



Portland Fire & Rescue Blueprint for Success

Appendices

Please note that this document is internal to PF&R and not
to share with any external organization or individual.
Thank you.

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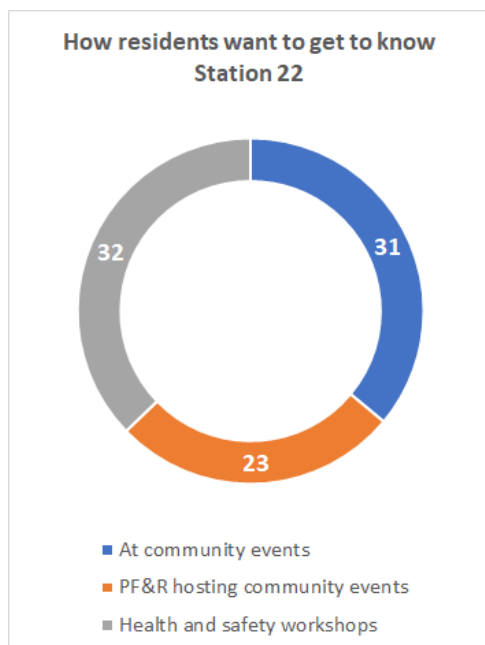
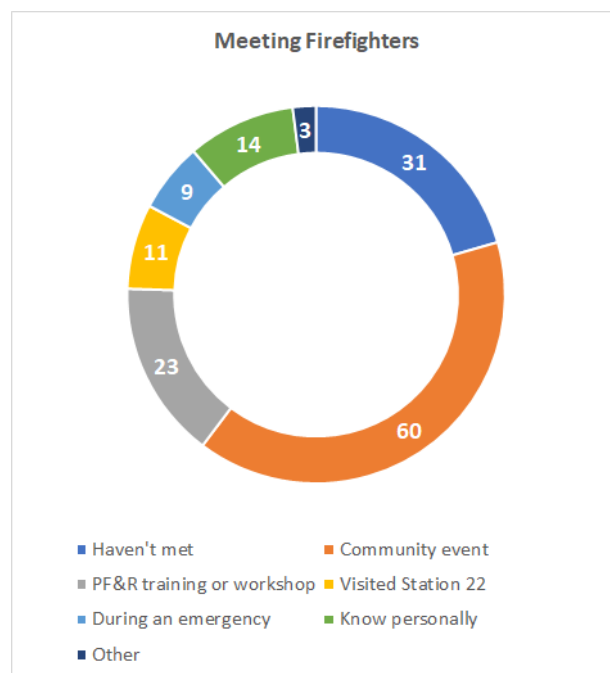
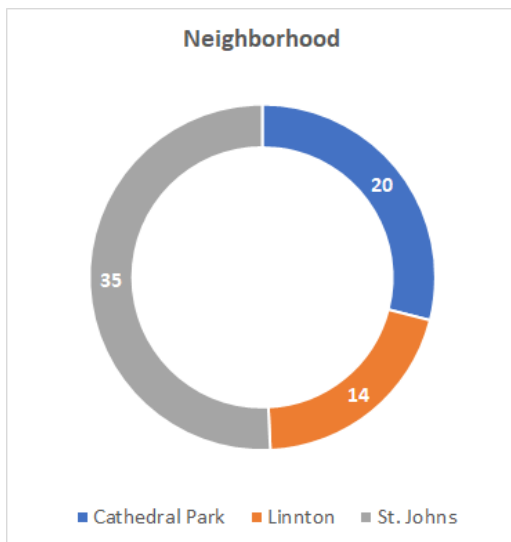
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A. Outreach Materials

