

**CULLY PARK COMMUNITY HEALTH
INDICATORS PROJECT**
October 2014



PUBLIC HEALTH DIVISION
BROWNFIELD INITIATIVE

CULLY PARK

"A place to celebrate life. A safe, outdoor space to connect with nature and community through multicultural and intergenerational learning, sharing, exercise, play, activities, well-being and balance."

-Cully Park Community Action Partners



Future Cully Park, facing northeast. Taken at the Cully Tribal Blessing Ceremony (11/7/12). Source: Saria Dy

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Introduction

“...the empowerment of communities, their ownership and control of their own endeavors and destinies is the heart of the new health promotion.” – Ottawa Charter for Health Promotion

The Cully Park Community Health Indicators Project grew out of Let Us Build Cully Park!, a coalition of 17 community organizations, along with hundreds of local resident supporters. In 2010, the coalition began working with multiple government agencies to develop a park on top of a former landfill in the Cully Neighborhood (“Cully”) of northeast Portland, Oregon, where residents have limited access to parks, natural areas and open spaces.

This report documents the process of community building for health-focused redevelopment in Cully, as well as a plan to monitor changes in community-identified health-related interests. It is intended to serve as a resource for communities interested in redeveloping previously contaminated land into healthier places to live, work, learn and play.

Previous reports describe the process and outcomes of:

- Community engagement in the environmental site assessment and health consultation for the former landfill site;
- A community capacity building effort to identify transportation options to ensure safe access to the park;
- Strategies for preventing displacement in Cully; and
- Youth perceptions of safety and health related to Cully Park.

Information on how to access these reports is found in Appendix A.

Project background

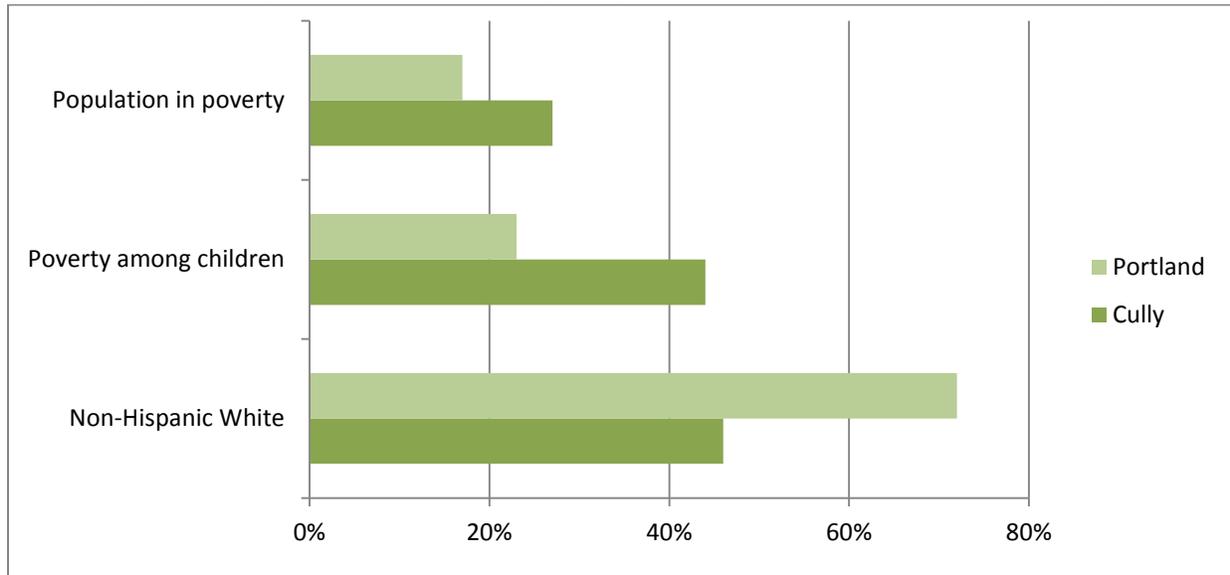
The indicators project identifies, acts on and tracks community-identified health priorities as the former neighborhood landfill is transformed into a neighborhood asset, Cully Park.

Health equity is a core value of the Oregon Health Authority, Public Health Division (OHA-PHD).¹ The OHA-PHD Brownfield Initiative supports local redevelopment efforts that create healthier and more equitable environments in which communities can live, work, learn and play. Cully is home to more than 13,000 residents,² many of whom experience an increased risk of environmental exposures by living near multiple industrial sites and high traffic corridors. Also, when compared to the Portland metro regional average, Cully is home to more people of color and more low income populations (see Figure 1).

¹ Oregon Health Authority, *Public Health Division - Vision, Mission, Values*, (2013).
<https://public.health.oregon.gov/About/Documents/phd-vision-mission-values-goals.pdf>

² 2000 and 2010 Census Profile. Cully Neighborhood. Office of Neighborhood Involvement (ONI), City of Portland.
www.portlandoregon.gov/oni/article/375860

Figure 1. Demographic comparisons between Cully neighborhood and the Portland Metro region average



Source: US Census Bureau (2014). American Community Survey 5-year estimates, 2008-2012.

This indicators project was facilitated by Verde, a non-profit community organization in the Cully neighborhood that addresses poverty through environmental and economic investments, and the OHA-PHD Brownfield Initiative that promotes health through redevelopment and land reuse.

Verde and OHA-PHD organized a Technical Advisory Panel (TAP). The TAP consisted of 20 members from diverse backgrounds, including: health care; state and local public health; academia; non-profits focused on equity, affordable housing and community development; Native American social services; municipal parks and recreation; and student volunteers from the Cully neighborhood. The TAP gave the local community access to technical expertise, strategic advice and information not readily available to local community members.

The project also engaged 27 local residents known as the Community Action Partners (CAP). The CAP served as the source of local wisdom and knowledge, and connected this project to families and neighbors living near the former landfill who would benefit from using the park.

This report establishes a plan to monitor changes in the community health interests over time. Examples of community health interests include more access to freshly grown fruits and vegetables through community gardens and enhanced lighting or traffic calming approaches to improve safety and increase use of the park. The monitoring plan describes the baseline conditions of the community health interests using currently available data (or indicators), and describes how to track changes in these health interests over time.

Successful monitoring plans require project stewards to track changes and coordinate actions that lead to improvements. Verde, Hacienda Community Development Corporation (CDC) (an affordable housing provider with multiple properties near the future park site) and the Native American Youth and Family Center (NAYA) will serve as project stewards. These three Cully-based organizations have a history of working together. They also share common values and are committed to achieving interconnected outcomes through a larger neighborhood-scale project, called “Living Cully: A Cully Ecodistrict”

(informally called “Living Cully”). The indicators and monitoring plan described in this report will be used to inform the health indicators for the Living Cully project.

Living Cully is an anti-poverty strategy aimed at preventing the displacement of low-income people and people of color by creating jobs, educational opportunities, housing and open spaces within Cully, as a response to community needs – rather than simply allowing outside resources and influences to gentrify the neighborhood. The signature project of Living Cully is the redevelopment of the 25-acre landfill into a new park.³



I’m trying to find a place that I can actually plant the plants and make some fruits or maybe vegetables.

Photo taken by Youth Participants of the Cully PHOTO project

Source: Cully PHOTO project (Photography cHanneling yOuth To cOMmunity) funded by Portland State University

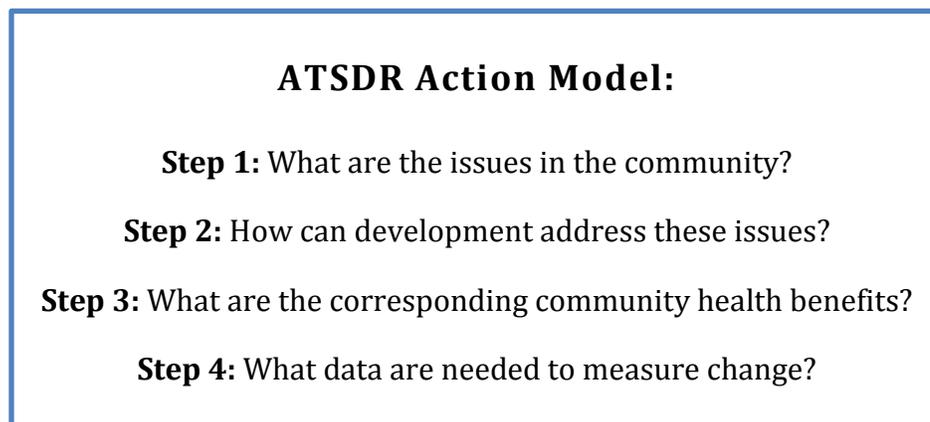
³ Verde Outreach and Advocacy, *Working in the Neighborhood – Living Cully: A Cully Ecodistrict*. accessed at: www.verdenw.org/outreach-and-advocacy

Tracking health-related data

Health-related data can provide important information about community needs and can be used to prioritize resources and actions that improve health. In this project, community organizations chose to monitor progress toward health goals by tracking key indicators. Examples of key indicators include: the number of streets with sidewalks, the number of parks and natural areas near where people live and how often people visit a neighborhood park. Indicators included in this report reflect data for some, but not all, of the health interests identified by the community. The community-identified health interests that do not have existing data (numbers or maps) are not included in the indicators section of the report. Examples of these interests include changes in feelings of well-being expressed by neighbors living near the former landfill as they help transform it into a park, and feelings of ‘a sense of belonging’ for those using the park for social gatherings. All health-related interests, even those without current data or maps, are documented in Figure 5 of this report.

Many models exist for tracking health data and monitoring indicators over time to assess progress. The two models below informed the monitoring plan for this project. The Center for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry (ATSDR) created the ATSDR Brownfield and Land Reuse Action Model (Action Model). The Action Model encourages people to think about broad public health topics connected to community health, such as: physical and mental well-being, education, employment, safety, security, land use, environmental conditions, and neighborhood connectivity to parks, waterways, grocery stores and sidewalks. Communities are encouraged to use the Action Model to identify common goals that would include health considerations in plans for redevelopment.

Figure 2. The four steps of the “Action Model”⁴



Monitoring health-related data (step 4) involves tracking the many dimensions and factors that influence health. Examples include tracking chronic diseases rates for diabetes, heart disease and asthma; tracking specific policies to guide planning and development that shapes neighborhoods; and tracking poverty, unemployment, affordable housing and transportation options.

⁴ Agency for Toxic Substances & Disease Registry, *ATSDR Action Model*. accessed at: www.atsdr.cdc.gov/sites/brownfields/model.html

COMMUNITY BUILDING FOR HEALTH BENEFITS FROM REDEVELOPMENT

"The opposite of depression is expression."

– Community Action Partner, Cully Park Community Health Indicators Project

The social determinants of health include conditions within our physical, social, economic and political environments that either support or harm health. The WHO describes the social determinants of health as, "...the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels."⁵ In Cully, social determinants of health are being addressed through the transformation of something undesirable to live next to, a former landfill, into a neighborhood asset, a park.



Scattering native plant seeds, Cully Park Tribal Blessing Ceremony. Source: Saria Dy

In 2009, the U.S. Department of Housing and Urban Development (HUD), U.S. Department of Transportation (DOT), and the U.S. Environmental Protection Agency (EPA) joined together to create six livability principles, shown in Figure 3. These principles serve as examples for how social determinants of health can be addressed through the redevelopment of brownfield properties; similar principles are actively being pursued in the Cully neighborhood.

