; local, regional, and state government agencies; and health service providers. The comments summarize input from a number of in-depth discussions and reflect general sentiments of the AG as a whole.

This input was gathered over the course of five AG meetings from January 2004 through June 2005. Results are separated into the following major categories: (1) Information Needs, Issues, and Recommendations, (2) Responses to Pilot Project Results, and (3) Information Dissemination and Capacity-Building. More detailed information can be found in the individual AG meeting summaries.

1. Information Needs, Issues, and Recommendations

1.1. General Needs and Issues for Environmental Health Information

- **Relevant and useful information:** The AG indicated that information should address community needs and interests. This includes:
 - Local/community level data
 - Data for a wide geographic area available at multiple geographic scales
 - Data comparable across communities and to state and national figures
 - Information that can identify disparities by geography, race/ethnicity, and social-economic status
 - Information in a social, economic, and/or environmental context
 - Regularly updated information, particularly on information that directly affects the community
 - Cost benefit analyses regarding hazards, illnesses, interventions
 - Spatial/temporal analysis and location of hotspots

The AG also felt that data collection, information dissemination, and applications of new findings in affected communities should be institutionalized.

- **Accessible information:** AG members emphasized the need for information to be widely accessible, particularly to affected individuals and residents of affected communities. Representatives of government agencies also echoed their own need for improved access to information. Access would be facilitated by:
 - Technical assistance and capacity-building to locate and access information
 - Dissemination of results directly to community residents
 - Dissemination via the Internet (but need to addressing the digital divide simultaneously)
 - Dissemination of information in a variety of formats, including downloadable tables, reports, and other “pre-made” materials.

- **Comprehensible information:** For the information to be easily understood once in-hand, AG members indicated a need for:
 - Information in both technical and lay terms
 - Information in multiple languages
 - Inclusion of interpretive narrative for all numbers, figures, etc.
 - Referrals to additional resources or background information
- **Technical assistance for using and collecting environmental health data:** The AG indicated that it was important for a Tracking Program to provide technical assistance and build capacity to:
 - Collect, interpret, and use environmental health data
 - Strategize on how to use data for advocacy

1.2. Needs and Issues Specific to Asthma Information

- **Need for improved asthma information:** Asthma is a familiar and important issue among the AG, who indicated a need for:
 - Location of hot spots
 - Community-level information
 - Indicators besides hospitalization
 - Links between asthma and social/economic factors
 - Information that can be used to mobilize community action

Furthermore, communities would like to address asthma in the context of the built environment/land use, local resource management; and access to/quality of health care.

- **Problems with existing asthma information:** An overarching problem with existing asthma information is that there are multiple ways to measure asthma, but not clear way that is the best. Issues include:
 - Existing information does not illuminate or differentiate impact of factors such as pollution and access to health care
 - Lack of complementary data (e.g. housing)
 - Data sometimes do not match what is observed
 - Low resolution
 - Few indicators

These limitations make it difficult to interpret data, particularly when comparing communities whose asthma burdens are measured using different indicators or different methods. Therefore, it is a challenge to measure and understand for the true status and impact of asthma in a community.

1.3. Needs and Issues Specific to Air Quality Information

- **Problems with existing air monitoring data:** The AG indicated that air monitoring data were not adequate for the needs of communities or for examining effects on health, citing:
 - Lack of monitoring in impacted communities
 - Incomplete data over time and for a number of compounds
 - Quality assurance and quality control issues
- **Suggested methods for improving air monitoring data:** The AG vocalized a need for:
 - Community-level monitoring that is ongoing and systematic
 - Monitoring of occupational exposures to air pollutants
 - More monitoring stations or alternatives for increased coverage
 - Better understanding among advocates for how decisions are made regarding monitoring and identification of pressure points for change
 - Environment and health agency collaboration to fill data gaps

2. Responses to Pilot Project Results

2.1. Responses to Birth Outcomes Findings

- **Utility of birth outcome results and density estimation maps:** The birth outcomes results were a good way to introduce density estimation or “smoothed” maps to the AG. The AG indicated birth outcomes results and maps would be useful for:
 - Advocacy
 - Community organizing and mobilization
 - Identifying affected groups, trends, and disparities
 - Targeting resources and services
 - Precautionary arguments
 - Grant applications
 - Evaluation of policies and programs
 - Answering public inquiries

This approach was also seen to facilitate access to public and private data, as well as to GIS techniques/ expertise.

- **Concerns about density estimation maps:** A main concern about the density estimation maps is the potential misuse of the maps by health insurance companies, housing lenders, etc. The increased resolution of the maps could enable “red-lining” or discrimination against certain communities or individuals. The AG recognized the conflict between public access/right-to-know and protecting vulnerable populations against unintended negative consequences, and ultimately public access to information outweighed these potential actions.

This highlighted the need for continued dialogue and exploration of possible safeguards.

2.2. Responses to Asthma Findings

- **Utility of asthma results:** The AG felt that the asthma disparities findings and asthma indicators maps provided objective, scientifically-based information that confirmed and complemented community-based knowledge and experiences. The results would also be useful for :
 - Generating hypotheses
 - Program planning and decision-making
 - Outreach and education
 - Garnering funding

The AG also suggested that the ability to visualize all of the indicator maps together would be especially powerful for representing and explaining the disparity and quality of care issues to multiple audiences.

2.3. Responses to Cost of Asthma Map

- **Utility of asthma cost map:** The AG indicated that the map would be useful for making service allocation and land-use/development decisions, as well as informing regulations and policies. Framing asthma as a cost issue would likely be more understandable or persuasive to wider audiences, particularly politicians.
- **Cost estimates for other health outcomes:** The AG suggested that cost estimate maps for other health outcomes might be worthwhile. Even if a cost map looks the same as the corresponding health outcome map, having information in dollar amounts might be more useful for certain activities.
- **Limitations and concerns with cost map:** Other considerations for the asthma cost map include:
 - Limitations for use as an argument for restricting local permits in locations where diesel exhaust is high
 - Misuse by politicians or others to identify areas for cutting funds and services

2.4. Responses to Traffic Analysis

- **Utility of methods for measuring emissions and estimating exposures:** The AG explored the usefulness of the various methods employed by the pilot project, concluding that:
 - Traffic counts were the most useful for visualization

- Other methods, such as distance-weighted traffic volumes, have too many caveats or complexities to be useful for visual presentation, but they may be useful for associations analyses
- Need to pay attention to how conclusions may be drawn about the relationship between traffic and health outcomes from overlaid visual information

3. Information Dissemination and Capacity-Building

3.1. Input on Useful Dissemination Modes and Materials

- **Dissemination modes to reach multiple audiences:** Access to information is a challenge cited by the AG. Generally, the Internet is seen as a good medium for information dissemination, but it is important to recognize that technical barriers exist for some audiences. A solution to this would be to create downloadable materials that are easy to print and reproduce. This way, an organization whose target audience does not have the capacity to access or use the Internet can distribute materials to these individuals in hard copy.
- **Comprehensible materials:** The AG emphasized the need for materials written in a language and literacy-appropriate manner. Additionally, translation of descriptions and scientific interpretations of findings into lay language would make the information more understandable to a range of audiences.
- **Useful formats:** The AG identified formats for disseminating pilot project findings that would be useful to multiple audiences:
 - Adaptable modules
 - Fact sheets for lay and scientific audiences
 - Brochures
 - Maps, charts, and tables
 - Reports
 - Scientific interpretation in lay language

The AG also noted that information presented in a way is comparable to other data and other communities; information highlighting disparities; and information presented in a social/economic/environmental context would be useful.