Aegis NW Planning Group and Portland Fire & Rescue Blueprint for Success Project

Survey Summary

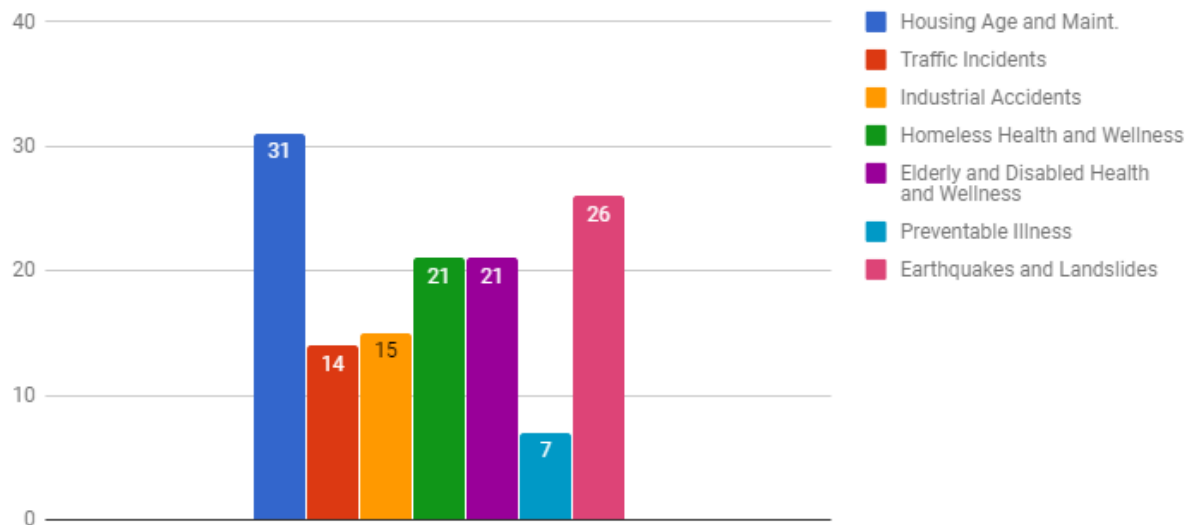
Survey respondents came primarily from St. Johns, the neighborhood with the highest population in the FMA, and the one where we did the most outreach. 31 respondents had not met a firefighter, while the largest number of respondents had met them at a community event. Nearly equal numbers of respondents would like to see their local station attend or host community events, and give community trainings as outreach methods, however hosting community events had the lowest interest.



1. Working with neighborhood associations, events hosted by their apartment management, National Night Out, kids events.

2. Other includes: NET, grocery shopping, specific community event or call references. Multiple responses possible.

FMA 22 Resident Health and Safety Concerns



Some comments were specifically related to Schrunk, including:

- They should have meetings at Schrunk Towers about smoking and fire safety.
- [...]Wellness checks are done to see if someone is okay and they find out they've been dead for days. They should be checking to see if something's wrong. A police presence outside the building would help with the drug problem. A lot of people complain about Schrunk Towers in the neighborhood. Schrunk doesn't permit window air conditioning units, so temperature is a problem

Neighbors in Linnton were particularly vocal about their environmental risks. Some comments include:

- Most of us in Linnton are aware (and have been specifically told on occasion) that we're "on our own" when a disaster such as a major earthquake strikes, due to limited access to our neighborhood. It would be some comfort to know that there are resources on our side of the St. Johns Bridge and on or near St. Helens Road, which is the main route in or out of Linnton. Our isolation will be to our detriment--not to mention our proximity to millions of gallons of highly combustible gasoline. We ALWAYS would be appreciative of efforts to help us get tank farms moved away from the Willamette River and our proximity.
- Prevention! Get rid of the tank farms.

Some additional comments and thank you notes include:

- I have ask for Station 22 to come to events in downtown and neighborhood night out and they always come
- Thanks for being in St Johns
- I appreciate having Portland Fire & Rescue so close to home. I am interested in learning what I can do to make my home safer. I am interested in supporting my elderly and disabled neighbors, and I would love to learn what ideas you have since that is a great service Portland Fire & Rescue can provide.

PF&R Blueprint for Success Community Survey Guide

- Uniformity of questions, coding, script and delivery
 - It's important to collect results in a uniform manner in order to ensure that survey results can be understood to contain similar information, and to ensure that surveyor bias is minimized.
- Avoiding re-traumatization
 - Survey subjects contain questions related to potential trauma. The relevance of these questions has been clarified with an introductory statement, in order to provide some context about the rationale for asking these questions. Questions have been reviewed to ensure that only necessary questions are asked, and are worded carefully in order to reduce the risk of retraumatization.
- Who to Survey
 - Door-to-door surveys at Section 8 Housing Facilities (where possible) and other areas where vulnerable communities are concentrated, as determined by demographic census data review.
 - Local community service providers
 - Health clinic care providers
 - Addiction support service providers
 - Homeless shelters, hot meal providers, and other low-income community resource providers
 - Diverse religious communities
 - These can be particularly valuable for finding and connecting with limited English proficiency communities if there are non-English religious services in your area
 - Neighborhood Associations in your FMA
 - Business Associations in your FMA
- Survey Script
 - Hi, I'm _____. I'm a PSU student working on a project with Portland Fire & Rescue at your local Fire Station.
 - I have a very short survey about your contact with firefighters, and your public health and fire safety concerns. There are 8 questions. Are you free to answer our survey right now?
 - [hand the survey to the person on the clipboard.]
 - If they would rather not write, ask them questions and note at the end that the survey was filled out by the surveyor.
 - All questions are optional, and you may stop at any time. Let me know if you have any questions.
- FAQ:
 - Why?