⁵ World Health Organization, *What are social determinants of health?* accessed at www.who.int/social_determinants/en/

Figure 3. Livability principles

1. **Provide more transportation choices.**
Develop safe, reliable and economical transportation choices to decrease household transportation costs, reduce our nation’s dependence on foreign oil, improve air quality, reduce greenhouse gas emissions and promote public health.
2. **Promote equitable, affordable housing.**
Expand location- and energy-efficient housing choices for people of all ages, incomes, races and ethnicities to increase mobility and lower the combined cost of housing and transportation.
3. **Enhance economic competitiveness.**
Improve economic competitiveness through reliable and timely access to employment centers, educational opportunities, services and other basic needs by workers, as well as expanded business access to markets.
4. **Support existing communities.**
Target federal funding toward existing communities — through strategies like transit-oriented, mixed-use development and land recycling — to increase community revitalization and the efficiency of public works investments and safeguard rural landscapes.
5. **Coordinate and leverage federal policies and investment.**
Align federal policies and funding to remove barriers to collaboration, leverage funding and increase the accountability and effectiveness of all levels of government to plan for future growth, including making smart energy choices such as locally generated renewable energy.
6. **Value communities and neighborhoods.**
Enhance the unique characteristics of all communities by investing in healthy, safe, and walkable neighborhoods — rural, urban or suburban.

Source: Partnership for Sustainable Communities an interagency partnership Department of Housing and Urban Development (HUD), U.S. Department of Transportation (DOT), and the U.S. Environmental Protection Agency (EPA)

GUIDING STRATEGIES

The approaches used for this project were based on two conceptual models introduced to the project in its early stages by two members of the TAP: the coordinator of the NAYA Youth and Elders Council, and a Cully neighborhood resident and mental health provider. These conceptual models provided overarching strategies the technical advisory members could agree upon to support the local community in maximizing the health benefits derived from the park.

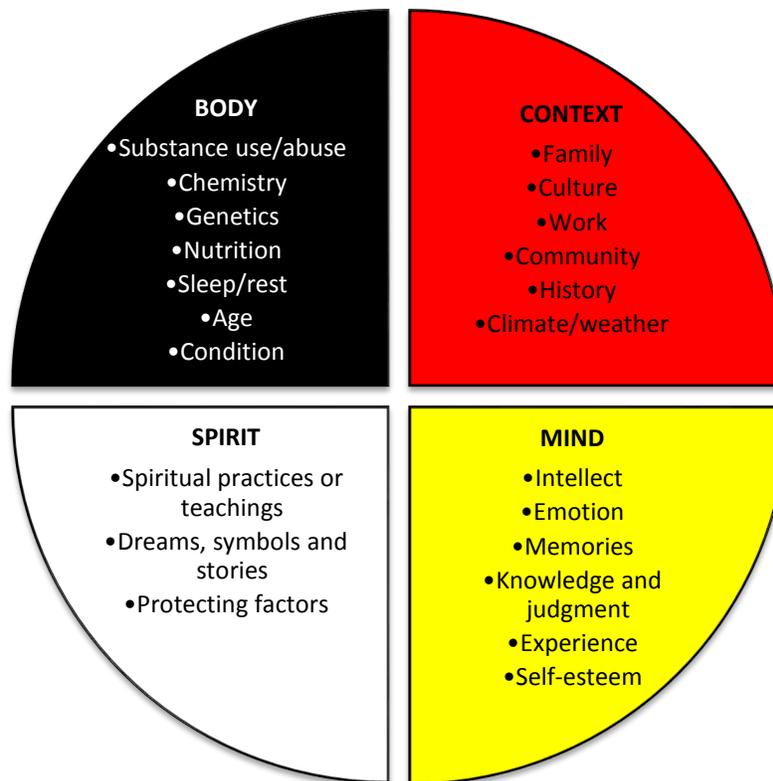
The Relational Worldview Model (RWVM) was developed by the National Indian Child Welfare Association (NICWA) in the 1980s (Figure 4). The RWVM teaches helpers and healers to understand problems through the balances and imbalances in the person’s relational world. The RWVM, sometimes called the cyclical worldview, finds its roots in tribal cultures. It is intuitive, non-time oriented and fluid. The balance and harmony in relationships between multiple variables, including spiritual forces, make up

the core of this model. Every event is understood in relation to all other events regardless of time, space or physical existence. Health exists only when things are in balance or harmony.⁶

The second approach is a conceptual model based on Meredith Minkler’s organizing for social change, where health is intimately tied to social and environmental conditions and communities organize to improve their health status by defining and communicating their health concerns and priorities to decision makers.⁷

Both approaches are complementary and recognize health is deeply rooted in a broader social, environmental, economic and political context influenced by family, culture, work, community, history and climate in addition to mind, body and spirit. Central to both approaches are the values of inclusion and diversity as a way to enrich the social fabric of a community. These are the models used to guide the way technical assistance was provided, as well as the approaches for recruitment and community engagement.

Figure 4. Relational Worldview Model



Source: Native American Youth and Family Center (NAYA)

⁶ National Indian Child Welfare Association www.nicwa.org/relational_worldview/

⁷ Minkler, Meredith. 2nd Ed. (2005). *Community Organizing and Community Building for Health*. Piscataway, NJ: Rutgers University Press.

IMPLEMENTATION

This project was facilitated by Verde and the OHA-PHD Brownfield Initiative from July-December, 2013. Recruitment efforts, led by Verde and supported by NAYA and the Hacienda CDC, focused on engaging low-income residents and people of color living near the former landfill site. These residents of diverse cultures, income and generational groups formed the CAP. Understanding community interests and perceptions for the park helps to inform community and city-level planning efforts to increase the health-related benefits resulting from park use.⁸

The CAP met during three workshops at a local elementary school to discuss health interests and existing health data, review maps of data and develop a plan for monitoring health-related indicators for Cully Park. The workshops were structured to remove participation barriers and encourage intergenerational and multicultural conversation. Participants shared meals, their children played together, childcare was provided and transportation assistance was arranged when needed. Workshop materials were translated and interpreters were available for Somali and Spanish languages.

The workshops included community-building activities, reflective small group discussions and opportunities to share and gain socio-cultural perspectives about how health could be improved through the redevelopment of the former landfill into a park. OHA-PHD and Verde used the steps of the ATSDR Action Model and WHO Health Inequities Monitoring Cycle (Figure 2) to structure workshop activities. The first step of both models is to identify health interests or concerns. The CAP created a list of more than 40 health interests displayed in Figure 5.

Figure 5. Community-identified health interests for Cully Park

Emotional well-being, feeling good about yourself, mind-body-spirit balance, happiness
Physical fitness, play and exercise
Grow healthy food and eat healthy food
Help people manage or prevent diabetes
Spend time outside in nature
Develop relationships
See support from the government and health authorities
Use the park to prevent disease or sickness
Use the park for outdoor community gathering, getting to know neighbors
Arts and crafts activities
Dancing activities
Families spending time together

⁸ Bai, H., et al. (2013). *Perceptions of Neighborhood Park Quality: Associations with Physical Activity and Body Mass Index*. *Annals of Behavioral Medicine*. 45(1Suppl): S39-S48.

Feeling safe using the park (safe from crime, gangs) and in the neighborhood in general
Outdoor place for children to play
Outdoor place for people to play with dogs
Opportunities that are simple for people with limited mobility (elderly, disabled)
Getting to the park safely from the schools and homes
Cross-cultural activities open to all
Opportunities for intergenerational activities
Outdoor solitude
Space for parties and places to celebrate
Signals/signs for bikes, walking, playing
Possible new home for Lakeside Little League or soccer league
Water feature-as nature and place to cool off/play in summer (pool, wetland or fountain)
Clean safe restrooms
Security at the park at night plus safety from traffic
Food and drink vendor nearby or at the park, for destinations and help preventing crime
Plants for collecting and making crafts
Flowers, like roses and daisies
Place for teens to hang out and prevent gangs
Building with a lot of windows (glass) to house classes
A lot of light for safety
Neighborhood watch or park ranger to keep the park safe
Crosswalks to the park

Source: Community-identified Health Interests, Cully Park Community Action Partners (CAP)



72nd Ave Community Garden at Cully Park. Source: OHA-PHD Brownfields Initiative

CREATING A PLAN TO MEASURE CHANGE

“Monitoring is a process of repeatedly observing a situation to watch for changes over time. Monitoring health at the population level helps to show if the health situation is improving, worsening or staying the same.”

-WHO Handbook on Health Inequity Monitoring (2013)

The ATSDR Action Model includes steps that consider how community-identified health interests can be addressed through redevelopment in addition to the health outcomes expected. The example below depicts the ATSDR Action Model steps based on a CAP discussion during the second workshop.

Cully Park Community Action Partners (CAP) Discussion-ATSDR Action Model:

Step 1: What are the community concerns or interests? Children have limited options for safe places to play outside. Children are playing in parking lots or in the street.

Step 2: How can development address the concerns or interests? Creating a park provides a safe outdoor place for children to play.

Step 3: What are the corresponding community health benefits? Children are able to play in safety together, be physically active, spend time in nature, parents feel less stress while children are playing, parents connect while watching children play at the park, etc.

Step 4: What data are needed to measure change? The second workshop that was held was structured so the CAP could review, discuss and prioritize their list of health interests (see Figure 5 above). Through this process the CAP determined which interests to include in monitoring plans (i.e. collecting data and measuring change). CAP members identified three overarching themes and a prioritized list of health interests, described below.

Overarching themes and prioritized health interests

THEME 1: COMMUNITY

Fostering a sense of community through use of the park

- Opportunities for outdoor community gathering, getting to know neighbors (at parks or spaces intended for social events). Using a kiosk to share information about events at the park.
- Outdoor places for children to play.

THEME 2: SAFETY AND SECURITY

Getting to the park safely, feeling safe while there and using it to deter youth involvement in gangs

- Feeling safe using the park (safe from crime, gangs) and in the neighborhood as a community in general.
- Getting to the park safely (sidewalks, crosswalks, bike lanes, traffic, lighting) from nearby schools and homes, and within the neighborhood.
- Clean, safe bathrooms to use while at the park especially for small children and the elderly.

THEME 3: PROGRAMMING AND EVENTS

Culturally relevant activities for all ages

- Programming for children and the community at the park, including the Portland Parks and Recreation free lunch program.
- Opportunities for culturally-relevant arts and crafts activities at the park.
- Opportunities for intergenerational interactions at the park.
- Opportunities for connecting to nature, spirituality and celebrations.

From the list of community-identified themes and prioritized interests, the TAP identified existing data sources and relevant indicators to monitor conditions over time. During the third workshop, data and maps (found in Appendix D) provided by the TAP were discussed by the CAP. The last step of the ATSDR Action Model prompts discussion on “Step 4: What data are needed to measure change?” while the WHO Health Inequities Monitoring Cycle includes steps to “obtain data about indicators” and “analyze the data” (Figure 2). The TAP and CAP worked together to obtain and analyze data to include in monitoring plans.



Fenced community play space in Cully. Source: OHA-PHD Brownfields Initiative

BASELINE CONDITIONS FOR HEALTH INDICATORS

The remainder of this report is dedicated to the fourth step, “report the results,” of the WHO Health Inequities Monitoring Cycle. Criteria for selecting indicators were decided on by the TAP, CAP and project stewards. Due to constraints in resources, this monitoring plan includes indicators that are already being collected by other sources, such as the city of Portland or the Coalition for a Livable Future (CLF). The CLF’s Regional Equity Atlas 2.0 (CLF Equity Atlas) is a research and education mapping project created through academic, government and non-profit partnerships to promote widespread opportunity for a stronger, healthier and more sustainable Portland Metro region.⁹ Most of the indicators are reported numerically as a ‘score’ comparing the Cully neighborhood, or area surrounding the neighborhood, to other areas of the city. A few of the indicators identified are reported on as either “met” or “unmet.” Indicators are color coded to show how they relate to the community-identified health interests and related themes and priorities.