3.2. Roles and Responsibilities for Dissemination of Pilot Project Findings

- **CEHTP:** CEHTP has the expertise and responsibility to produce scientifically valid and community-relevant data, ensure that the information is presented and disseminated in a community accessible manner (by involving stakeholders in the development process), and to communicate to stakeholders how they can access the information.
- **Data Intermediary:** The data intermediary for the pilot project (Urban Strategies Council/InfoOakland) has the expertise and responsibility to present

and disseminate data in a community accessible manner, as well as to provide technical assistance and capacity building to community groups to access, understand, and use the information for action.

- **Advisory Group:** The AG members have the expertise and responsibility to guide CEHTP and Urban Strategies Council/InfoOakland on what they consider to be useful information and the most appropriate methods of presentation and dissemination. Once available, it is also the individual AG member's responsibility to decide if, when, and how to use the information for public health action.

3.3. Recommendations for Pilot Project Dissemination Strategy

- **Dissemination activities:** For the pilot project dissemination approach, the AG prioritized a web-based dissemination strategy that would include an interactive GIS interface and downloadable materials that are printable and easily reproducible. The AG also suggested outreach presentations to raise awareness of the website.
- **Capacity-building activities:** The AG also recommended that CEHTP develop a capacity-building component in conjunction with the dissemination strategy. In addition to providing technical assistance to access and understand the information, it would be important to provide training on using the information for public health action. Training sessions would be an ideal method to build capacity.



California Environmental Health Tracking Program Alameda County Pilot Project



Meeting 1: Notes by Topic Area

From Stakeholder Meeting 1

January 22, 2004

12:30pm – 5pm

Room 2, 1515 Clay Street, Oakland CA 94612

Topic Areas:

1. General Information Needs (including access, barriers to use, capacity building, and assistance)
2. Specific Information Needs (including type and level of analysis, additional information)
3. Specific Format and Presentation
4. How Information May Be Used
5. Concerns About Results
6. Comments/Questions/Suggestions

Note: Asterisks indicate comment was repeated (e.g. *** means the comment was repeated three times)

1. General Information Needs

- Scientists analyze data in a way that will address community needs and interests
- Capacity building for communities to collect and use data, technical assistance and continuing education (e.g. field officer, hotline, dedicated staff, be able to call up and ask for color copies)****
- Institutionalized data collection and application of data in EJ communities***
- Project should keep community updated on science
- Project should keep community updated on affects on community
- Project should inform community about strategies for using information (including legal) to make changes- need an organizational approach ***
- Access to existing materials in affected communities
- Access to higher education in EHS for community members
- Sometimes more helpful for researcher to present information in a way that is useful for advocacy (for meetings, etc.)
- Ensuring information that exists is readily available and is actively used
- Web access is a barrier

2. Specific Information Needs

- Asthma rates at various geographic areas and scales for comparisons → advocacy
- Air data → figure out when to have more doctors on call
- Cumulative Impacts
- Economic effects of the results (e.g. quantifying costs and benefits in terms of hazards and illness // cost-benefit analysis an intervention // time taken off work due to illness and medical appts, cost of medical appts and transportation, health insurance and health care rates, ER and hospitalization costs // costs of using cheaper building materials with respect to causing and aggravating illness)****
- Info about services and resources in affected communities (e.g. health services, pollution prevention)
- Access to healthcare, Locations of health services- clinics, proportion of population with health insurance****
- “Hot spots” **
 - for incidence of disease/hazards at different geographic scales
 - for multiple outcomes
 - → for concentrating efforts, targeting resources
- Materials on prevention (e.g. indoor air pollution reduction, building materials, keeping windows closed)**
- Construction/building codes w/ relation to EH
- Info on prevention measures**
- Info on what pollutants can contribute to birth outcomes
- Information on exposure besides one’s residence (e.g. daily migration patterns, commuting patterns from transportation agencies) **
- Areas of population change (as a layer)
- Specific events over time, e.g. refinery flares (as a layer)
- Bad pollution days versus hospitalization (for map)
- Information for other hazards and outcomes, such as cancer (maps)
- Information at the community level/small scale
- Age
- Gender
- Race
- Income/Class****
 - use income instead of poverty rate for census tract, because this is confusing
- Housing
- School Stats on missed days, asthma**
- Compare with studies on WIC efficacy (prenatal project)

- Correlation between birth outcomes and other outcomes—education statistics, crime rates, poverty rates, proximity to service providers, school attendance)
- Spare the Air info (compared w/tracking results)
- Truck trips/diesel emissions (compared w/tracking results)
- Proximity to and use of freeways (compared w/tracking results)
- Major point-source polluters (compared w/tracking results)
- TRI data for county (compared w/tracking results)
- Info on small polluter emissions (compared w/tracking results)
- Supplemental data with lived experience of affected residents (e.g. for “hot spots”, provide testimonial or stories of people affected by lbw)
- Parcel out traffic pollution data
 - diesel traffic
 - surface streets w/ heavy traffic
 - port ships/trains
 - traffic congestion patterns (esp. idling)
 - pollution and weather patterns
- Industrial and manufacturing facilities - they may be traffic magnets (GIS layer)
- Blocks and major roadways
- Cancer/asthma/chemical correlations, mapping cancer, asthma, poverty
- Population numbers, not just rate for understanding impact

3. Specific Format and Presentation

- Internet (user friendly, multiple layers, various geographic scales), should be copy-able and printable to ensure access across digital divide**
- For medical providers, info must be scientifically pitched and paper-based (for non- computer savvy)
- Information by zip codes and neighborhoods → for organizing and to locate affected groups
- Fact sheets and brochures
- Maps*****
 - showing areas of significantly low rates as well
 - smoothed and web-based
 - enlarged, high resolution (that can be borrowed)
 - most important way of conveying the info
 - → good tools for showing disproportionate impact, esp w/ interactive interface that enables self-identification of zip code accompanied by information about illness and hazard incidences
- Tutorials on disk/CD-ROM and web-based
- Train-the-trainer presentations
- Can be part of a toolkit

- Non-technical (e.g. no “2-tailed p-value)
- Spanish and other languages
- Emphasis that “statistical significance” means other factors have been considered → powerful for policy-makers
- “Pre-made” analysis: Need to provide “fast facts” in narrative form (both technical and lay man’s versions) **
- Info is in the analysis, → maps for media and visualization
- Be able to extract data from maps
- Raw data should be downloadable
- Printed, easily replicable black and white hard copies
- Supplement results with a resource page on policy options and other uses of the information

4. How Information May Be Used

- Advocacy (e.g for EJ and social justice, at hearings and legislation)***
- Code enforcement (housing)
- Medical/Health Providers (e.g. when to have more doctors on call for bad pollution days, identify patients as high-risk)****
- School education
- Campaigns (e.g. visualization, media) **
- Grant applications**
 - good for assessing impact of work over time)
- Precautionary Principle arguments
- Organizing
- Targeting affected EJ groups, concentrating efforts, target use of resources **
- As a capacity-building exercise**

5. Concerns About Results

- Potential misuse by health insurance companies, housing lenders, etc. against certain areas or affected groups (it can still be useful, but must be cautious in how it is presented // has this been misused before)*****
- Missing exposure outside of one’s residence (for birth outcomes) **
- May not be able to use this for patient info because they can’t necessarily do anything to change their exposure (e.g. move) - ethical issue

6. Comments/Questions/Suggestions

- Make project accessible to community constituencies by framing with an EJ perspective
- How is this information going to empower communities (science as means to an end // research needs of communities vs. research departments // gap between research and action // data need to offer opportunity for action // inform organizing efforts, esp re: cumulative impacts)-- Need change in organizational approach to make sure this information is used*****
- Work with city to improve code enforcement related to EH
- CBO groups may be able to provide the information that is needed at a small scale
- Would maps be useful for diseases with long development periods?
- Presentation of results should be in conjunction with solutions/ interventions, though this may also come from community*
- Supplement data w/ qualitative information (testimonials, stories)
- Need to build relationships between agencies and communities to activate use of information
- Need to be able to update the information consistently
- Local health department needs to be built into Tracking ASAP, ask these questions to local health departments
- Need to ensure that local health departments respond to “hot spots”



Alameda County Pilot Project

Stakeholder Meeting 2

May 26, 2004
Meeting Notes

Identifying and Measuring Asthma: Issues and Current Activities

Eric presented on issues in identifying and measuring asthma. A main theme was that there is no one perfect way to measure asthma and that various indicators tell us different things- so using only one indicator does not tell the whole story. Another theme in the presentation was that the spectrum of asthma indicators can also tell us about quality of care. For example, asthmatics with a better quality of health care will tend to use symptom and maintenance medication more frequently, whereas asthmatics with a worse quality of health care will tend to visit the emergency room or become hospitalized more frequently.