- Your local fire station wants to learn more about community concerns. They're working on a project that increases their fire and emergency prevention activities, and would like to find out what kind of prevention activities would most benefit this neighborhood.
 - What is the survey about?
 - There are questions about your past communication with firefighters, where you'd like to see them in the future, and what emergency prevention issues you'd like to see them provide education on. If you would like to skip a question or end the survey, you can do so at any time.
 - How long will it take?
 - About 5 minutes, unless you would like to spend more time to go in-detail with your written feedback.
- Survey ([Paper version](#), [digital version](#), [Spanish version](#))
 - Create appropriate language versions using language translation services. The City of Portland (via PF&R admin) and IRCO are great resources in the Portland area for this project. Send them your survey for translation with substantial lead time, as professional translation can may be delayed based on their workload.

Fire Management Area 22 includes the North and Northwest Portland neighborhoods of Cathedral Park, Linnton, and St. Johns, with Portland Fire and Rescue Station 22 located in Cathedral Park near the St. Johns Bridge.

The PSU Student Workshop group, known as Aegis Planning Northwest, is supporting Portland Fire & Rescue in implementing their Strategic Plan which brings greater emphasis to the prevention of fires and emergencies. Some of the goals include adjusting to the growing population of Portland, with a corresponding increase in fires and emergencies. Station 22 is the site of the pilot of part of this Strategic Plan, the Blueprint for Success program. We are working to bring the Station and the community closer together in non-emergency situations in order to address community needs relevant to their work before they become 9-1-1 calls.

Our anonymous, 8-question survey should take under 5 minutes, and includes questions related to:

- How you have interacted with Firefighters in the past
- Where you would like to see Firefighters in the future, and
- What fire and medical incidents would you like to learn more about in PF&R prevention activities

Questions

1. What neighborhood do you live or work in?

- a. Cathedral Park
- b. Linnton
- c. St. Johns
- d. None of these

2. Have you ever spoken to firefighters in your neighborhood? If , why?

Yes	No
-----	----

- a. They came to a community meeting or event I was at.
- b. I've attended a training/workshop/class presentation.
- c. I've visited a station.
- d. We've spoken about an emergency incident. (e.g. a fire or medical emergency)
- e. I know them personally.
- f. Other:

3. How would you like to get to know firefighters at your local station?

- a. I'd like to see them at more community events.
- b. I'd like to attend community events that they host
- c. I'd like to attend community health and safety workshops led by them.
- d. Other:

4. What are the top **three (3)** incident types you would like to see Portland Fire and Rescue increase efforts in preventing in your area?

- a. Fires and hazards related to house age and maintenance
- b. Traffic incidents
- c. Industrial accidents
- d. Health and wellness of homeless individuals
- e. Health and wellness of elderly or disabled individuals
- f. Health incidents related to preventable illnesses
- g. Earthquakes and landslides (prevention is related to preparedness)
- h. Other:

5. Are there any community organizations you know of in this area (Cathedral Park, Linnton or St. Johns) which are addressing your concerns stated above?

6. We are working on finding and creating resources for non-emergency situations. Have you ever called 9-1-1 for a non-emergency situation because you were uncertain whether alternatives were available?

- a. Yes
- b. No
- c. I'm not sure/I'd rather not say

7. If you answered "yes" above, please tell us about the nature of the situation(s):

8. Are there any other comments or concerns you would like to share at this time?

9. Thank you for taking our survey! If you have any questions, or would like to respond via email, contact us at aegisnw@gmail.com

Check this box if the surveyor filled the questions on behalf of the respondent ☐

Interview Process

1. Goals - we first determined our interview goals as follows:
 - a. Learn about the assets and challenges in the community served by Station 22
 - b. Discuss ideas fielded by the Station and generate new ideas
 - c. Develop partners for collaboration on the prevention strategies generated
2. Identify areas of interest - with a general idea of the subject of our interviews, we determined the types of issues we hoped to address with our interview subjects. We hoped that this would cover common community issues which lead to emergency services. Our subject list includes the following:
 - a. Community health
 - b. Disability & aging services
 - c. Housing & homelessness
 - d. Disaster preparedness
 - e. Community services (food, clothing, work counseling, computer access, etc...)
 - f. Faith-based community services
 - g. Schools
 - h. Disaster preparedness
 - i. Existing prevention departments at PF&R (Public Education, Inspection, CHAT program)
3. Identify organizations and individuals - we conducted research of the organizations operating within FMA 22 online, by asking our client and the Station, and by attending community events where we met a handful of care providers. After conducting a few interviews, we identified care providers via the snowball method, asking our interviewees what other care providers they know of or have worked with. We came up with a list of organizations and contacts, and selected as many as we expected to have time to conduct and analyze, and a variety of topics.
 - a. 24 contacts identified
 - b. 12 contacted
 - c. 10 interviewed
4. Forming questions - A core question set was developed, then modified to fit the specialization of each interviewee. The core interview guide was as follows:
 - a. Description of our project, and why we selected you to interview
 - b. Tell me about your organization.
 - c. What are your duties?
 - d. [Follow-up question: more detail about prevention-relevant duties]
 - e. What needs do you see being under-served in the community?
 - f. What do you see as community assets - strengths, or things that they're doing to meet those needs on their own?
 - g. Do you know of other organizations in the area that are working on fulfilling the community needs?