⁹ Coalition for a Livable Future *Regional Equity Atlas: The Portland Metro Region’s Geography of Opportunity*. accessed at: <https://clfuture.org/equity-atlas>



Cully residents at Community Garden volunteer work party. Source: Verde

THEME 1: COMMUNITY

Fostering a sense of community through use of the park

Indicator 1) Park and natural areas proximity rank: 44 (out of 100)

- **What this means:** This indicator measures how access to parks in the Cully neighborhood compares to other neighborhoods in the region. The CLF Equity Atlas ranks all neighborhoods in the region based on a combination of their proximity to parks and natural areas. Natural areas are primarily valued as natural resources, used as buffers between various uses in a neighborhood, and for conservation and habitat protection. The number 0 is the worst ranking while 100 is the best.
- **What it means for health:** Parks provide opportunities for leisure activities and serve as informal gathering places for building community. Natural areas provide important opportunities to access, study and interact with the natural world. Natural areas help reduce exposure to stressors and help people restore their ability to cope with stress.¹⁰ Proximity to publicly accessible parks and green

¹⁰ Hartig, T., Mitchell, R., De Vries, S., & Frumkin, H. (2014). *Nature and health*. Annual Review of Public Health. 35, 207-228.

spaces provide opportunities for the entire community to be physical active.¹¹ Lack of physical activity is a key contributor to obesity, diabetes, heart disease and other chronic health conditions. Access to parks also provides opportunities for connecting to the natural world;¹² and time spent in parks and nature promotes healthy coping with mental stress,¹³ encourages brain development and fosters environmental stewardship.¹⁴ Tracking this indicator will help show if neighborhood residents' access to parks and natural areas near neighborhood residents is improving, worsening or staying the same.

Indicator 2) People visiting a park near their home at least monthly in the past 12 months: 55%

- **What this means:** In 2013, 55% of respondents from central northeast neighborhoods reported they had visited a park near their homes at least monthly within the past 12 months. The city of Portland's Office of the Auditor conducts an annual, English-only mail survey to learn about how residents use services. The definition of "near" was left to the respondent to define. The central northeast neighborhoods' rate is slightly lower than the 59% citywide rate and substantially lower than the 72% rate for northwest neighborhoods.
- **What it means for health:** Our choices are shaped by our environment. If parks are too far away, difficult to get to or unsafe, residents are less likely to visit them.¹⁵ From one year to the next this indicator will show trends in the Cully neighborhood that will help to inform actions to promote park use. Tracking the percentage of people who report visiting parks near their home helps to show if opportunities to spend time at parks are improving, worsening or staying the same.

Indicator 3) Number of publicly accessible outdoor community spaces: 8

- **What this means:** This indicator includes the number of outdoor spaces that can be used like parks by the community. This number does not include parks and outdoor spaces that will soon be developed, such as Cully Park, the Werbin Property, K^hunamokwst Park or the Colwood Golf Course. The number includes existing public parks, school properties, natural areas and outdoor spaces. The number above includes two public playgrounds (Rigler School, Sacajawea Headstart), one natural area (Whitaker Pond), one park (Sacajawea Dog Park), and four community gardens. Counting additional garden plots that are actively used and how many are used by Cully residents will provide

¹¹ Kaczynski, A. T., & Henderson, K. A. (2007). *Environmental correlates of physical activity: A review of evidence about parks and recreation*. *Leisure Sciences*. 29(4), 315-354.

¹² Bowler, D. E., Buyung-Ali, L. M., Knight, T. M., & Pullin, A. S. (2010). *A systematic review of evidence for the added benefits to health of exposure to natural environments*. *BMC Public Health*. 10(1), 456.

¹³ Beil, K., Hanes, D. (2013). *The Influence of Urban Natural and Built Environments on Physiological and Psychological Measures of Stress – A Pilot Study*. *International Journal of Environmental Research and Public Health*. 10, 1250-1267.

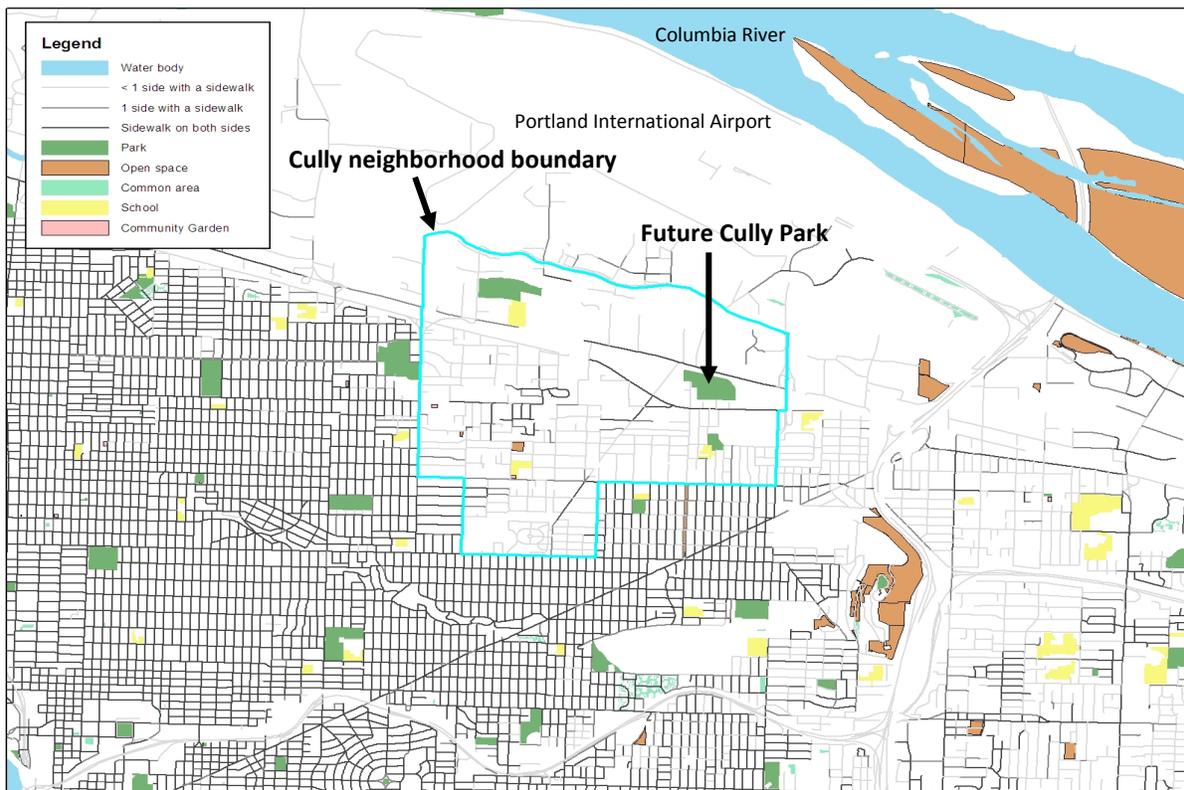
¹⁴ Wells, N. M., & Lekies, K. S. (2006). *Nature and the life course: Pathways from childhood nature experiences to adult environmentalism*. *Children Youth and Environments*. 16(1), 1-24.

¹⁵ O. Ferdinand, A., Sen, B., Rahrkar, S., Engler, S., & Menachemi, N. (2012). *The relationship between built environments and physical activity: a systematic review*. *American Journal of Public Health*. 102(10), e7-e13

more specific information for assessing whether this indicator is improving, worsening or staying the same.

- **Why it's important for health**

The number and variety of outdoor community spaces available to all residents influences physical activity¹⁶ and the ability to socialize with neighbors outdoors. In addition, opportunities to grow nutritious food and connect with nature provide mental, physical and spiritual health benefits.¹⁷ A variety of publicly accessible areas increases the likelihood that all residents will find an appealing and accessible option.¹⁸ Tracking the number of publicly accessible outdoor spaces will help to show if health-supportive area conditions in the built environment are improving, worsening or staying the same.



Map A. Cully neighborhood map depicting sidewalk connectivity.
Source: OHA-PHD Brownfields Initiative, produced with Metro data

¹⁶ Kaczynski, A. T., Potwarka, L. R., & Saelens, B. E. (2008). Association of park size, distance, and features with physical activity in neighborhood parks. *American Journal of Public Health*. 98(8), 1451.

¹⁷ Van Den Berg AE1, Custers MH. (2011). *Gardening promotes neuroendocrine and affective restoration from stress*. *Journal of Health Psychology*. Jan; 16(1):3-11.

¹⁸ Cohen, D. A., Marsh, T., Williamson, S., Derosé, K. P., Martinez, H., Setodji, C., & McKenzie, T. L. (2010). *Parks and physical activity: Why are some parks used more than others?* *Preventive medicine*. 50, S9-S12.

THEME 2: SAFETY AND SECURITY

Getting to the park safely, feeling safe while there and using it to deter youth involvement in gangs

Indicator 4) Percent who feel safe walking alone in parks during the day: 81%

- **What this means:** The Portland Auditor's annual, (English-only), mail survey asks respondents about their perception of safety. In 2013, 81% of respondents from central northeast neighborhoods reported they felt safe or very safe walking alone in the park closest to their home during the day. This is similar to the citywide response of 82% and somewhat lower than the neighborhood with the highest perceived safety of 88% in southwest.
- **Why it's important for health:** Perceptions of safety can impact our health. Fear of crime is associated with poorer mental health, reduced physical functioning and lower quality of life.¹⁹ Feelings of anxiety and fear can affect the mind and body in negative ways. There is a direct relationship between safe recreational facilities and their usage rates.²⁰ If parks feel unsafe, use goes down. Feeling safe in parks affects decisions to take advantage of the health-supportive resources that parks provide. Tracking this indicator will help to show if safety in the neighborhood is improving, worsening or staying the same.

Indicator 5) Percent who feel safe walking alone in parks at night: 30%

- **What this means:** The Portland Auditor's annual, (English-only), mail survey also measures perceived safety among central northeast neighbors walking in the nearest park at nighttime. Among respondents in 2013, 30% said they felt safe or very safe walking alone in the nearest park at night. This is similar to the citywide response of 33%. The neighborhood with the highest perceived safety at night had a substantially higher percentage of respondents, 45%, reporting that they felt safe or very safe.
- **Why it's important for health:** Like the indicator measuring perceived safety during the day, this indicator measures whether residents feel safe at night. Real or perceived threats²¹ create fear, anxiety and insecurity. There is a direct relationship between safe recreational facilities and their usage rates.²¹ Tracking this indicator will help to show if safety in the neighborhood is improving, worsening or staying the same.

¹⁹ Stafford, M., Chandola, T. & Marmot, M. (2007) *Association Between Fear of Crime and Mental Health and Physical Functioning*. American Journal of Public Health. 2007 November; 97(11): 2076–2081.

²⁰ Giles-Corti, B., Broomhall, M. H., Knuiiman, M., Collins, C., Douglas, K., Ng, K. & Donovan, R. J. (2005). *Increasing walking: how important is distance to attractiveness and size of public open space?* American Journal of Preventive Medicine. 28(2), 169-176.

²¹ McCormack, G. R., Rock, M., Toohey, A. M., & Hignell, D. (2010). *Characteristics of urban parks associated with park use and physical activity: a review of qualitative research*. Health & Place. 16(4), 712-726.

Indicator 6) Walkability (sidewalk density) score: 1.8 (out of 5)

- **What this means:** The CLF Regional Equity Atlas scores neighborhoods based on sidewalk coverage as a measure of walkability. Cully's score of 1.8 ranks as "medium-low" according to the CLF classification, with 5 representing complete sidewalk coverage. This indicator compares Cully to other neighborhoods in the region. The most walkable areas are found in older neighborhoods near the inner east side of Portland.
- **Why it's important for health:** Neighborhoods characterized as more walkable, are associated with increased physical activity, increased social capital, lower overweight, lower reports of depression and less reported alcohol abuse.²² Sidewalks make movement within the community an option for members of the community who use assistive mobility devices such as canes, wheelchairs, walkers and strollers. Importantly, investment in sidewalks is an equity issue. The Cully neighborhood has significant, unmet sidewalk needs. Tracking this indicator will help to show if walkability is improving, worsening, or staying the same.



Missing sidewalk.

Photo taken by Youth Participants of the Cully PHOTO project

Source: Cully PHOTO Project (Photography cHanneling yOuth To cOmmunity) funded by Portland State University

²² Renalds, A., Smith, T.H., & Hale, P.J. (2010). *A Systematic Review of Built Environment and Health*. Family & Community Health. 33(1), 68-78.