Discussion activity that followed asked participants to describe their interests/concerns with asthma, their current activities around asthma, and their information needs (data and sources used, what is not available)

Regarding interests in and concerns with asthma

- ◆ Locating hot spots-zip codes
- ◆ Eviction issues, housing conditions, linking economic/social issues with health effects
- ◆ The built environment, children's health, and transportation/building policy issues. Want to understand how land-use decisions can impact children's health
- ◆ Using asthma as an organizing tool
- ◆ Often regard asthma as an indicator of air quality and use asthma stats to prioritize work with communities, allocate funding, etc. However it is difficult to understand what the stats really mean (e.g. what is the difference between "awful" and "really awful" asthma, what does it mean to say a community has 5x or 12x the asthma rate?), particularly since communities naturally will pick the stats that appear the worst
- ◆ How do genetics weigh in? How do you deal with argument that asthma is caused by genetics, not pollution? *Answer: predisposition and exacerbation- back argument with temporal study during Olympic Games in Atlanta, where there was a decrease in asthma hospitalization when traffic decreased, increase when traffic increased*

Information needs

- ◆ It is hard to find information linking health with social/economic factors. This information would be useful for organizing.
- ◆ Hospitalization rates are not the best indicator when comparing with environmental factors because hospitalization does not occur frequently enough
- ◆ Different indicators can help us decide where/how to allocate resources (access to care, environmental pollution reduction, etc)
- ◆ Complementary data such as locations of clinics, etc.
- ◆ Asthma data would be useful for bridging with anecdotal information from the community to implement policy changes. Implementation of policies must be based on concrete information- using balanced, reliable information that supports the community can help allocation of resources to take action (e.g. get port to change policies)
- ◆ Anecdotal information from the community can also tell you about health care, location of facilities, lived experiences, etc. Eric's diagram on the asthma indicators/quality of care complements this knowledge well

Data sources used

- ◆ University surveys (e.g. USC asthma prevalence)
- ◆ OSHPD (Office of Statewide Health Planning and Development)
- ◆ CHIS (California Health Interview Survey)
- ◆ California Healthy Kids Survey- school based survey for asthma and other health outcomes; 450,000 students in 95% of the counties; has some of the same limitations as CHIS; requires parental consent so response rate will vary depending on community
- ◆ Community surveys- there are problems with statistical significance, but the process and data are good for galvanizing the community - it's locally-generated data and because the community can be involved in the collection and data analysis. Community surveys are good parts of the larger picture. (Examples of participatory community health surveys include East Palo Alto, CWOR's community health survey in West

Oakland, and CBE youth survey which examined housing, pollution in refinery neighborhoods, qualitative information about access to care, etc)

- ♦ Hospitalization information was useful for focusing resources and to try to confirm what people thought they knew
- ♦ Case identification and management (through analysis of school district asthma data)

Activities around asthma

- ♦ Using community surveys as an organizing tool
- ♦ Asthma collaborative at La Clinica offers patient/family education about asthma management (more information about asthma in Alameda County might help with getting funding for these classes)

Pilot Project Asthma Findings

Eric presented the asthma findings- while the data we had were not useful for making smoothed maps of hospitalizations, we were able to make smoothed maps for ER visits, outpatient visits, symptom medication, and maintenance medication for children under 18.

Comparing maps indicated that ER visit rates were higher in some spots of northern Alameda County, while symptom and maintenance medication purchases were higher in southern Alameda County. This indicates a potential disparity in the severity of asthma experienced in Alameda County, as well as disparities in quality of health care and/or ability to purchase medications (we didn't have data on number of prescriptions overall, just prescriptions that were filled).

We also presented an alternate way of visualizing quality of health care by examining the ratio of ER visits to maintenance medication filled. The high ratios suggest worse quality of care. If quality of care is good, then all patients with asthma should be prescribed maintenance medications. If quality of care is poor, then patients with asthma are not receiving adequate medication, education, etc. and are therefore more prone to severe asthma events and are more likely to wind up in the ER. Thus, the ratio of ER to maintenance med fills will be a lower number in areas with good quality of care, while being a higher number in areas with poor quality of care.

After the presentation, we asked the group if these findings made sense, how this changes/reinforces what they know about asthma in Alameda County, and how this information might contribute to their activities.

General comments, questions, thoughts

- ♦ Quality of care issue- this measures medication prescriptions filled, but not prescribed. So, we miss out on issues like access to and cost of medications, etc.
- ♦ What are the differences between northern and southern CA?
- ♦ Are genetic differences a possible explanation? African Americans may respond differently to asthma medication
- ♦ What about age of communities, density, location of hospitals, etc?
- ♦ Meds and ER are so dramatically different

How this changes or reinforces what they know about asthma in Alameda County

- ♦ This analysis confirms what we are seeing at the community level. We know communities (particularly Latino communities) are managing asthma by going to the ER. So we need to look at the race factor as well
- ♦ Resource utilization is the lesson from the med fills map

How this information might contribute to your activities

- ♦ Hypotheses generation from data- highest level of science → this is an example of what tracking system is intended to do
- ♦ Allows on to more effectively bring discussion of quality of care into the discussion about issues, particularly as it relates to health care providers
- ♦ Maintenance meds can prevent use of symptom meds. Therefore, these two indicators seem to work against each other.
- ♦ Funding for popular education/family discussion groups → these maps and seeing the moving dots is very powerful
- ♦ For the county, this information is useful for working with community groups on toxics issues because they are often interested in what is going on with regard to health.

Suggestions/ideas for visualization/presentation of findings

- ◆ Putting together presentations- talk about quality of care as well as asthma prevalence
- ◆ Excited to have data available by census tracts- more useful to impact planning and policy decisions. Should have more analyses by census tract. Can be more easily to socioeconomic data like poverty rates
- ◆ Overlay census boundaries over smoothed surface rate maps, rather than computing rates in the tract
- ◆ Calculate maps by zip codes
- ◆ How do you choose what to preserve as part of a brochure? Are maps effective in stand-alone format?
- ◆ Place maps side-by-side so you can see the progression and generate discussion in community groups- "what do you see?"
- ◆ Have both smoothed surface and zip code available- smooth maps have a visual advantage, while zip codes may be more workable or useful in some situations.
- ◆ Zip code maps are confusing- it's too large an area
- ◆ Having more map options will allow people to tailor the materials for specific audiences.
- ◆ Website: have slideshow/animation available of map sequence
- ◆ Depending on audience, include or excuse statistical significance version of maps. For most presentations, focus on maps with statistical significance
- ◆ Interactive web interface- have various options available so people can pick and choose. Tailor to audiences
- ◆ Add interpretive narrative to maps and include simple tables with comparison to state and national averages or other information in order to provide a context to the map
- ◆ Purpose of putting it on the web is to provide some information to the public (e.g. educational materials)
- ◆ Maps can be confusing or helpful- how do we choose for materials development?
- ◆ Notation of 2-tailed p value may not be understandable to the general public
- ◆ It is good to leave these details (e.g. 2-tailed p value) for the community groups so they can be most effective in their advocacy
- ◆ Would it be more consistent to include the children's age
- ◆ We have assumptions about where high and low poverty census tracts are- generating a map of these areas would be useful to compare this map next to health events

Feedback on Draft Birth Outcomes Materials

After Michelle reviewed the comments and suggestions for material development and dissemination, Catalina reviewed the draft birth outcomes materials and gathered feedback. The discussion highlighted the need to determine who the non-health professional audiences are and what type of information this project should be providing (e.g. lay epidemiology for a broader population versus education about preterm birth risks/signs/health effects for the individual).