- h. We've identified a number of solutions that the Station may pursue, a couple of which are relevant to your work. Would you provide feedback on these? Whether they're a good idea, bad idea, or things to keep in mind if we go forward on them?
 - i. [list of 3-5 items from strategies spreadsheet relevant to our interviewee]
 - i. Would you like to share any other thoughts about this project, or with your local station?
 - j. Closing: we will provide the station with your feedback at our final solution selection event, May 7th-9th, to help them know what community resources are available should they chose a particular strategy. They'll pick a couple solutions that we'll do a deeper dive in strategizing, and might get in touch with you at that point. If this isn't one of those, we'll be making a strategy menu for them, so they may get in touch in the future. We'll send you our report if you'd like.
5. Coding - Code groups were based on the goals identified. Codes were based on areas of interest identified, which were not used during interview questioning unless first prompted by the interviewee. These codes were developed:
- a. 100 - Community Concerns
 - b. 101 - Homelessness
 - c. 102 - Basic services - food access, computer access
 - d. 103 - Aging and Disability
 - e. 104 - Access to medical care, insurance, and medical transport
 - f. 105 - Case work, intensive individual support
 - g. 106 - Disaster Preparedness
 - h. 200 - Strategies (specifically for PF&R)
 - i. 201 - Education and outreach
 - j. 202 - Administrative
 - k. 203 - Social Service/Resource Provision
 - l. 204 - Partnerships
 - m. 300 - Challenges
 - n. 400 - Community Assets
6. Based on these codes, the interview results were coded, analyzed, and summarized in order to provide some feedback for the firefighters at our final session where we discussed strategy development, as well as a longer version of interview reporting for the final paper. These interviews were also used to procure local contacts for the firefighters on execution of some of their ideas, and for problem solving in the field. Most service providers gave permission for direct contact by the station, and this contact information will be given to the station.

Aegis NW Planning Group and Portland Fire & Rescue Blueprint for Success Project

Interview Summary

Key informant interviews were targeted at individuals and organizations from whom we could learn more about the available resources in the area, and to find community partners to work with to implement our plan. We reached out to a variety of organizations, and successfully interviewed ten individuals. In addition to informing our strategy development, most of these local community members have expressed interest in being resources for Station 22 to remain connected with after the Aegis team has completed this project.

Interviewee	Community Organization	Interest
Art Balk	Schrunk Tower (Home Forward)	Housing
Adriana Cardenas & Blanca Perez	Multnomah County Health Clinic - North Portland	Community Health
Chris Glanville	St. Johns and Cathedral Park NET Team	Disaster Preparedness
Lindsay Jensen	St Johns Center for Opportunity (SJCO)	Community Service
Pastor Carren Woods	Rivergate Community Church; AllOne Community Services	Faith-Based Community Service
Sarah Taylor	Linnton Neighborhood Association; Linnton NET Team	Disaster Preparedness
David Woodhouse	PF&R - Fire Marshall's Office	Emergency Prevention
Tremaine Clayton	PF&R - CHAT Program	Emergency Prevention
Kim Kosmas	PF&R - Public Education	Emergency Prevention

Community Health & Wellness

Programs that involve Station-level engagement on community health and wellness topics were supported by three of the individuals interviewed, with particular interest in partnerships with Schrunk Towers and the Multnomah County Health Clinic. **Partnering with the Multnomah County clinic**, Station 22 may be able to serve their target audience of low-income community members who have greater than average medical health care needs with health and wellness activities. They shared a resource guide with us to address hoarders¹, a concern raised by Station 22. Additionally, **Art at Schrunk Tower and the staff at SJCO are valuable contacts for navigating local resources** for houseless, low-income, and disabled community members. Community health ideas include:

- Partnering with the Multl. Co. clinic on community health activities - Adriana & Blanca

¹ Multnomah County hoarders resources: <https://multco.us/ads/hoarding-resource-list>

- A health fair at the station, coordinated with education department staff presence so the station does not need to go out of service - Tremaine
- Work with Compassion Connect to get a mobile clinic at Schrunk (currently 4 clinics/year in North Portland - brainstorm fundraising/capacity building?) - Carren

Training & Community Education

Community education activities were brought up at multiple sessions with Station 22, and many of our interviewees supported the Station's ideas, and had additional suggestions to share.

These include:

- Community education events at Schrunk Tower (when to call 9-1-1 & other resources, home fire safety) - Art
- Partnering with NET Teams to provide trainings that provide reciprocal value, useful to support the Station's capacity, and also in case of natural disasters - Chris
- Collaborating for joint school-station fire drills - Tremaine

We recommend Station 22 contact these community members to decide next steps on ideas they want to pursue, as well as other ideas which might be relevant to their work.