Indicator 7) Safe restrooms: Unmet

- **What this means:** This indicator is intended to track the development of restroom facilities at the park. There is currently no restroom at the proposed Cully Park. When safe restrooms are made available, this indicator will be “Met.” Safety can be assessed through community reports of use of the restrooms and volunteer efforts (e.g., park foot patrol), in collaboration with Portland Parks & Recreation.
- **Why it’s important for health:** Amenities like safe restrooms encourage the use of parks for the many healthy activities that take place there.²³ Access to safe restroom facilities is especially important for families with young children and older adults or those with incontinence conditions. Providing safe restrooms at Cully Park will address this community-identified health priority and promote park use by all members of the community. Tracking this indicator will help to show if restroom conditions are improving, worsening or staying the same.



Example of what restrooms planned for Cully Park will look like. Source: Portland Parks & Recreation

²³ McCormack, G. R., Rock, M., Toohey, A. M., & Hignell, D. (2010). *Characteristics of urban parks associated with park use and physical activity: a review of qualitative research*. *Health & Place*, 16(4), 712-726.

THEME 3: PROGRAMMING AND EVENTS

Culturally-relevant activities for all ages

Indicator 8) Culturally-relevant programming for activities at the park: Unmet

- **What this means:** This indicator reflects the community’s desire to use the park to allow neighbors to engage in activities, like arts and crafts, that are culturally significant and meaningful to the diverse communities living near the park. This indicator can change from a “met/unmet” indicator to one that counts the number and types of culturally-significant activities available at the park.
- **Why it’s important for health:** Cully Park is located on land that holds historic and cultural significance for the Native American community.²⁴ It also holds potential for one of Portland’s most diverse communities to express, share and learn from culturally-significant traditions, activities and crafts. The CAP discussed how culturally-relevant activities could improve health. Some of their ideas include: promoting inclusivity, building self-esteem, fostering a sense of self- and community-identity, fostering respect for culturally-diverse values through multi-cultural learning, and creating opportunities for youth to engage in activities that allow them to maintain a cultural connection to the natural world. Tracking this indicator will help show if culturally relevant programming and activities at the park are available, improving, worsening or staying the same.



Cully neighborhood mural. Source: OHA-PHD Brownfields Initiative

²⁴ Zierdt, S., Watters, C., Sue Fry, D., BlueHorse-Skelton, J. Inter-Tribal Gathering Garden (ITCC) at Cully Park Co-Management Plan DRAFT. (2013) accessed at www.portlandoregon.gov/parks/article/479496

Indicator 9) Intergenerational activities and events: Unmet

- **What this means:** This indicator reflects the community’s desire for the park to support activities and events that connect younger and older generations. This indicator can be pursued by the project stewards, supporters and local residents in partnership with Portland Parks & Recreation. This indicator can change from a “met/unmet” indicator to one that counts the number and types of intergenerational activities and events held.
- **Why it’s important for health:** Intergenerational activities and events that encourage social relations between individuals of all ages can provide multiple health benefits. The Cully Park CAP discussed the following ways that intergenerational relationships, promoted by activities and events at the park, could improve health: connecting older and younger generations helps to alleviate loneliness, promotes friendships between older and younger people, helps to improve tolerance of generational differences, and improves social connectedness in the neighborhood. Tracking this indicator will help to show if intergenerational activities and events at the park are available, improving, worsening or staying the same.



Grass Dance, Cully Park Tribal Blessing Ceremony. Source: Saria Dy

Indicator 10) Free summer meals program at Cully Park: Unmet

- **What this means:** This indicator was prioritized as a community-identified health interest for the many low-income children and families living near the future Cully Park site. Tracking this indicator includes active collaboration with Portland Parks & Recreation to pursue the park programming for free summer meals.
- **Why it's important for health:** Many factors limit children's access to nutritious meals during the summer. When school is not in session, free meal programs help to ensure that children who need it can access at least one nutritious meal a day. This program can help to increase household food security,²⁵ improve nutritional status for children who need it and expand social interactions that build community.



Sign for a free lunch program. Source: OHA-PHD Brownfields Initiative

Indicator 11) Using the park for community celebrations and social gatherings: Unmet

- **What this means:** This indicator reflects the community's interest in using the park for activities and events that celebrate community and social gathering. No community celebrations or social gatherings are occurring at this time, so this health priority is currently documented as "unmet." This indicator can change from a "met/unmet" indicator to one that counts the number and types of celebrations and social gathering events held at the park.
- **Why it's important for health:** Community gathering spaces provide a neutral space where people can come together for important celebrations and gatherings, large and small. Using public spaces for community building improves social cohesion and the feeling of connectedness within and between neighbors. Social cohesion is an important element for building a healthy community.²⁶

²⁵ Cook, J. T. and Frank, D. A. (2008), *Food Security, Poverty, and Human Development in the United States*. Annals of the New York Academy of Sciences. 1136: 193–209.

²⁶ San Francisco Department of Public Health's Program on Health Equity and Sustainability (2011). *Social Cohesion and Community Safety in New and Redeveloped Mixed Income Housing*. White Paper retrieved from www.sfdph.org/dph/files/EHSdocs/HDMT/WhitePaperSocial.Cohesion.pdf



Judy Bluehorse Skelton handing out seeds during Cully Park Tribal Blessing Ceremony. Source: Saria Dy

Next steps

The final step in the WHO Health Inequities Monitoring Cycle is to “act to improve conditions” (Figure 2). This project establishes a plan to monitor community-identified health interests as they pertain to the development and use of Cully Park. Successful monitoring plans rely on the project stewards’ use of the information obtained (from tracking health-related indicators) to inform actions that create healthier environments. The indicators selected through this project will inform larger, neighborhood-scale efforts to assess progress toward the Living Cully goals. Appendix B includes detailed information for the project stewards to use when updating the indicators presented in this report.

This report also serves as a guide for other communities interested in pursuing healthy, equitable redevelopment and land reuse. The Appendices include detailed information, including reports and references, meeting agendas and learning activities to encourage community engagement. Together, community serving organizations, local residents, governments and health care partners help to ensure community health needs are addressed and that health benefits are maximized. Continued efforts carried out by Verde, NAYA and Hacienda CDC to create healthier environments will be maximized through continued collaborations with the many partner agencies and organizations engaged in this effort. The following organizations have committed to providing guidance or technical assistance as future monitoring efforts take place to update data in this report and track progress toward health promoting actions over time.

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Verde, Cully Park

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Cully Park, facing north, Canada Geese flying overhead. Tribal Blessing Ceremony. Source: Saria Dy

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APPENDICES

A. Additional reports and resources

B. Health monitoring instructions

C. Strategy for Cully Park health indicators project

D. Resources for community engagement

APPENDIX A

Additional reports and resources

Cully Park and Cully neighborhood reports:

Cully Park Safe Access Project, Let Us Build Cully Park!, *Cully Park Safe Access Report* (2013). Retrieved from www.verdenw.org/images/stories/documents/cully_park_safe_access_full_report.pdf

Oregon Health Authority, Public Health Division, Environmental Health Assessment Program. (2013). *Cully Park Health Consultation Summary*. Retrieved from <https://public.health.oregon.gov/HealthyEnvironments/TrackingAssessment/EnvironmentalHealthAssessment/Documents/Cully%20Park%20Fact%20Sheet%20final.pdf>

Oregon Health Authority, Public Health Division, Environmental Health Assessment Program. (2013). *Cully Park Site Health Consultation*. Retrieved from https://public.health.oregon.gov/HealthyEnvironments/TrackingAssessment/EnvironmentalHealthAssessment/Documents/Cully_Park_HC_final_4.3.13.pdf

Oregon Health Authority, Public Health Division (2013). *Cully Park: Improving health through community partnerships*. Retrieved from <http://public.health.oregon.gov/HealthyEnvironments/TrackingAssessment/EnvironmentalHealthAssessment/Documents/Cully%20Park%20detailed%20handout.pdf>

Portland State University consulting team of Master of Urban & Regional Planning students (2013). *Not in Cully: Anti-Displacement Strategies for the Cully Neighborhood*. Retrieved from www.pdx.edu/usp/sites/www.pdx.edu.usp/files/A_LivingCully_PrinterFriendly_0.pdf

Portland State University (2014). *Cully Neighborhood Youth Project: Perceptions of Cully Park, Safety and Health*. Retrieved from www.pdx.edu/profile/cully-neighborhood-youth-project

Resources:

Agency for Toxic Substances and Disease Registry (ATSDR). *ATSDR Brownfield and Land Reuse Action Model*. (2013). Retrieved from www.atsdr.cdc.gov/sites/brownfields/model.html

Bay Area Regional Health Inequities Initiative (BARHII). *A Public Health Framework for Reducing Health Inequities*. Retrieved from www.acphd.org/media/46517/barhii_chart_20080903.pdf

Minkler, Meredith. 2nd Ed. (2005). *Community Organizing and Community Building for Health*. Piscataway, NJ: Rutgers University Press.

Native American Youth and Family Center (NAYA) (2013). *The Relational Worldview Model*. Provided by Donita S. Fry. Retrieved from <http://nayapdx.org/services/>

World Health Organization. (2013) *Handbook on health inequality monitoring: with a special focus on low- and middle-income countries*. Geneva, Switzerland: John Dawson. Retrieved from www.searo.who.int/bangladesh/publications/handbook_inequality_1.pdf

APPENDIX B

Health monitoring instructions

Health monitoring instructions for Cully Park Health Indicators Project:

How to update indicators

The instructions below are intended to be used by the project stewards, Verde, Hacienda CDC and NAYA to measure change and improve conditions. The recommended monitoring cycle for this project is to revisit the data as regularly as resources allow. Comparing the data to baseline conditions every year or two, once the park is open to the public for use, will help to inform actions to pursue for continued health related improvements based on community interests. Below are instructions for updating the data on the indicators presented in this report.

List of Cully Park Project Indicators:

Indicator 1: Park and natural areas proximity rank

The CLF Regional Equity Atlas 2.0 ranks each neighborhood in the region. Visit <https://gis.oregonmetro.gov/equityAtlas/> to view the map and indicators. From scenario maps, select “Proximity to Publicly Accessible Parks and Natural Areas.” Use the indicators tab to set the analysis units to neighborhoods. Right-click on “Neighborhoods” in the table of contents to access the attribute table and scroll to Cully. The column named “Composite” displays the rank.

Indicator 2: Percent visiting a park near home at least monthly in the last 12 months

The city of Portland Auditor’s Office conducts an annual survey that includes this indicator. Visit the Audit Services Division Web page at www.portlandonline.com/auditor/index.cfm?c=26649 to find the most recent report. In the Community Survey Data section, under the heading “Parks & Recreation,” find the question: “In the past 12 months, how many times did you visit a City park near your home?” In the Central NE column, add up the percentages answering daily, weekly and monthly.

Indicator 3: Number of park spaces

The CLF regional equity atlas 2.0 shows publicly accessible schools, parks, natural areas, and community gardens. Visit <https://gis.oregonmetro.gov/equityAtlas/> to view the atlas. Use the indicators tab to set the analysis units to neighborhoods. From the indicators tab, use the add/remove data dialogue box to find the reference layers tab. Make sure “Oregon Metro Regional Basemap,” and “RLIS Thematic Map Data,” and “Schools” layers are turned on. Zoom to the Cully neighborhood and count the park spaces within neighborhood boundaries. For the baseline measure in this report, we included the following park spaces: Rigler Elementary Playground, Sacajawea Headstart playground, Whitaker Ponds, Sacajawea Park, Cully Community Garden, Sumner Street Community Garden, Rigler Community Garden and Cully Park Community Garden.