General comments

- ◆ These materials would have been useful regarding a decision in Berkeley to put pregnant women on a warning in an air polluted area. This would have helped them make their case more easily- hard science influences policy.
- ◆ Make similar materials for asthma
- ◆ Will you be making separate materials for low birthweight? This is not a suggestion, just a question- having two separate sets of materials might actually be confusing

Comments regarding brochure

- ◆ Walks a weird line- the chart and map seem different from the context; mixing community level information and other information for the individual
- ◆ Literacy level is high in some places
- ◆ Graphics suggest a specific audience- not appropriate for a community focus
- ◆ Maps interesting but not readable- too small
- ◆ More explanatory text
- ◆ Statement on cost of preterm birth is confusing and possibly not appropriate if the brochure targets pregnant women
- ◆ If targeting pregnant women, include preterm birth warning signs
- ◆ If targeting the community, need to make sure other materials (e.g fact sheets for pregnant women) are available when this is being distributed
- ◆ State MCH branch has a lot of outreach/ed materials
- ◆ Value in this brochure is its focus on epidemiology in lay language- it can refer to other resources or how to become active
- ◆ Less focus on individual behavior

- ◆ Good to keep info on how preterm birth affects health
- ◆ Need a clearer decision on the audience
- ◆ Reorganize order of brochure to see definition first, then risk factors, then health effects
- ◆ Should refer to website for more info, maps
- ◆ Is the information about race and income helpful? Does it fit? → yes, it differentiates it from other brochures and makes it useful for organizing
- ◆ Highlight disproportionate impacts- this is how you can make this useful to an individual, non-mother audience and to make it useful for organizing
- ◆ The information on the back should say where this brochure comes from, not just resources
- ◆ Important to have information that says what I can do, what others can do, what can be done at the community level
- ◆ Resources should include environmental and community resources
- ◆ Possibly make a series for the pilot called “tracking your health” for example- something that will grab attention, be consistent, part of a series. Many groups in the room disseminate materials, so it would be good to have something from the Tracking Program
- ◆ What about other risk factors such as occupational or household exposures to pesticides, solvents, etc? Are they environmental risk factors? If these were included, it could be useful for behavior change
- ◆ Is age a risk factor?
- ◆ If focusing on environmental risks, should explain in the brochure
- ◆ How much should we emphasize different risk factors, should we be more inclusive of risk factors?
- ◆ Should explain how different hazards are risks (e.g. doctors might not take air pollution as a risk seriously, but can explain that air pollution is ubiquitous and preventable)

Comments regarding the bulletin

- ◆ Dense, but in a familiar format
- ◆ Not that dense, but should have references and links
- ◆ This would be good as part of a presentation, but would need to be “sold” to the audience
- ◆ Should include a referral to where they can access the brochure to give to their patients
- ◆ Refer to trends- are rates improving, static? This is what some are interested in
- ◆ Make discussion section more proactive- push people to do something
- ◆ Colors on scale/map should be easier to distinguish from one another

INFoOakland Presentation

Jeremy Hays described the mission and activities of INFoOakland. He answered questions about their collaboration with youth programs and regional capacity. INFoOakland has plans to expand regionally over the next 3 years. There was also discussion on the need to balance content and community needs without reaching a scale that is too large to be useful for groups.

Dissemination Strategy Discussion

The final discussion for the day was on the pilot project’s dissemination strategy. Given that there is only a year and a half left on this project, participants were asked to focus on what their priorities were for this project and how they felt Tracking staff resources should be used.

- ◆ The WEB is very important because hard-copy materials feel obsolete very quickly. Put resources on the WEB and update regularly- but this is coming from a WEB savvy group.
- ◆ Maps are very accessible on the WEB and may not need as much explanation as a brochure
- ◆ Are we thinking of making these presentations (i.e. the asthma findings presentation) at different venues or available for community groups, etc? We may want to plug into various conferences. *Answer: yes, if asked we would give presentations-we don’t have a strategy for going out to groups individually*
- ◆ The presentations are a good trigger for discussion- they may lead to action
- ◆ Send out a mass e-mail to EH sites, lists, etc. when the WEB goes up. Make it an event to get attention
- ◆ Can this advance EJ? There are parts of the pilot that may contribute to this discussion and to recommendations at the national level
- ◆ There is a statewide effort to talk about long-term and cumulative impacts. Even though this is far away, tracking/pilot info may be a good “where we’re at” regarding state-of-the-art technology/techniques. May want to bring to the group’s attention
- ◆ It is important to keep looking at race information- this is a good opportunity to inform national policy on why collecting data on race is important.
- ◆ Gender important, too.



Alameda County Pilot Project

Stakeholder Meeting 3

September 21, 2004

Meeting Notes

Measuring Traffic Pollution Exposure: Issues and Current Activities

**Presentation: Exposure to Traffic Pollution
Fighting Traffic Pollution in West Oakland**

Presentation: Examining the Burden of Traffic Pollution in Communities

Update on Dissemination Plan: Contract with InfoOakland

Next Steps

Notes in *italics* represent staff contributions to the discussions

Presentation: Exposure to Traffic Pollution

In his presentation, Eric described the differences between hazards, exposures, and outcomes; issues related to measuring traffic emissions, the relationships between emissions and health, and sources of air pollution data.

- Sore throat is an experience from air pollution exposure. *This may be an inflammatory type reaction*
- What does direct/oxidative damage mean in lay terms? *Causes direct chemical damage to the lungs*
Is "rusting" a good metaphor? *Yes, that works*
- Should Chronic Obstructive Pulmonary Disease (COPD) be on the list of health outcomes from traffic pollution?
- There is a new study that suggests asthma is a risk factor for COPD; indicates the need to treat asthma early and aggressively
- Occupational exposures can contribute to asthma and COPD "lung problems"
- Similar to being a smoker and working with asbestos- is there a synergy in the exposures being discussed? *This is plausible but the epidemiology is not clear*
- Stress is a big issue- not having health care contributes to stress, then occupational exposures. It would be good to identify ways to link stress, health care access, and occupation (cumulative exposures)
- Why do stations monitor air differently? *Unclear, but most are for regulatory compliance, not human exposure monitoring. Monitors are very different and very uneven in what they do- there is not completeness or consistency in this coverage*
- It looks like Fremont is not meeting standards, so what is being done?
- There are penalties for failure to plan but not monetary penalties.
- TRI and CEIDARS are both point source/stationary pollution databases
- TRI does not provide cumulative emissions data, but CEIDARS does. *Note that these are self reported data that rely on the facility providing good data. There are some data quality checks, but it is resource intensive to check the numbers*
- Are we looking at neurodevelopmental outcomes here? *No, but we are examining neurodevelopmental outcomes in our CVSC pilot project for reasons relating to strength of association*
- Is it within our scope of work to advocate for better monitoring data? *Yes- it is something the stakeholder advisory group can undertake*
- *Palms tubes can be used to monitor air (alternative to monitoring station)*

- We still need to encourage collaboration between agencies, researchers, academics, etc. to start monitoring/developing a strategy for collection community level data
- What is the pressure point for getting more monitoring?
- There is a need for good data- there are QA/QC issues around data
- Who decides where monitoring occurs?
- Driven by different needs, CAA, CAA amendments. Federal, state, and local agencies should meet to discuss these needs.
- In terms of generating hypotheses, this information is useful. The point is that community level monitoring is important and it needs to be systematic and ongoing.
- Why are government agencies not working together to fill these data gaps? It does not make sense to not have strong collaboration among health and environmental agencies.