Homelessness

This concern was brought up directly by five of our interviewees, three of whom provide services to homeless community members. These service providers are: Multnomah County Health Clinic, SJCO, and AllOne Community Services. The primary method proposed to support homeless people is advocating for adequate funding of public housing programs, including appropriate wrap-around services. This would primarily be conducted by PF&R Admin, but local opportunities such as The Gathering (attended by Councilor Fritz) is also a possibility.

One-on-One Support

Our interviewees noted overlap in the PF&R CHAT program, the county high frequency callers program, and Multnomah County clinic services. Tremaine juggles the duties of case worker, public health researcher, social services network developer, and community education resource developer in his role. Internal advocacy to increase CHAT program capacity could redirect frequent low-acuity 9-1-1 callers to appropriate resources.

Limited Resources

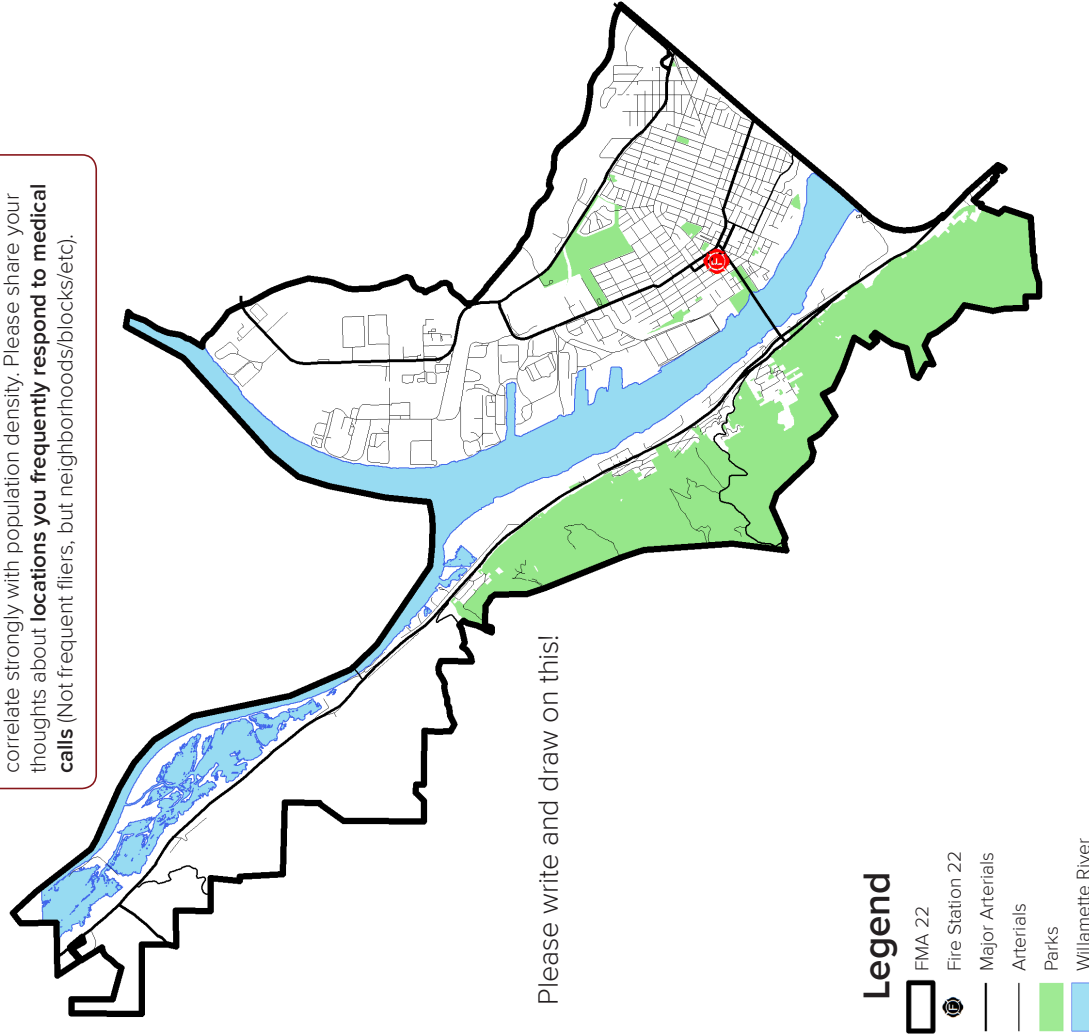
This was a common thread across all interviews - they have all seen critical prevention resources cut, which has expanded the workload for firefighters acting as the last safety net. The limited resources of the Home Forward public housing agency has led to understaffing at Schrunk Towers, a housing facility which serves disabled people living independently, who then rely on 9-1-1 outside office hours. Tremaine shared that one person he works with recently died from alcoholism, even with his extensive support, after three attempts to access substance abuse programs which are over capacity. Community needs such as housing, substance abuse, mental health services, and case worker support are chronically under-funded.