Indicator 4: Percent who feel safe walking in the nearest park alone during the day

The city of Portland Auditor’s Office conducts an annual survey that includes this indicator. Visit the Audit Services Division Web page at www.portlandonline.com/auditor/index.cfm?c=26649 to find the most recent report. In the Community Survey Data section, under the heading “Public Safety,” find the

question: “How safe would you feel walking alone *during the day* in the park closest to you?” In the Central NE column, add up the percentages answering safe or very safe. Do the same for the question, “How safe would you feel walking alone *at night* in the park closest to you?”

Indicator 5: Percent who feel safe walking in the nearest park alone at night

The city of Portland Auditor’s Office conducts an annual survey that includes this indicator. Visit the Audit Services Division Web page at www.portlandonline.com/auditor/index.cfm?c=26649 to find the most recent report. In the Community Survey Data section, under the heading “Public Safety,” find the question: “How safe would you feel walking alone *at night* in the park closest to you?” In the Central NE column, add up the percentages answering safe or very safe.

Indicator 6: Walkability (sidewalk density) score

The CLF Regional Equity Atlas 2.0 provides a score for each neighborhood in the region. Visit <https://gis.oregonmetro.gov/equityAtlas/> to view the map and indicators. From scenario maps, select “Walkability.” Use the indicators tab to set the analysis units to neighborhoods. Right-click on “Neighborhoods” in the table of contents to access the attribute table and scroll to Cully. The column named “Walkability — Sidewalk Density” displays the score. Unlike other indicators, sidewalk mapping is not readily available online. Sidewalk data can be requested from the Portland Bureau of Transportation’s Pedestrian Coordinator. Contact Sara Schooley, 503.823.4589, sara.schooley@portlandoregon.gov to make a request.

Indicator 7: Safe restroom facilities at the park

This indicator will require collaboration between the project stewards and the city of Portland Bureau of Parks & Recreation (Portland Parks & Rec). The Cully Park Master Plan includes the development of restroom facilities. Safety can be assessed through community use of the restrooms, volunteer efforts (for example, a park “foot patrol”) and collaborations with the Portland Parks & Rec maintenance crew.

Indicator 8: Culturally-relevant programming for activities at the park

This indicator reflects the community desire to use the park in ways that allow neighbors to engage in activities, like arts and crafts, that are culturally significant to the community surrounding the park. This indicator can change from a “met/unmet” indicator to one that counts the number and types of culturally significant activities available at the park. The *Park Project Proposal Process* found at the following website www.portlandoregon.gov/parks/46373 is one way to pursue programming related interests.

Indicator 9: Intergenerational activities and events

This indicator, intergenerational activities and events open to the community at the park, can be tracked over time. These activities and events can be tracked and pursued by community organizations, and residents in partnership with Portland Parks and Rec. This indicator can change from a “met/unmet” indicator to one that counts the number and types of activities and events held. The *Park Project Proposal Process* found at the following website www.portlandoregon.gov/parks/46373 is one way to pursue activity and event related interests.

Indicator 10: Free summer meals program at Cully Park

This indicator was prioritized as a community-identified health interest for the many low-income children and families in need living near the future Cully Park site. Tracking this indicator includes active collaboration with Portland Parks & Rec to pursue the park programming for free summer meals. The

Park Project Proposal Process found at the following website www.portlandoregon.gov/parks/46373 is one way to pursue programming related interests.

Indicator 11: Using the park for community celebrations and social gatherings

This indicator reflects the community’s interest in using the park for activities and events that celebrate community and provide opportunities for social gathering. No community celebrations or social gatherings are occurring at this time, so this health priority is currently documented as “unmet.” This indicator can change from a “met/unmet” indicator to one that counts the number and types of celebrations and social gathering events held at the park. The *Park Project Proposal Process* found at the following website www.portlandoregon.gov/parks/46373 is one way to pursue this community-identified interest.



Foot path along NE Killingsworth in the Cully neighborhood. Source: OHA-PHD Brownfields Initiative

APPENDIX C

Strategy for Cully Park health indicators project

Cully Park Health Monitoring Project Plan

Tracking health-related data

1. Strategy

The World Health Organization states that, “Monitoring is a process of repeatedly observing a situation to watch for changes over time. Monitoring health at the population level helps to show if the health situation is improving, worsening or staying the same. The results of monitoring indicate whether policies, programs and practices are accomplishing what they are designed to achieve.”¹ The strategy that guides the Cully Park Health Monitoring project is based on two models, (1) the Relational Worldview Model² (RWVM), a Native American holistic thought process with the concept of balance as the basis for health, and (2) the public health and social change worldview, whereby health is intimately tied to social and environmental conditions and communities use their voice to define and make their health concerns known to improve their health status³. See more in Section VIII. *Theoretical Framework*. The strategy involves assessing the health benefits of the community-led effort to build a park as well as the health benefits that result from the park itself over time.

2. Deliverables

- A list of health-related indicators for Cully Park.
- A baseline health profile that outlines current conditions in the community before the addition of the park.
- A sustainable plan for the community to check-in and track changes in the health-related indicators, 2 and 5 years after the park is developed.

3. Tracking the health benefits Cully Park provides

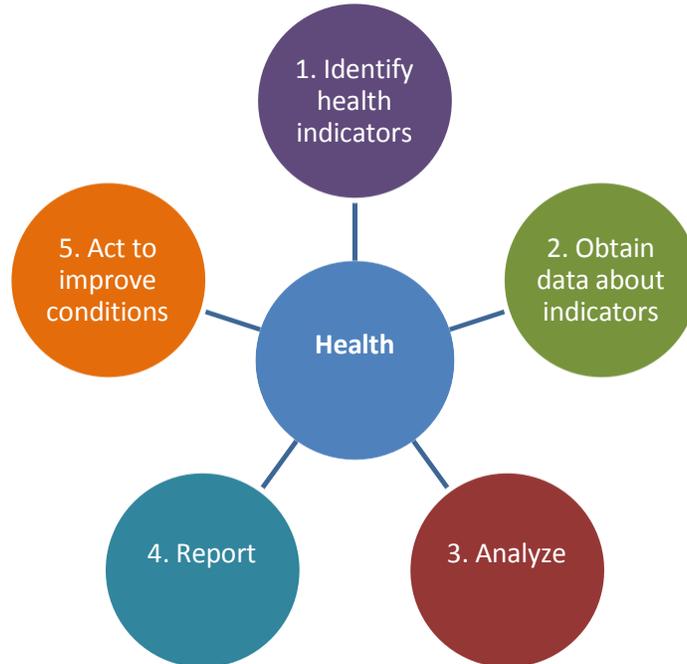
- Practice based evidence for how communities deficient of environmental assets benefit from parks.
- Neighborhood level data on health impacts that result from the community-led process to develop a park in the neighborhood.
- A tracking system for both the community-led process by which the park is being developed, and the ensuing park-related initiatives intended to promote community health and wellbeing.
- A structured plan for data stewardship, including plans for utilization of data sources, data collection, data management, partner roles, and sustainability (checking in on health-related indicators 2 and 5 years after the park is developed).

¹ World Health Organization. (2013) *Handbook on health inequality monitoring: with a special focus on low- and middle-income countries*. Geneva, Switzerland: John Dawson.

² Native American Youth and Family Center. (2013). *The Relational Worldview Model And its Use at The Native American Youth and Family Center (NAYA)*. Portland, OR: Donita S. Fry.

³ Minkler, Meredith. 2nd Ed. (2005). *Community Organizing and Community Building for Health*. Piscataway, NJ: Rutgers University Press.

Figure 6. WHO health monitoring cycle (2013)



4. Community Action Partners (CAP)

Goal: Recruit residents that reflect the rich diversity of communities within the neighborhood, targeting populations living within close proximity to the Cully Park site.

- Native American Community– Native American Youth & Family Center, Portland Youth & Elders Council
- Latino – Verde, Vecinos en Alerta, Hacienda Community Development Corporation (HCDC)
- Somali – HCDC
- Low-income residents living nearby the park – Habitat for Humanity, Fir Grove and Cedar Shade trailer park and manufactured home communities
- Higher income neighborhood residents – Cully Association of Neighbors
- African-Americans – Portland Community Reinvestment Initiatives (PCRI)
- Asian, Pacific Islanders – Asian-Pacific American Network of Oregon (APANO)
- Youth – Rigler, Scott School, HCDC after school programs, youth transitional school
- Elders – PSU Institute on Aging, Elders in Action, faith-based organizations, care facilities

5. CAP Recruitment Process

- Verde, and other organizational partners will recruit 1-2 individuals by reaching out to organizations listed above. These individuals will serve as CAP members and earn honoraria for their roles as community health liaisons.
- Once individuals express interest, they will complete an interest form, committing to their role as a CAP member in this project.
- The CAP will participate in a series of workshops: (1) sharing local knowledge of what is important for the community to measure for health and wellbeing; (2) learning about previous, ongoing, and existing data and potential indicators that pertain to measuring health benefits; and (3) building the capacity of the community to engage in addressing health disparities in Cully through training on community-based participatory action and qualitative data collection (conducting observations, surveys, interviews, Photovoice, etc.).

6. Technical Advisory Panel (TAP)

The TAP is comprised of community-serving and institutional organizations that provide technical expertise to help the CAP create the outcomes desired by the community. TAP members assist with review of the project plan, sharing of information about available data and utilization of that data, data collection methods, and identifying additional resources.

- **Verde** – Tony DeFalco (Living Cully/Cully Park)
- **Oregon Health Authority** – Public Health Division, Kari Christensen (Brownfields); Jennifer Young (Adolescent Health Physical Activity and Nutrition)
- **Cully Resident** – Sheela Choppala (Social Determinants of Health)
- **Hacienda Community Development Corporation (HCDC)** – Anna Gordon (Environmental and Community Education)
- **Kaiser Permanente** – David Mosen (Center for Health Research) and Rachel Burdon (Community Health Initiatives)
- **La Clínica de Buena Salud** – Ruby Ibarra (Community Health)
- **Multnomah County Health Department** – Betsy Clapp (Health Research)
- **PolicyLink** – Kalima Rose (Collaborator on Living Cully: A Cully Ecodistrict)
- **Portland Parks and Recreation** – Todd Lofgren (Property and Business Development Manager and Health Initiatives Lead for Parks Strategic Plan)
- **Portland State University, School of Community Health** – Kelly Gonzales (Professor, Public Health, Urban and Public Affairs)
- **Providence Center for Outcomes Research and Education (CORE)** – Kristin Harding (Health Research)
- **Native American Youth and Family Association (NAYA)** – Donita Sue Fry (Portland Youth and Elders Council Organizer)
- **Student** – Katherine Walker (Public Health)

7. Community Education and Capacity Building

Verde and OHA will lead the educational efforts with community members and community-serving organizations to:

- Share previous information collected by community-led efforts that identifies conditions that influence health within the neighborhood,
- Create a list of health-related indicators,
- Identify existing data sources for the indicators selected,
- Provide guidance with qualitative data collection methods (surveys, interview questions, etc.)
- Develop a plan for the community to track health benefits resulting from the addition of the park, 2 and 5 years from now (after the park is developed).

8. CAP Workshops

Meetings:

- Meals, translation of material, interpreters, childcare, honoraria, and certificate of completion will be provided.

Focus:

Adult learning best practices (source: Center for Public Health Practice)

- **Immediately useful /relevant** – information presented by project sponsors (TAP) has immediate usefulness and is relevant to Cully community resident’s lives.
- **Welcoming** – the meeting environment is welcoming so that all participants feel safe sharing.
- **Engaging / Respectful** – sharing in a respectful manner, where everyone has an opportunity to share their experiences and education is reciprocal.

Draft learning objectives:

- Review previous community-led efforts and existing information that could be used to depict current neighborhood conditions as they pertain to health, equity and the built environment.
- Create a community definition of health.
- Share perspectives on social and environmental influences on health.
- Determine what health benefits are expected from the addition of the park in the neighborhood.
- Build capacity and skills in conducting qualitative data collection (community surveys, interviews, observations, photovoice, etc.).