Fighting Traffic Pollution in West Oakland

Margaret Gordon gave an oral presentation regarding her experience doing environmental justice work in West Oakland, including her experience working with the West Oakland Environmental Indicators Project and working on diesel issues.

- Our work includes collaboration with US EPA to address air toxics issues
- We are also in discussion with Port of Oakland to address land use and truck traffic in West Oakland
- One strategy we are trying is to get truck-related businesses onto the Army base redevelopment
- We've completed a health survey with help from various groups- we'll discuss at an Oct 7th event
- Another issue we are looking at are the potential health impacts of 1,500 units of housing by the Cypress Freeway/Train Station- we need information for EIR process, want to document impacts and get mitigation
- We participated in the Ditching Dirty Diesel meeting
- We submitted two grants on indoor air quality for the elderly (EPA)
- Workshops about environmental indicators are being planned
- We are meeting with city traffic engineers in the Oakland traffic department to identify a truck route for trucks coming through Oakland- the goal is to identify the truck routes, businesses needing routes, and better signage for trucks.
- The information on the truck count data has been powerful in getting other agencies to address the diesel problem. The data gives you standing when meeting with agencies, for example, relationship between asthma triggers and major construction projects
- "Community-driven" research is valuable, and having the community define the problem and solution is key

Presentation: Examining the Burden of Traffic Pollution in Communities

In his presentation, Eric explained the differences between emissions and exposures estimates, explained the methods and challenges for measuring along this spectrum, and provided examples from this project for each method.

- What is "point" versus "line" data?
- Need to understand how area plays into how we are visualizing the data

- Need to look at vehicle mix
- Does CalTrans count vehicle type? Can wear and tear of roads be used another indicator of vehicle type? *This data can be spotty and highway performance data can be help with the question, but truck data are lacking*
- Size of census tract is inversely proportional to population density, so the “census tract effect” works twice – size dilution and dense population in smaller tracts. This method shouldn’t be used because it leaves an erroneous impression, doesn’t give the true picture
- It doesn’t sound like the method is wrong, but the spatial relationship is off- if you could make the number of “spaces” more consistent, then it would work (e.g. number of tax paying residences)
- Distance weighting seems a little counter intuitive
- It seems important that we should have a way to account for a residence that is a certain distance from 580 versus a residence that is the same distance from 880
- Doesn’t wind and pollutant type make a difference?
- Is there any truck data from the DMV?
- We need to account for the diesel fraction on the road, since axel data doesn’t address it. Some highways do not allow diesel trucks.
- Can you do a count using a traffic image?
- It might be worth getting CalTrans and CARB involved in getting better data
- What about vehicle type and age?
- What about the amount of time spent in traffic and how traffic congestion contributes to pollution?
- What would you call a source where trucks idle overnight? *It isn’t a point source or a line source- we call it a “polygon”, and this can be modeled*
- If the relationship between distance weighted traffic volume and health outcomes holds up and shows something, then it might be useful information for organizing
- Should pay attention to how conclusions may be drawn about the relationship between traffic and outcomes

Update on Dissemination Plan: Contract with InfoOakland

We will be contracting with InfoOakland to display the pilot project results on a county-wide GIS similar to InfoOakland’s interface (www.infooakland.org). Jeremy Hays from InfoOakland demonstrated their website, including the popular maps library and the map room.

- Most of the data are by census tracts or districts- so could you add smooth surfaces? *Yes, you could add it as the background layer. Also we can rank census tract with regard to asthma, but we can’t compare rates since it isn’t a representative sample*
- What toxic data do you have? *TRI, CalSites, City TSD facilities*
- This dissemination plan looks good
- Good, but we have to think about what traffic data should be shown in this format
- Stick with basic data
- Traffic information is good if we use non-controversial methods. What is the plan/timeline for getting better data or modeled exposure data? Dispersion modeling would be helpful.

- It is important to tailor information to each communities' issues
- What are the tools and skills that will enable you to put tracking into your organization?
- We should identify pressure points for improving data. For example, CalTrans could be keeping better data, so this group might apply pressure. We need a strategy to identify pressure points that the group could work on.

Next Steps

- What are the "pressure points" for improving available data and what can we/this project do to pursue this?
- Discussion is needed about how we can use these findings for advocacy
- Next meeting we'll continue to look at traffic findings, then possible associations



Alameda County Pilot Project

Stakeholder Meeting 4

January 13, 2005

Meeting Notes

MEETING TOPIC: OUTREACH AND DISSEMINATION STRATEGIES

General Announcements and Program Updates

CDC Extension

Review of Findings to Date

InfoAlameda Preview

Discussion on Outreach and Dissemination Strategy

Next Steps

General Announcements and Program Updates

- ➔ See Sharon Jackson (sjackson@baaqmd.gov) for information on Bay Area Air Quality Management District internships for high school students (age 16+) and college students (environmental engineering majors). Details can also be found on the website at www.baaqmd.gov.
- ➔ Cal/EPA Environmental Justice Advisory Meeting- Feb 15th and 16th in Sacramento
- ➔ West Oakland Environmental Indicators Project meeting- January 20th, 6:30pm at Jubilee West (1485 8th St)
- ➔ CDC will be holding its annual National Environmental Public Health Tracking Conference in Atlanta on April 20-22nd. The conference is free, and everyone is welcome to attend. CEHTP is able to provide funding (for travel, lodging, and meals) for one advisory team member to attend. Please contact Michelle at (510) 622-4479 or mwong@dhs.ca.gov if you are interested in applying for this funding.
- ➔ Planning conference call for establishing an Environmental Justice workgroup of the CEHTP Planning Consortium on Thursday, January 27th from noon – 2pm. RSVP with Eddie Oh at (510) 622-4524 or eoh@dhs.ca.gov. You can also direct questions about future participation, etc. to Eddie or Michelle.
 - *Comment from group:* The EJ Workgroup may be a good venue to discuss how to get health data to communities engaged in advocacy
- ➔ CEHTP is doing a cost analysis of asthma using pilot project data and will use similar visualizations methods (i.e. smoothed maps) to display the results.
 - *Comment from group:* It is important to know who isn't paying their fair share- location of where enforcement dollars are collected versus where they are or should be spent

CDC Extension

CEHTP, including the Alameda County Pilot Project, is funded by a 3-year CDC grant. The end of the grant period was scheduled for September 2005. The CDC has announced a decision to extend the project period for approximately 10 months. Programs will receive an additional, proportional amount of funding for this period. We have not yet received details regarding requirements for this extension, but would like to incorporate this advisory group's input as much as possible. We will communicate the grant extension requirements with the group once we have heard from the CDC.

The discussion generated the following questions and comments:

- Extension activities- will they be outcome, process, or project oriented?
- Balance the needs of stakeholders (capacity-building) with extension requirements
- Can we use the extension in part to look at other pollution sources?

Review of Findings to Date

Eric gave a recap of the pilot project's health outcomes findings to provide a framework for the outreach and dissemination strategies later in the meeting. The health outcomes included birth outcomes (preterm birth and term low birthweight) and asthma-related events (emergency room visits, outpatient visits, symptom medication purchases, and maintenance medication purchases).

The presentation generated the following questions and comments:

- Do schools have/keep records or data to document how many children are taking asthma medications and have asthma?