As a city agency with a very positive public image, Portland Fire and Rescue can lend a powerful voice to advocate for renewed funding of services and programs which can a tremendous difference for community members currently falling through the cracks. By highlighting these needs at city council and with elected officials; joining relevant community

advisory boards; and supporting fundraising efforts of community organizations serving those needs, Portland Fire and Rescue can get firefighters back to the high-acuity incidents they're trained to respond to, and improve the quality of life for the vulnerable community members.

Roll Call Materials - Roll Call 1

We have difficulty mapping medical calls because they correlate strongly with population density. Please share your thoughts about **locations you frequently respond to medical calls** (Not frequent fliers, but neighborhoods/blocks/etc).



Your Thoughts - FMA 22

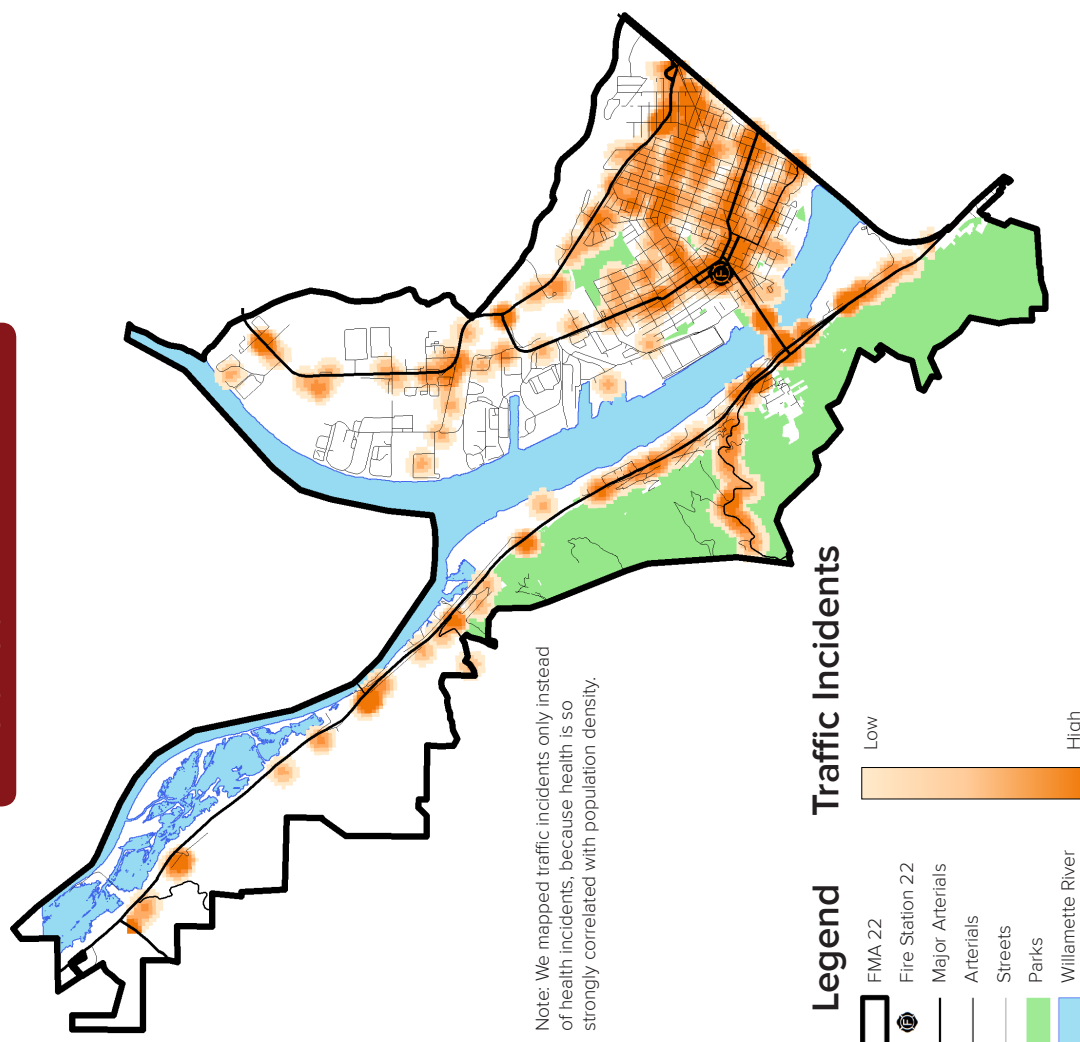
What are some things we may be missing?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