Individual workshop schedules include:

- Date, time, location
- Objectives
- Speakers
- Agenda

- Activities
- Homework – responsibilities for CAP members as a condition of the honoraria provided

9. Theoretical framework for this community-led process

“Worldview” is a term used to describe the collective thought process of a people or culture. Thoughts and ideas are organized into concepts. Concepts are organized into constructs and paradigms.

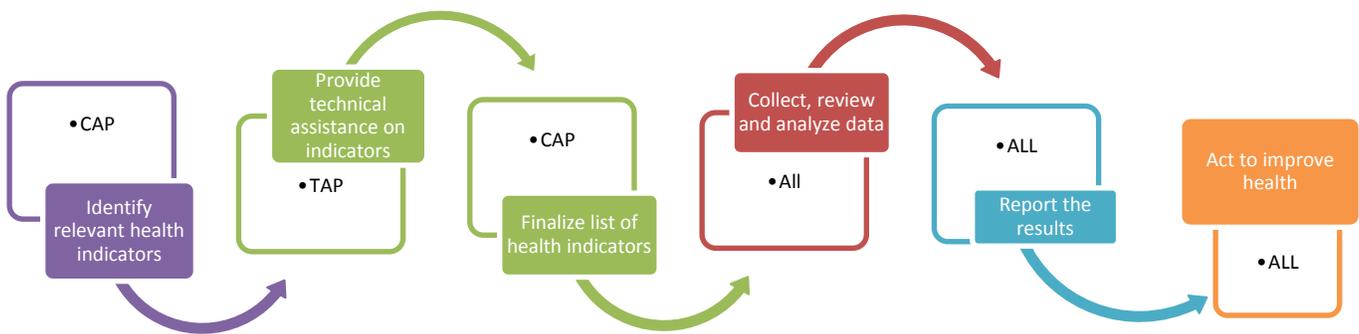
Paradigms link together to create worldviews. Understanding worldviews and how they relate to health education work can serve to enhance the ability to meet the needs of a community. This project is based on two worldviews, the Relational Worldview Model and the public health and social change worldview, as characterized by Meredith Minkler.

- Relational Worldview Model (RWVM) - The Native American Youth and Family Center (NAYA) is located in the Cully neighborhood and within a mile of the Cully Park site and plays fundamental role in Cully Park initiatives. The work of this project is guided by RWVM, the lens and perspective through which NAYA provides all programs and services. The model was developed by the National Indian Child Welfare Association (NICWA) in the 1980's and continues to be refined in practice. It is a reflection of the Native thought process and concept of balance as the basis for health, whether that is an individual, family or an organization.
 - As stated by NICWA, “there are two predominant worldviews—linear and relational. The linear worldview is rooted in European and mainstream American thought. It is very temporal, and it is firmly rooted in the logic that says cause has to come before effect. In contrast, the relational worldview sees life as harmonious relationships where health is achieved by maintaining balance between the many interrelating factors in one’s circle of life.”⁴
- Public Health and Social Change Worldview – “contemporary public health is as much about facilitating a process whereby communities use their voice to define and make their health concerns known as it is about providing prevention and treatment.” The Cully Park Health Monitoring project was developed on the basis of community-based participatory action constructs, to ensure justice, fairness, the application of democratic principles, and a sense of collective responsibility. With this in mind, all work involves helping communities have their voices heard and their strengths realized and nurtured.⁵

How these two worldviews are applied to this project

These worldviews guide the process for engaging Cully residents, and the process by which technical assistance is provided. All involved in the project acknowledge that health is deeply grounded in a broader social and environmental context that includes multiple dimensions of health and wellness – mind, body and spirit. The value of inclusion rather than exclusion and the embrace of diversity as a means of enriching the social fabric of the community are central to the world views guiding this work.

Figure 7. Flow of tasks and roles



⁴ National Indian Child Welfare Association. (July 10, 2013). Retrieved from http://www.nicwa.org/relational_worldview/

⁵ Minkler, Meredith. 2nd Ed. (2005). Community Organizing and Community Building for Health. Piscataway, NJ: Rutgers University Press.

APPENDIX D

Resources for community engagement

WORKSHOP #1

Wednesday, October 2, 2013

6:00–8:00 p.m. | Scott School Library

Objectives– What we are setting out to accomplish.

1. Get to know each other.
2. Provide an overview of this project.
3. Learn about previous community-led Cully Park efforts.
4. Develop an initial list to use for tracking health benefits from the park.

6:00–6:15 Welcome / Introductions (TONY)

6:15–6:30 Community building activity (KARI)

6:30–6:40 Review roles, CAP/TAP, what we set out to accomplish (KARI)

6:40–7:10 Learn about other community-led efforts (TONY)

- CIC/Risk Assessment – initial video, local leader
- Community garden – video
- Play area – video
- Tribal plant gathering – video/local leader
- Bike project – local leader
- Safe access – local leader
- Not in Cully – local leader

7:10–7:20 *Break – talk, stretch, move around the room, view maps and photos*

7:20–7:50 Relational Worldview Model (DONITA)

7:50–8:00 Homework

8:00 *Adjourn*

Speakers: Tony DeFalco – Verde, Kari Christensen – OHA-PHD, Donita Fry – NAYA, Cully neighborhood resident

Activities

1. Community building - in small groups (or as one large group) introduce yourselves, and talk about why you are interested in this effort.

2. Watch videos to get a sense for other park efforts led by the community, including: the community garden, play area, tribal gathering area. While listening to others in your community, write down thoughts about health, wellbeing, quality of life. Share thoughts with the group.

3. Discuss previous efforts (that don't have videos). Let's view photos and maps from the CIC effort, photovoice bike project, safe access project, maps that show the number of parks/greenspace and food access, and actively discuss this great work.

4. Brainstorm and create a list of ideas for how we will know (track) if the park influenced community health, wellbeing and quality of life (what indicators will we use?).

5. Using the Relational Worldview Model to frame the discussion, create a community definition of health. What does being healthy mean? Use this as a working definition throughout the project and potentially display this definition at the park.

Results

WHAT DOES BEING HEALTHY MEAN TO YOU AND YOUR COMMUNITY?	
To be healthy and feel good about yourself.	Estas saludable y sentirse bien con uno mismo.
Someone that is fit and cares about what is going in their system.	Alguien que está en forma y se preocupa por lo que está pasando en su sistema.
As an elder in the Native community, I am very active in the prevention of diabetes through use of health foods and exercise. Access to good food and nature are important to good health.	Como un anciano de la comunidad indígena, soy muy activo en la prevención de la diabetes a través del uso de alimentos para la salud y el ejercicio. El acceso a la buena comida y la naturaleza son importantes para la buena salud.
Health means to me to be able to do what I want, when I want without having to worry about unreasonable stress on my body.	Salud significa para mí ser capaz de hacer lo que quiera, cuando quiera sin tener que preocuparse por la tensión excesiva para mi cuerpo.

Being mentally, physically and spiritually balanced. Local opportunities to physically interact with natural areas improves the likelihood I'll have an opportunity to recharge all three aspects of health.	Estar mentalmente, físicamente y espiritualmente equilibrado. Oportunidades locales para interactuar físicamente con los espacios naturales mejoran la probabilidad de que tendré la oportunidad de recargar los tres aspectos de la salud.
Stay healthy in body and soul.	Mantenerme san en cuerpo y Alma.
To maintain good nutrition and have regular exercise.	Mantener una buena alimentación y hacer ejercicio regularmente.
If we understand health as the absence of disease, I think that is the state in which we find the right balance between our body, mind and spirit, so we're not just talking about physical health but mind also including our relationships as individuals and the community. To achieve this balance, you need to have the support not only of the authorities at Health but also the community in which we live or participate and also the government.	Si entendemos a la Salud como la ausencia de enfermedad, yo creo que es el estado en el que encontramos el balance adecuado entre nuestro cuerpo, mente y espíritu, por lo que no solo estamos hablando de salud física sino también mental incluyendo nuestras relaciones como individuo y con la comunidad. Para lograr este balance, es necesario tener el apoyo no solo de las autoridades a nivel Salud, sino también de la comunidad en la que estamos viviendo o participando y también del gobierno.
It's having a healthy environment free of obesity and disease.	Se trata de tener un ambiente sano y libre de la obesidad y las enfermedades.
Life	Vida
To not be sick and to be active in everything	No estar enfermo y estar activo en todo.

WORKSHOP #2

Wednesday, October 16, 2013

6:00–8:00 p.m. | Scott School Library

Objectives – What we are setting out to accomplish.

1. Prioritize a list of health-related interests that will become health indicators.
2. Verify that community values and beliefs are reflected in the health indicators selected.
3. Discuss current (baseline, before Cully Park) neighborhood conditions through sharing existing data.

6:00–6:10	<i>Welcome</i> , collect paperwork for stipends (TONY)
6:10–6:15	Review where things are at in relation to where the effort is heading. (KARI)
6:15–6:45	Activity 1 – small groups (ALL)
6:45–6:55	Selecting the top 10 for monitoring over time (KARI)
6:55–7:10	Break
7:10–7:15	Why data is important (TONY)
7:15–7:45	Activity 2 – matching health interests and themes to data (ALL)
7:45–7:50	Existing data and data yet to be discovered (KARI)
7:50–8:00	Review Homework and Workshop #3
8:00	<i>Adjourn</i>

Facilitators: Tony DeFalco – Verde and Kari Christensen – OHA-PHD

Activities

Creating themes from health interests

- 1. Discuss** - in small groups discuss the information you gathered from the conversations you had in the community. Compare what you heard to what we talked about in the first workshop. Add any new health interests and values from community members to the pieces of paper provided.
- 2. Organize** - in small groups organize the health interests and values into themes.
- 3. Prioritize** – using the five stickers you have, vote on the health interests/values that you think are the most important priorities for monitoring over time.
- 4. Identify** someone in your group to present the top health interests and values to the larger group. If your group finishes early, start to brainstorm ways that the top interests and values can be measured.

Guessing Game

1. With a paper and pencil in hand take a look at the different maps in the room. The maps present data for the neighborhood. What are the maps telling us, how does the information on the maps relate to the health interests and themes identified?

Results

Group 1

Themes

- **Therapy –**
Health interests
 - Development – 13 votes
 - Opportunities for emotional well-being, feeling good about yourself, mind-body-spirit balance, happiness – 1 vote
 - Using the park to prevent disease or sickness – 2 votes
- **Activities –**
Health interests
 - Outdoor place for people to play with dogs – 8 votes
 - A place to have parties, rented to support the park – 0 votes (in Spanish)
 - Opportunities for outdoor community gathering, getting to know neighbors, at the park – 1 vote
 - Opportunities for intergenerational activities at the park – 4 votes
- **Safety –**
Health interests
 - Signals/signs for every areas, for example for bikes, walking, playing, and secure and with enough lighting – 1 vote (in Spanish)
 - Safe access to the park, getting to the park safely from the schools and homes – 6 votes
 - Feeling safe using the park (park from crime, gangs) and in the neighborhood as a community in general – 1 vote

Group 2

Themes

- **Physical events –**
Health interests
 - Opportunities for dancing activities at the park – 1 vote
 - Outdoor place for children to play – 4 votes
 - Opportunities for physical fitness and exercise – 2 votes
- **Health –**
Health interests
 - Opportunities to grow healthy food, and eat healthy – 1 vote
 - Opportunities for emotional well-being, feeling good about yourself, mind-body-spirit balance, happiness – 1 vote
- **Non-physical events –**

Health interests

- Opportunities for outdoor community gathering, getting to know neighbors, at the park – 2 votes
- Opportunities for families to spend time together at the park – 2 votes

- **Events –**

Health interests

- Opportunities for parties and places to celebrate at the park – 3 votes
- Educational events—5 votes

- **Access –**

Health interests

- Opportunities that are simple for people with limited mobility (elderly, disables at the park) – 1 vote
- Opportunities to spend time outside in nature (access to natural areas) – 1 vote