(Answer: No, but the Oakland Kicks Asthma study is examining asthma among middle school students. CEHTP will be looking into how their data matches up to the pilot project findings)
- There are no clinics between the Port and downtown, and the closest may be Asian Health Center. The lack of places to receive affordable health care may explain why maintenance medication purchases in these areas are so low.
- Need to overlay maps (of health outcomes and of the economic cost of asthma) with the locations of health services, resources, etc. (e.g. clinics, centers)

InfoAlameda Preview

Jeremy Hays from InfoOakland and Cheryl Parker from Urban Explorer demonstrated a preview of the InfoAlameda website, which will allow users to view the pilot project findings in conjunction with demographic and other information for all of Alameda County. The beta version of the site is slated for completion in late February. For more information on InfoOakland, go to www.infooakland.org.

The presentation generated the following questions and comments:

- Will there be a "More Information" box?

(Answer: Yes, there will be links to the CEHTP website, which will contain more information regarding explanations of terms and statistics, interpretation of some maps, etc.)
- Will we be able to figure out how close are schools to freeways or how many children, youth, adults have asthma within a certain distance of freeways (and other pollution sources)?

(Answer: InfoAlameda will be able to draw buffers having a certain radius around locations such as pollution sources and pull up statistics for demographics, health outcomes, etc. related to that area)
- Will you incorporate CHAPIS into the InfoAlameda data? (CA Air Resources Board's Community Health Air Pollution Information System, <http://www.arb.ca.gov/ch/chapis1/chapis1.htm>)

(Answer: It is possible to incorporate it in another phase of development of InfoAlameda, and we would like to do this. However, this depends on what resources are available as there are current constraints.)

Discussion on Outreach and Dissemination Strategy

In preparation for the completion of the InfoAlameda site and the completion of the pilot project analyses, meeting participants were asked to contribute their expertise and creativity to begin a planning process for the development of an outreach and dissemination strategy for the pilot project and InfoAlameda. Results from the discussion will provide a framework for continued work on this issue.

✧ The goals of the discussion were to:

- 1) Identify key audiences that would be interested in InfoAlameda and the Alameda County Pilot Project findings
- 2) Identify strategies for each specific audience to:
 - ➔ Disseminate this information to them
 - ➔ Increase their capacity to use it
 - ➔ Encourage involvement with and feedback to InfoAlameda and CEHTP

✧ The group identified the following key audiences:

Key Audiences Identified for InfoAlameda and CEHTP Pilot Project Findings	
CBOs	Regulatory/Environmental Agencies
Schools/ School Districts	Code Enforcement Agencies
Foundations and Funders	Land Use/ Planning Department <ul style="list-style-type: none"> • Port of Oakland
Local Health Departments (city, county) <ul style="list-style-type: none"> • Lead poisoning prevention • Healthy homes 	Local Health Providers <ul style="list-style-type: none"> • Health clinics and hospitals • Staff for local jails
Transportation Agencies <ul style="list-style-type: none"> • BART • AC Transit • Spare the Air 	Intermediary Non-Profits <ul style="list-style-type: none"> • Public Health • Housing • Transportation Justice • Environment
General Public	Elected officials
Social Clubs	Faith-based Organizations
Academia	Media
Industry/Business Chamber of Commerce	

✧ Meeting participants then separated into four groups and selected several of the above constituents. Each group then discussed the following questions for each constituent:

- 1) Why would this group be interested in InfoAlameda/the project findings?
- 2) What skills and background info would this group need to understand or use InfoAlameda/ the project findings?
- 3) What activities would be most effective in facilitating this group's use of InfoAlameda/the project findings?

✧ The following table (page 4) summarizes the ideas reported back from the small groups:

Audience	Why might they be interested	What would they need to know	Suggested outreach activities	Comments
CBOs and non-profits	<ul style="list-style-type: none"> To get funding To develop policies and programs To educate their constituents To serve as an organizing and campaign tool 	<ul style="list-style-type: none"> What are the disparities in health and health issues in their area How to interpret the results How to use in their own work How to work with other orgs 	<ul style="list-style-type: none"> Group trainings Steps include learning, engaging, dissemination, advocacy Need a way to make tracking easier to understand (e.g. tool kit, graphs, narratives to make data interpretable by lay audience) 	<ul style="list-style-type: none"> Need to create training “organizing 101” or “outreach 101” for those who are presenting and disseminating this info
Regulatory and code enforcement agencies	<ul style="list-style-type: none"> To identify areas/hot spots to prioritize and increase enforcement activities To prioritize projects (additional monitoring, measurement, remediation) To reinforce and supplement existing info (e.g. TRI, CHAPIS) This provides a larger community context through which they can view their data To identify areas to target projects/funding initiatives for community education, other resources 	<ul style="list-style-type: none"> They already have the skills and background info 	<ul style="list-style-type: none"> Go through top agency officials Small presentations Summit 	<ul style="list-style-type: none"> Having this data puts public pressure that encourages industry to meet standards This data will also highlight areas where people need education to protect and advocate for themselves
Land use / planning and transportation agencies	<ul style="list-style-type: none"> Communities and regulators want their involvement Developers have a responsibility to build safe places to live Developers have a responsibility to investigate the effects of the proposed development on residents’ health 	<ul style="list-style-type: none"> Basic information about connection between the environment and health. They have the capacity to work with maps and data, just not health data Educate them that they are the missing piece between communities and regulators 	<ul style="list-style-type: none"> Go through top agency officials Summit for city/county reps on limited land and need for planning that promotes health Small presentations to follow up based on specific interests Get to developers through trade associations 	<ul style="list-style-type: none"> What is their mandate, what mandate makes this applicable?
Foundations and other funding agencies	<ul style="list-style-type: none"> To help set funding priorities To identify “hot spots” near them Organizations applying for funding may refer to this info- so foundations need to respect it when organizations refer to it as a source of information To see the importance of programs that fund communities 	<ul style="list-style-type: none"> What is Tracking, how does it work, what data are available, where data came from Information about the project and background (e.g. CDC funded, pilot) Understand that InfoAlameda is a valid tool, contains valid information 	<ul style="list-style-type: none"> Informational presentation and demonstration Help them see the importance of “community organizing” projects Use this presentation as leverage to get funding from larger orgs 	<ul style="list-style-type: none"> Foundations probably wouldn’t use this directly

Audience	Why might they be interested	What would they need to know	Suggested outreach activities	Comments
Schools	<ul style="list-style-type: none"> • Use as an educational tool for classes and reports • Inform health services provided through school and school health staff • Can give support to Healthy Start schools and schools located near pollution sources • Provide information about their student population • Schools work with a large youth population 	<ul style="list-style-type: none"> • For adults: clear, understandable message and goals so they understand the importance of the issue 	<ul style="list-style-type: none"> • Give information to the top officials (e.g. superintendents, principals) • If there is interest in informing other staff, then presentations on the site for staff • Help staff use site as a tool in the classroom as appropriate • Concise, focused fact sheets to give to school officials • Strategy to determine what time of activities they would really engage with (e.g. presentation, training) • Strategy to determine how they would want to use the tools/info 	<ul style="list-style-type: none"> • We need to build skills to do outreach to this constituency
Health providers	<ul style="list-style-type: none"> • Information on the conditions and quality of care in particular areas • As a tool for patient education 	<ul style="list-style-type: none"> • Knowledge that this tool and these findings exist • Ready made materials (maps, charts), since time to go through the site is scarce 	<ul style="list-style-type: none"> • Develop materials for health providers • Support the development of patient education materials • Build outreach/training into continuing education processes 	
Health departments	<ul style="list-style-type: none"> • Their mission is to protect public and environmental health • Better define conditions and problems • Good visualization tool for staff to prioritize activities based on location, age, etc. • County has EJ policies- this may support that work 	<ul style="list-style-type: none"> • Knowledge that information and data sources are valid and reliable • Permission from director to use time to be trained, etc • If specific software is needed, permission to install software 	<ul style="list-style-type: none"> • Go through chain of command • Staff have a responsibility to adopt use of the tool once they are trained, so use a mini-project as part of the training to help the group begin using the tool 	
General public	<ul style="list-style-type: none"> • Concerns about their family's well-being • Use as a tool to influence decisions re: planning, traffic, zoning 	<ul style="list-style-type: none"> • Access to and capacity to use computers and the internet • Knowledge about what kind of information is available • Understanding of statistics and terminology 	<ul style="list-style-type: none"> • Best to outreach through groups, public meetings, and other civic venues (e.g. school meetings, church, library, neighborhood associations, clubs, etc.) • Using media to develop stories • Paid ads 	