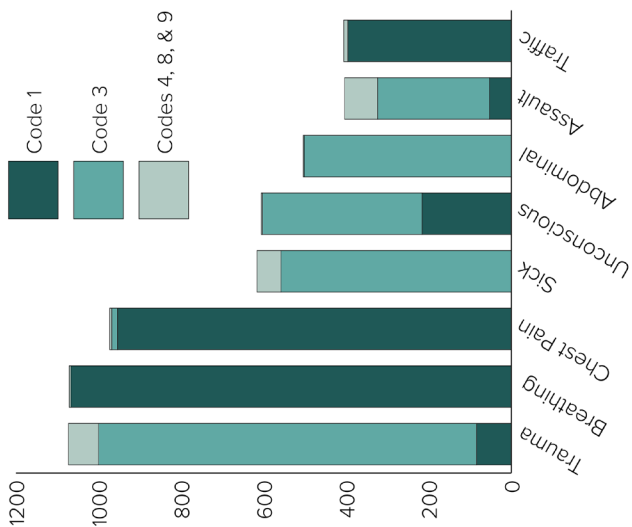
Medical - FMA 22

Questions

- Do these calls reflect your experience of incidents you respond to? Why/how?
- Are there any trends you notice in hot-spots? Any infrastructure, social, economic conditions that repeat in high frequency call areas?
- Do you think certain elements of these emergencies could be better addressed elsewhere, or prevented?



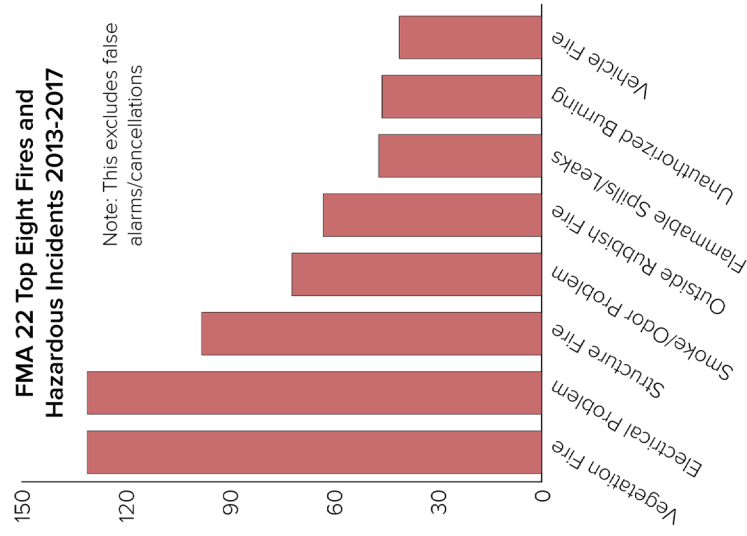
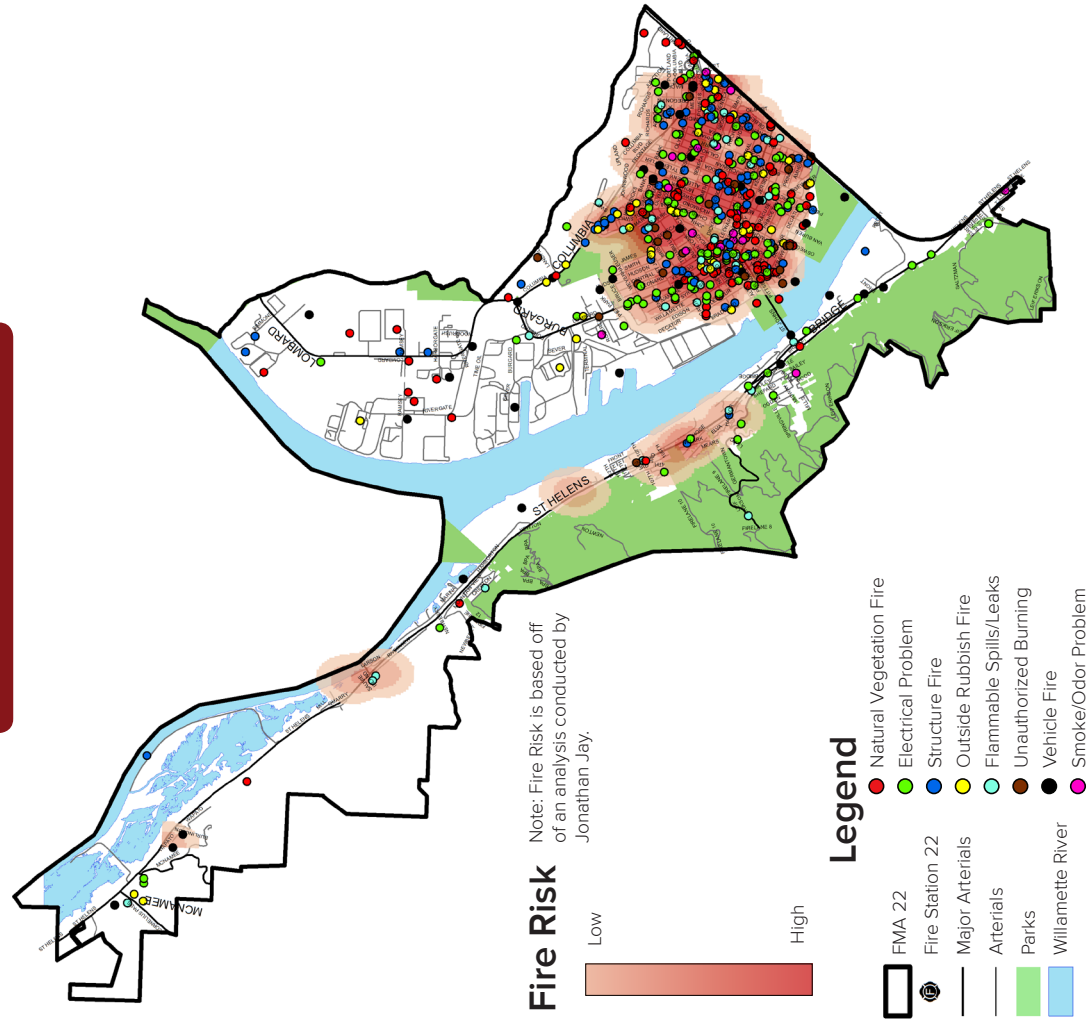
**FMA 22 Top Eight Medical Incidents by Code
2013-2017**