- **Security –**

Health interests

- Feeling safe using the park (safe from crime, gangs) and in the neighborhood as a community in general – 1 vote
- Need for bright lights in park (food, lights) – 7 votes
- Safe access to the park-getting to the park safely from the schools and homes – 4 votes

Group 3

Themes

- **Community –**

Health interests

- Opportunities at the park for outdoor community gathering, getting to know neighbors – 4 votes
- Possible new home for Lakeside Little League or soccer league – 0 votes (in English)

- **Bridge to nature –**

Health interests

- Water feature-as nature and place to cool off/play in summer – 4 votes (written in)

- **Links community to health –**

Health interests

- Support from the government and health authorities – 0 votes

- **Mission statement –**

Health interests

- Opportunities for emotional well-being, feeling good about yourself, mind-body-spirit balance, happiness – 0 votes

- **Link to community safety –**

Health interests

- Sustained programming to directly provide opportunities for activities/summer programming as safety measure – 2 votes
- **Physical health –**
Health interests
 - Opportunities for physical fitness and exercise – 2 votes
 - Opportunities to grow healthy food and eat healthy – 1 vote
 - Outdoor place for children to play – 1 vote
- **Safety (measure with crime statistics) –**
Health interests
 - Feeling safe using the park (safe from crime, gangs) and in the neighborhood as a community in general – 3 votes
 - Safe access to the park – getting to the park safely from the schools and homes (sidewalks, 4-way, 2-way, “no-way” stops, streetlights) – 1 vote
 - Clean, safe restrooms – 2 votes (written in)

Group 4

Themes

- **Safety –**
Health interests
 - Security at the park at night plus safety from traffic – 2 votes (written in)
 - Feeling safe using the park (safe from crime, gangs) and in the neighborhood as a community in general – 1 vote
- **Family –**
Health interests
 - Opportunities for families to spend time together at the park – 1 vote
 - Outdoor place for people to play with dogs – 3 votes
 - Opportunities to develop relationships at the park – 1 vote
- **Community –**
Health interests
 - Collect rain water for water play (for kids) focal feature-fountain – 6 votes
 - Food and drink vendor – 0 votes (written in)
 - Opportunities for arts and crafts in the park – 5 votes
 - Plants for crafts – 1 vote (written in)
- **Health –**
Health interests
 - Opportunities for emotional well-being, feeling good about yourself, mind-body-spirit balance, happiness – 1 vote
 - Opportunities to spend time outside in nature (access to natural areas) – 1 vote

Group 5

Themes

- **Health –**

- Health interests*

- Using the park to prevent disease or sickness – 1 vote
 - I like a park with pools – 1 vote (in Spanish)
 - Opportunities to spend time outside in nature (access to natural areas) – 1 vote
 - A park with many flowers, like roses and daisies – 1 vote (in Spanish)

- **Activities –**

- Health interests*

- Opportunities for arts and crafts activities at the park – 1 vote
 - Opportunities for families to spend time together at the park – 3 votes
 - Outdoor place for people to play with dogs – 1 vote
 - Playgrounds of all sizes for all ages – 1 vote
 - Different games for all ages from 1 year to 16 years old – 0 votes (in Spanish)
 - A building with a lot of windows (glass blocks) to host classes – 2 votes (written in)

- **Community – 5 votes**

- **Safety –**

- Health interests*

- A park with a place to vend coffee and donuts and some warm rocks-because Oregon has more winter than summer – 0 votes (in Spanish)
 - Safe access to the park, getting to the park safely from the schools and home – 1 vote
 - A lot of light for safety – 0 votes (written in)
 - Neighborhood watch or park ranger to keep the park safe – 2 votes (written in)
 - A park with lots of light at night – 4 votes (in Spanish)
 - We want to put crosswalks – 3 votes (in Spanish)
 - Small business on site would keep a constant presence to help prevent crime – 1 vote (written in)
 - Safe bathrooms that are easy to clean or self-cleaning – 0 votes (written in)

WORKSHOP #3

Wednesday, October 23, 2013

6:00–8:00 p.m. | Scott School Library

Objectives – What we are setting out to accomplish.

1. Discuss existing data sources and identify opportunities for community-collected data.
2. Discuss community support for various community-led data collection methods.
3. Discuss how this information is intended to be used within and by the community.

6:00–6:15 *Welcome*, review the handout, our health “indicators” (TONY)

In small groups discuss the available data and data sources for the indicators. Is the existing data meaningful, trusted or complete? If not, discuss what is more relevant and meaningful to people living in the neighborhood. Report out highlights of your discussion and ideas to the larger group. (ALL)

6:15–6:30 As a large group CAP share homework, are community members interested in helping to gather information if needed? (ALL)

6:30–6:45 Discuss community-based participatory action, importance of community engagement and the process evaluation. (SHEELA)

6:45–7:00 *Break* - during the break review the list of health interests and consider telling a story about why they are important to your health, family or community health.

7:00–7:30 Develop a plan for community involvement to support community-led data collection activities; discuss roles for carrying out monitoring efforts over time; discuss fitness course effort. (TONY)

7:30–8:00 Individual storytelling – video recordings

The time we all spent together engaged in these workshops has led to a strategy for tracking how health is influenced over time due to the development of Cully Park. This time is reserved for a discussion about how we want to share information about this effort and who we want to share this with. (KARI)

8:00 *THANK YOU!*

Speakers: Tony DeFalco– Verde; Kari Christensen – OHA-PHD; Sheela Choppala – Cully neighborhood resident

Activities

1. Discuss existing data sources and identify opportunities for community-collected data.

In small groups discuss the available data and data sources for the indicators. Is the existing data meaningful, trusted or complete? If not, discuss what is more relevant and meaningful to people living in the neighborhood. Report out highlights of your discussion and ideas to the larger group.

2. Discuss community support for various community-led data collection methods.

As a large group CAP share insight gathered from the larger community between workshops, are community members interested in helping to gather information if needed?

3. Discuss how this information is intended to be used within and by the community.

The time we all spent together engaged in these workshops has led to a strategy for tracking how health is influenced over time due to the development of Cully Park. This time is reserved for a discussion about how we want to share information about this effort and who we want to share this with.

Results

OHA-PHD Brownfield and Land Reuse Initiative will put together a report with the involvement of the TAP and CAP to capture the work of this collaborative effort, describe the process and outline the plan for monitoring community-identified health interests through the use of existing indicator data.

Workshop maps and data

Community-identified health interest: Diabetes

Diabetes rates

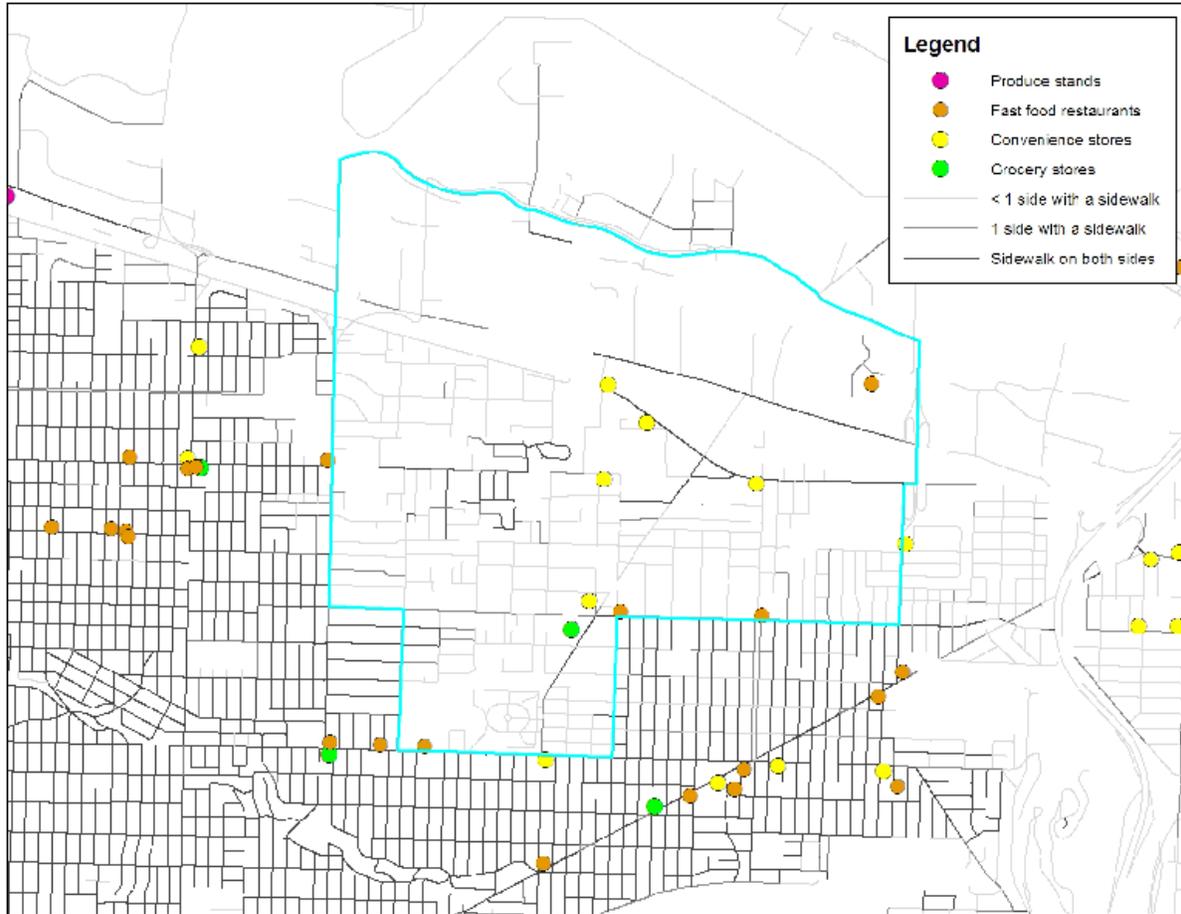
Based on data provided by the Oregon Health Care Quality Corporation, this data depicts participating insurance plan members, ages 18–75, who were identified as having diabetes during 2011 or 2010. This status was determined based on both pharmacy and claim/encounter data. These data include administrative claims (billing) data from eight commercial health plans, two Medicaid managed care plans and the Oregon Health Authority Division of Medical Assistance Programs (Medicaid). The data for this indicator come from health insurance claims records, so they do not include information on uninsured patients, patients who pay for their own health care services, Medicare fee-for-service patients, or patients served by a plan or Medicaid provider that does not supply data to the Oregon Health Care Quality Corporation. The data, therefore, do not represent all persons living within a census tract. The data were first geocoded by patient address and then aggregated into census tracts in order to maintain confidentiality.