Audience	Why might they be interested	What would they need to know	Suggested outreach activities	Comments
Elected officials	<ul style="list-style-type: none"> • Their constituencies are affected • Access to this info could help increase funding for their districts 	<ul style="list-style-type: none"> • Might have to be convinced • Build familiarity with the resource 	<ul style="list-style-type: none"> • Connect with staff in officials' offices • Have prepared information to show to officials (e.g. maps and charts) • Have a series (e.g. "map of the month") to familiarize them with the info available • Tailor info ("branding", e.g. specific information for each district) and presenting info in ways that are easy to understand 	
Media	<ul style="list-style-type: none"> • News stories may have been better with info from InfoAlameda • Interest in InfoAlameda as a tool/resource, as opposed to being the story 	<ul style="list-style-type: none"> • How to access and use tools 	<ul style="list-style-type: none"> • Feature stories to educate the public on findings and tools • Target media researchers to see this as a resource • Present to staff? 	
Industry	<ul style="list-style-type: none"> • Less clear on why industry would seek out this info versus why others would want them to know this info (e.g. usefulness for advocacy groups as evidence in campaigns) • For chambers of commerce, this would be a great resource for them to get demographic and health info for a certain area 	<ul style="list-style-type: none"> • Use data to convince businesses why they should work with neighbors to decrease pollution 	<ul style="list-style-type: none"> • Meet with groups and present details 	<ul style="list-style-type: none"> • There are different types of industry- e.g. sustainable business alliance versus chemical groups • Concern about misuse of this info by this constituency
Academia	<ul style="list-style-type: none"> • Easy sell to researchers in this area- they would understand the usefulness of the tools and findings • Good resource, especially as a tool or part of course curriculum 		<ul style="list-style-type: none"> • Presentations to undergrads and graduate students • Get departments to link their websites to InfoAlameda and CEHTP sites 	

The discussion also generated the following questions and comments:

- If this group is going to participate in the outreach effort, is there a process for training us (e.g. Outreach 101, Organizing 101) before reaching out to key audiences?
- Consider toolkit development to tailor materials to specific audiences
- Target people that have advocacy organizing campaigns underway. This gives them an opportunity to frame the data in terms of work they're already doing.
- Outreach internally within this stakeholder group. Are there other people who we think would be interested in joining process now that we have data in a user-friendly form? Identify other CBOs in Alameda County to outreach to about this process.
- Redefining Progress has more data when it comes to number-crunching. We should consult with CBOs/NGOs doing these kinds of projects.
- CEHTP should determine a mechanism for compensating people for additional time spent outside of these meetings related to future outreach activities, etc.
- Hoover Elementary (West Oakland) has asthma task force. We need to get information to groups like this that could benefit from it.
- Community summits/gatherings are needed to provide residents with this information (could be at neighborhood or city scale).

Next Steps

For the outreach and dissemination strategy:

- ✧ CEHTP and InfoAlameda will use the work of the meeting participants to begin laying out strategies for each audience, including:
 - Potential contacts for each audience
 - General scope of work, including possible activities/products, timeline, and approximate hours and other resources needed
- ✧ Once these details are compiled, they will be sent to the group and a mechanism for obtaining feedback will be established (e.g. email, conference call, meeting, etc.)
- ✧ When feedback has been incorporated, we will begin a prioritization process with the group to select specific outreach targets and activities, as well as determine who might be involved in the planning/implementation of these efforts and compensation for this work.

For the next meeting:

- ✧ Michelle will poll the group on potential meeting dates
- ✧ Agenda items will include:
 - Continued planning for the outreach and dissemination strategy
 - Review and discussion of the asthma cost analysis
 - Review and discussion of any final findings related to traffic pollution and any associations between health outcomes and traffic pollution
 - Update on decisions regarding the CDC extension activities

For the CDC extension:

- ✧ Once the CDC releases its requirements for the extension, the group will be notified of the requirements and timeline, and an input process for questions, comments, and concerns will be created accordingly.



CEHTP Alameda County Pilot Project

Stakeholder Meeting 5 May 13, 2005 Meeting Notes

MEETING SUMMARY

Unlike other meetings that had major presentation/discussion of findings and decision-making components, this meeting served mainly as a check-in for the group regarding the direction of the outreach and dissemination activities and the cost extension activities. The group agreed that the project should move forward with the proposed activities and timeline. We also presented a map showing estimated costs of asthma in the county and received comments from the group.

GENERAL ANNOUNCEMENTS

- City Council Meetings to discuss Train Station on May 19th, June 17th – see Margaret Gordon for more info.
- World Environment Day is May 1st. The theme is “rebuilding the city to save the environment”. Student passes available – see Pam Evans for more info.
- ALA is hosting a kick-off luncheon for its annual asthma walk – see Lauren Wondolowski for more info (or go to lungusa.org or alaebay.org)

PROGRAM UPDATES

- SB 849 – Bill to establish an Office of Environmental Health Tracking is currently in appropriations.
- The Tracking Program has submitted proposals for two CBPR (Community-Based Participatory Research) grants. These would be opportunities for moving toward the creation of community environmental health assessment tools.
- The traffic pollution analysis for this pilot project is still ongoing. We’re behind, but the correlations should be completed mid-July.
- Margaret Gordon from West Oakland Environmental Indicators Project / Pacific Institute presented reflections on her experience at the CDC National EPHT Meeting in Atlanta:
 - EPHT has become relevant to communities: Tracking can provide ammunition for advocacy, help identify resources and information to use when presenting to / confronting agencies (especially around freeway issues). It has been useful to have this info.
 - A lot of communities nationally have similar needs, but not all have access to information. In the end, the government ends up doing the advocacy/making changes instead of the community. Not having access to information means that the community is not on equal ground and is not at the forefront of moving the issues.
 - It was apparent at the conference that community engagement was not occurring equally across states.
 - The CDC should designate travel funds specifically for community members.

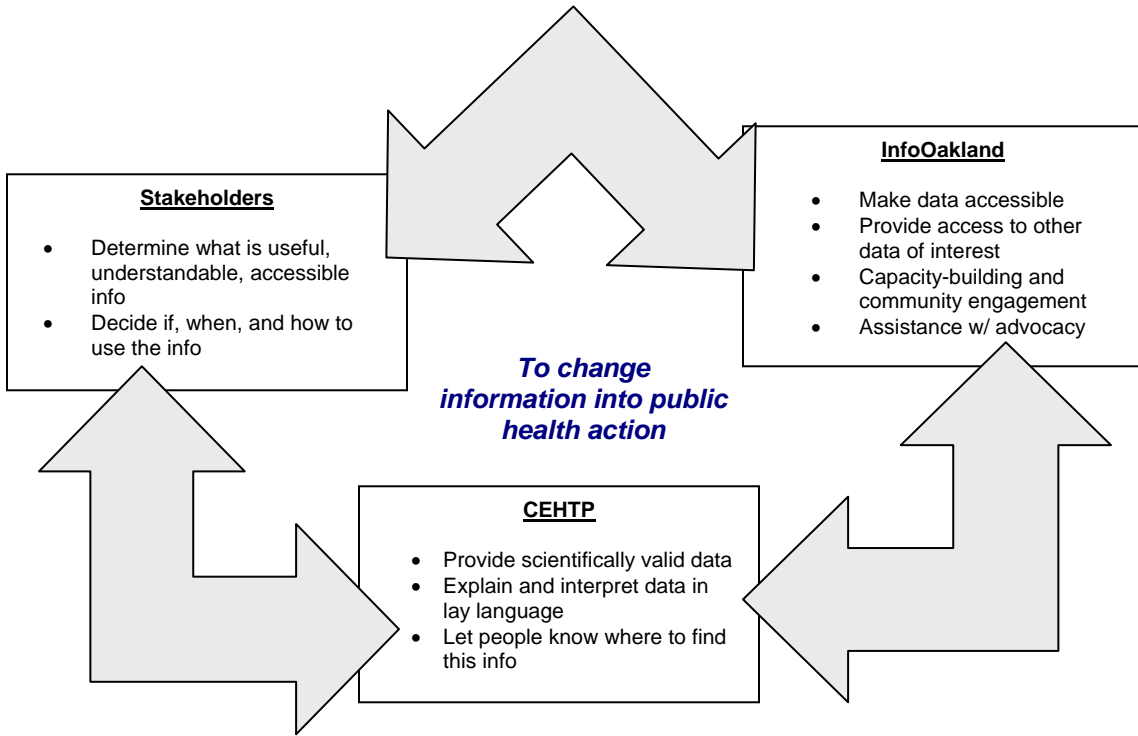
UPDATE ON OUTREACH AND TRAINING TIMELINE/ COST EXTENSION

Since the last meeting, it became clear that the project would be limited by time, resources, and staffing with regard to which outreach, training, and dissemination activities were feasible within the project period. The guidelines for the cost

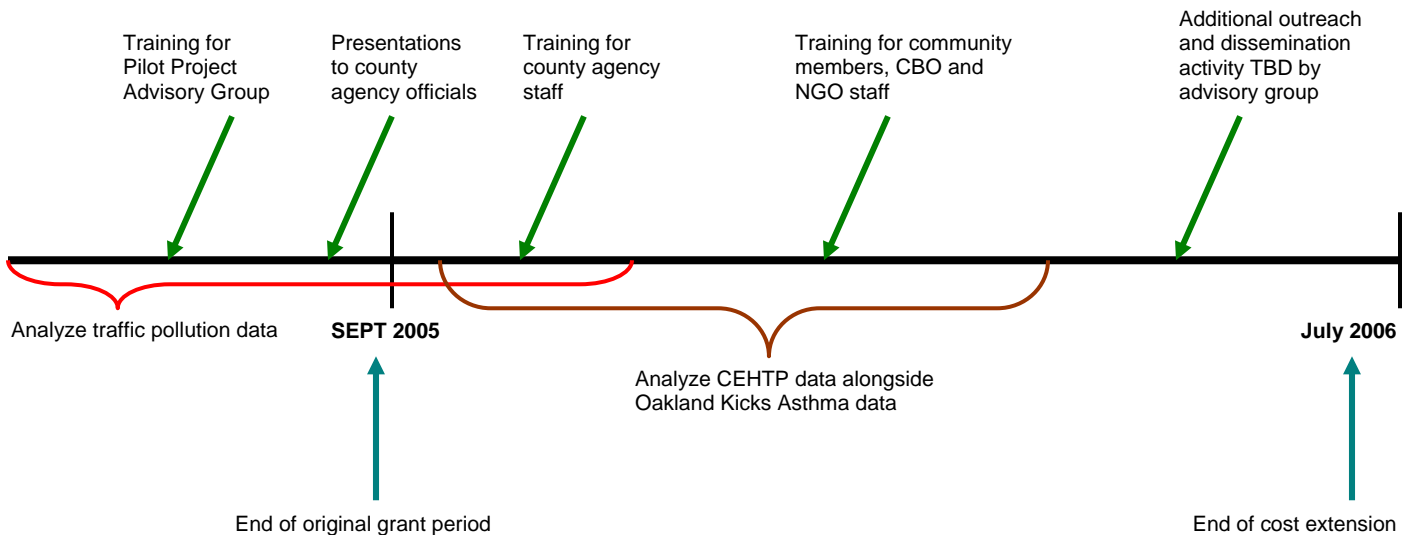
extension, which extends the project period by 10 months to July 2006, also provided us with a better framework for understanding what we could accomplish.

By revisiting roles and responsibilities for CEHTP, InfoOakland, and the project stakeholders, as well as examining input from previous meetings, we developed and presented a revised outreach and dissemination timeline for the project, with key activities highlighted. The group agreed that we should go ahead with the new proposed timeline and activities.

Roles and Responsibilities /Priorities for the Pilot Project



Project Timeline



Comments from group:

- As a future activity, it would be useful to have communities trained in relevant laws or policies, such as CEQA/NEQA, other enforcement/regulation policies.
- The West Oakland Health Survey and Environmental Indicators Project tie into the pilot and other collaborative opportunities, including the agency training.

COST OF ASTHMA MAP

The map depicts the estimated asthma-related cost per child living in Alameda County for 2001. The impetus for developing the map includes input from this group and other stakeholders around the need to visualize the multiple asthma indicators maps in one format, as well as the need for information that could have more policy relevance/impact. We anticipate that this type of map might be useful as a forecasting tool (e.g. how will our built world impact health costs) and useful to multiple audiences (e.g. legislators, elected officials, health providers, regulators).

Comments from group:

Is this useful?

- In Kansas, increasing provider education to improve asthma education delivery resulted in no cost savings, because the cost of increased medication balanced out savings from decreased hospitalization. However, having local level information showing the cost savings may encourage provider education activities here.
- This would be powerful to show to the city council for decisions around development. This can help to compare how much money development brings versus the cost of resulting health care.
- Dollar amounts get the politicians' attention.
- Use this for marketing- instead of the goldfish campaign, what about dollars lost?
- There may be limitations in using this as an argument for limiting local permits to improve asthma, particularly in locations where diesel exhaust is high.
- Concern about politicians using this info to make funding cuts. Be aware that politicians may not interpret the map the same way as others and may find the map useful in a different way.

How does the cost map compare in usefulness to the other asthma indicators maps?

- Cost savings show potential
- Different view of asthma costs/outcomes
- ER visit map is useful, not just as an issue of asthma severity. For example, emergency rooms are overburdened, so having more asthma ER visits competes with needs for other ER services

Would costs maps useful for other outcomes (e.g. birth outcomes?)

- How reliable are the data? The surveillance data are better for birth outcomes
- Since there is only one map for each birth outcome, the corresponding cost maps would look similar to the smoothed surface map
- Framing the issues as cost would still speak to people
- Maybe could more accurately determine costs by looking at the severity of the birth outcome
- Can still assist in allocation of services

Questions and general comments

- Are there additional physiological costs of having to go to the ER or other severe asthma events (e.g. lung remodeling, years of life lost, % vital capacity lost)? It would be powerful to see the ripple effect, not just economic costs.
- School absenteeism is another cost. Oakland Kicks Asthma will be running a pilot project on school attendance and asthma next year at one school.
- Does this map distinguish who is paying for the costs? *No*
- Can you use Kaiser cost-estimates (to address uncertainties in actual costs)? *Unlikely they would give us this data*

NEXT STEPS

- Complete InfoAlameda site
- Work with InfoOakland to develop a training to use InfoAlameda
- Continue with traffic pollution analysis