Table A. Percentage of participating insurance plan members ages 18–75 who have diabetes. By neighborhood, 2010 or 2011

Neighborhood	Adult (Type 2) Diabetes Rate
ALAMEDA	3.6%
BEAUMONT-WILSHIRE	4.6%
ROSE CITY PARK	6.1%
ROSEWAY	6.5%
CONCORDIA	7.4%
CULLY	8.0%
SUMNER	9.2%

Source: Coalition for a Livable Future Regional Equity Atlas 2.0 <http://clfuture.org/atlas-maps/diabetes-rates>

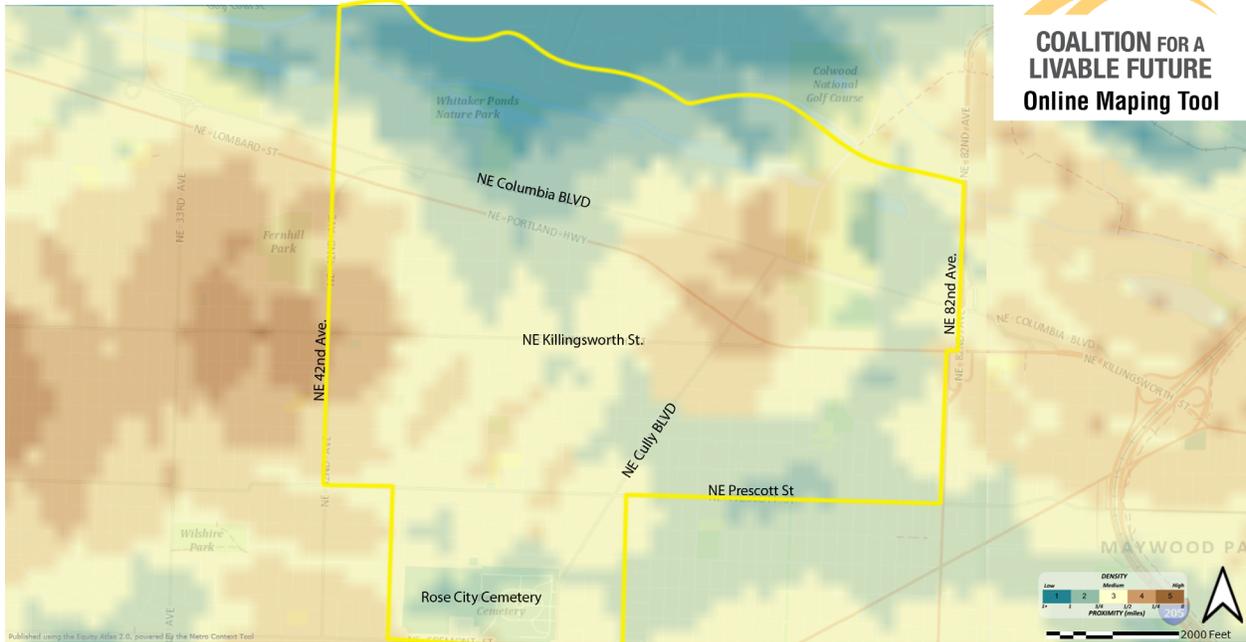
Community-identified health interest: Access to healthy food



Map B. Cully neighborhood food availability.

Source: Cully neighborhood map produced by OHA-PHD with Metro data depicting food availability

Access to Fresh Foods (Proximity to Full Service Grocery & Farmers' Market Heatmap)

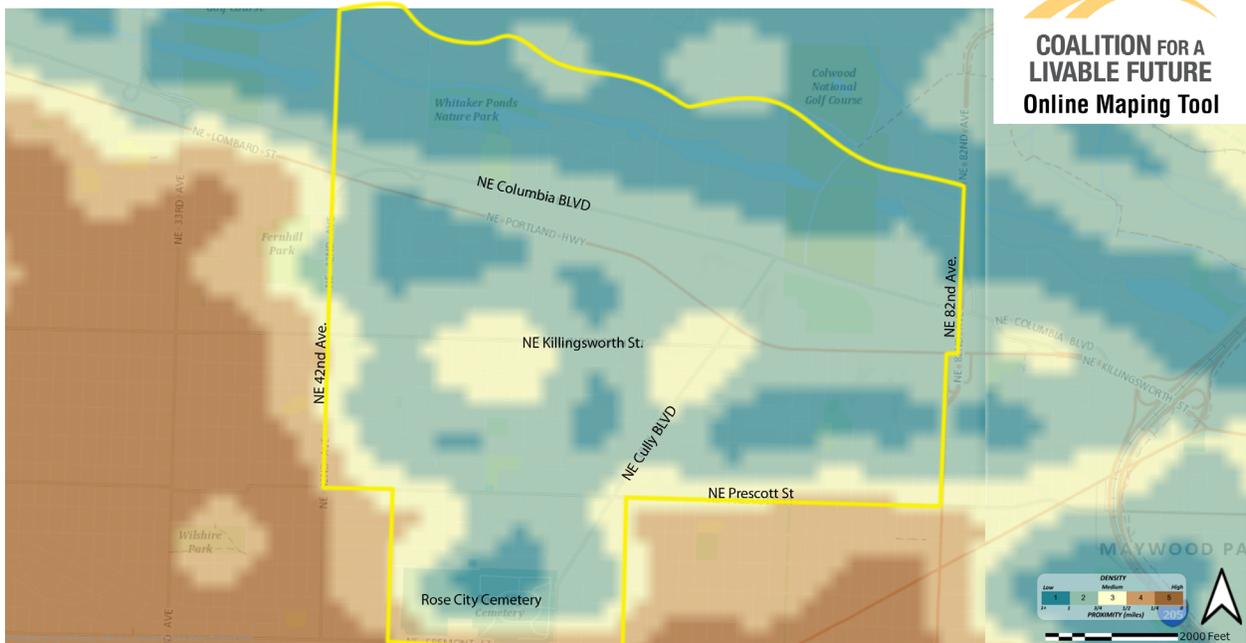


COALITION FOR A
LIVABLE FUTURE
Online Mapping Tool

Map C. Access to Fresh Foods
Source: Coalition for a Livable Future Regional Equity Atlas 2.0

Community-identified health interest: Sidewalks/walkability

Access to Sidewalks (Sidewalk Density Heatmap)



COALITION FOR A
LIVABLE FUTURE
Online Mapping Tool

Map D. Sidewalk Access. Source: Coalition for a Livable Future Regional Equity Atlas 2.0

Community-identified health interest: Intergenerational community

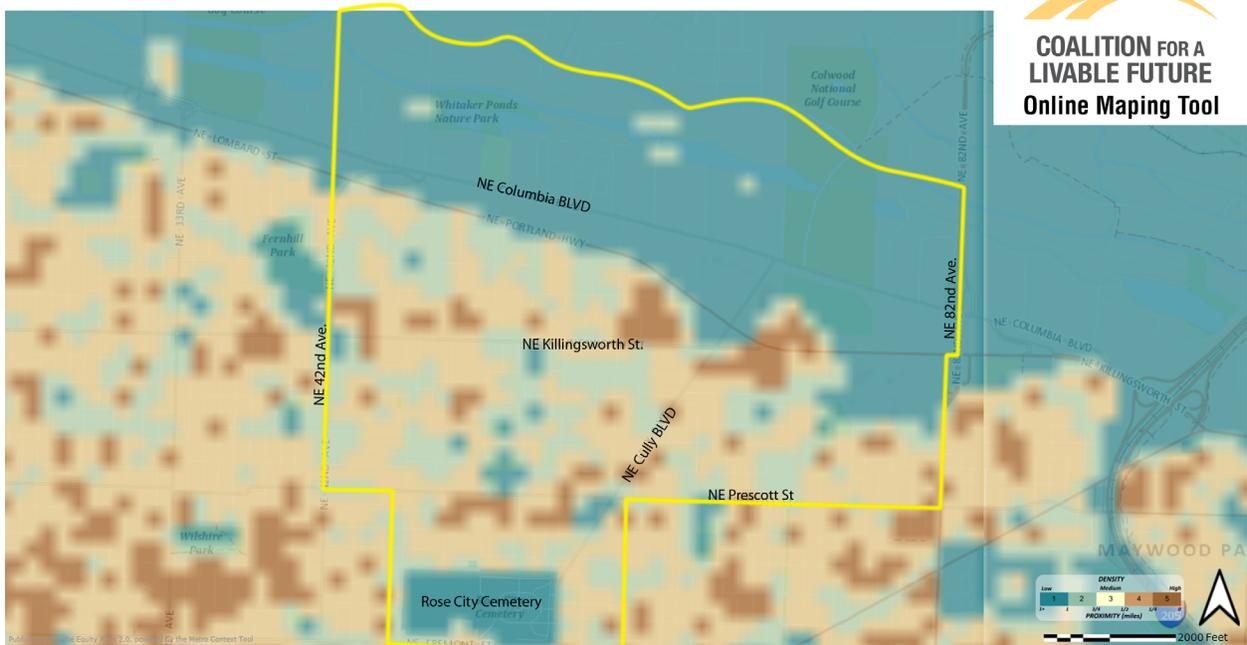
Youth (Ages 0 -17) - Heatmap



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Online Mapping Tool

Map E. Youth ages 0-17
Source: Coalition for a Livable Future Regional Equity Atlas 2.0

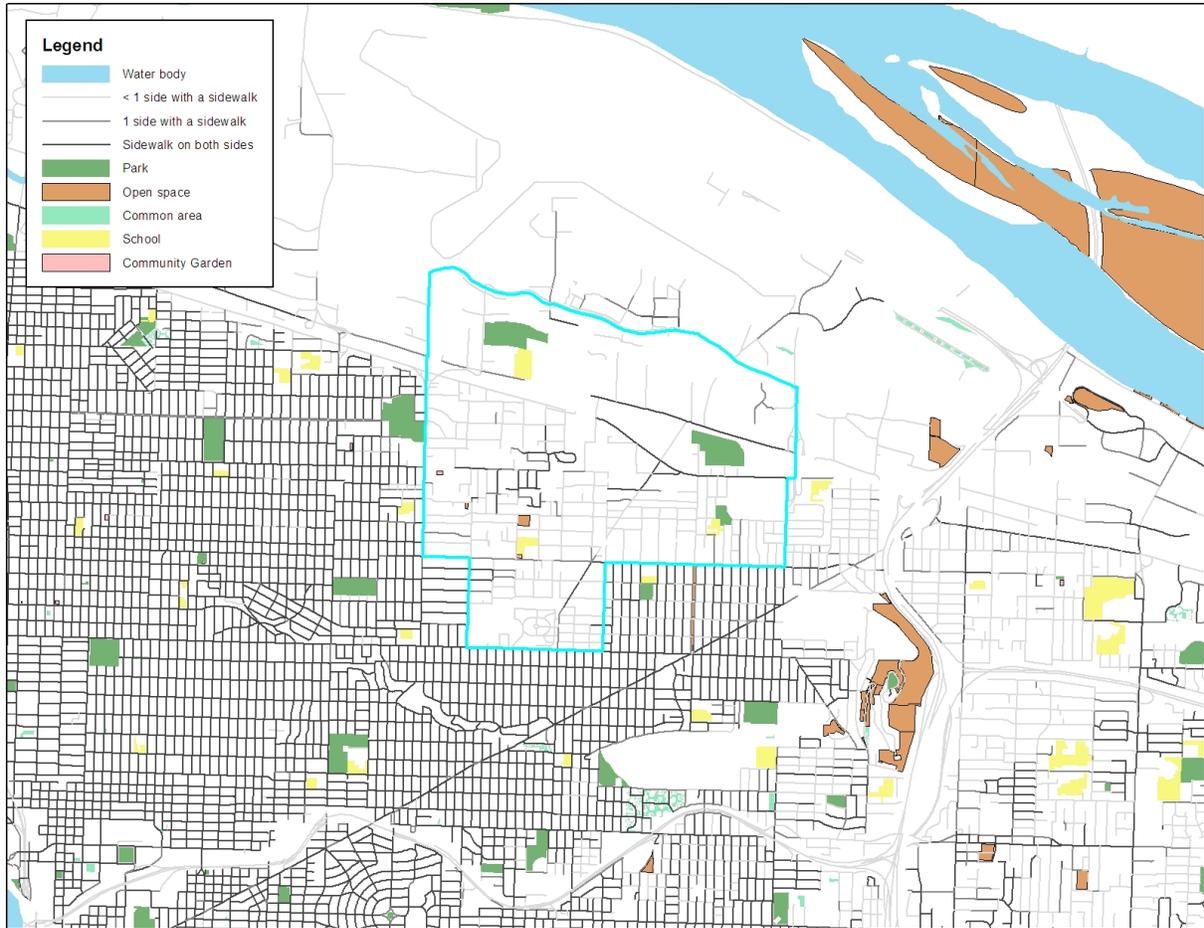
Ages 45 - 64 (Heatmap)



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Online Mapping Tool

Map F. Adults ages 45-64. Source: Coalition for a Livable Future Regional Equity Atlas 2.0

Community-identified health interest: Access to parks and open space



Map I. Cully neighborhood parks and open space.

Source: Cully neighborhood map produced by OHA-PHD with Metro data depicting access to parks and open spaces