Fire - FMA 22

Questions

- Do these calls reflect your experience of incidents you respond to? Why/how?
- Are there any trends you notice in hot-spots? Any infrastructure, social, economic conditions that repeat in high frequency call areas?
- Do you think certain elements of these emergencies could be better addressed elsewhere, or prevented?

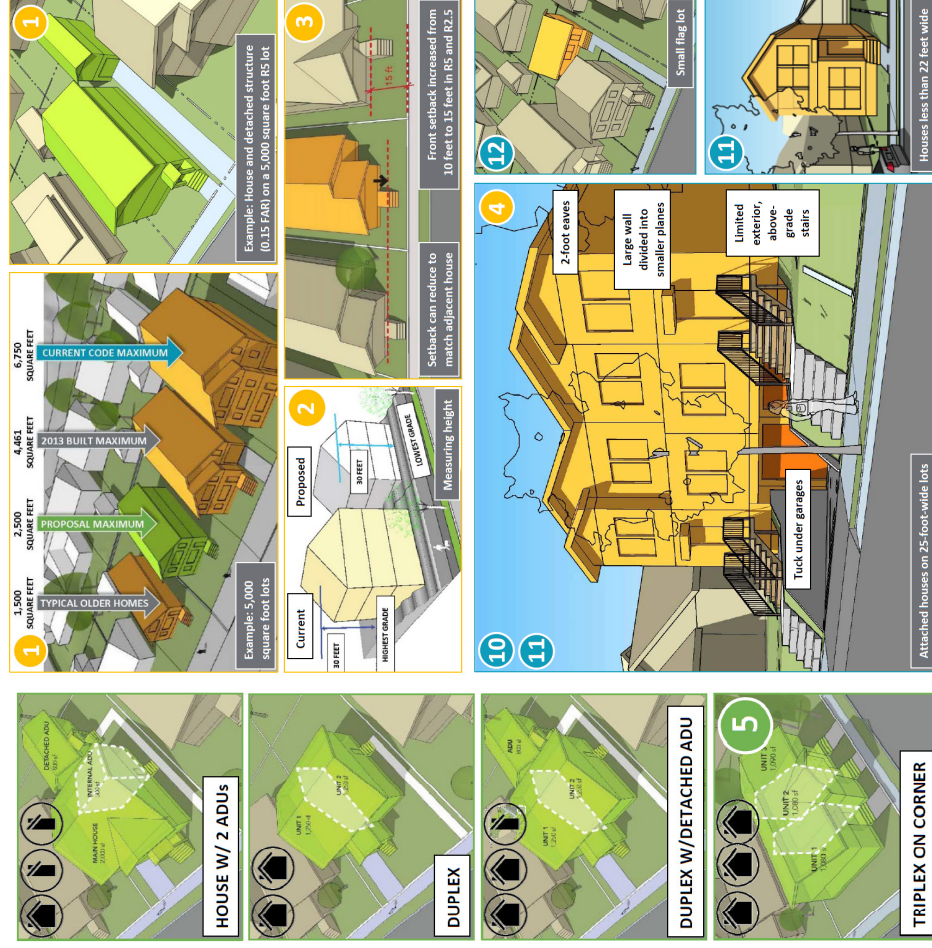
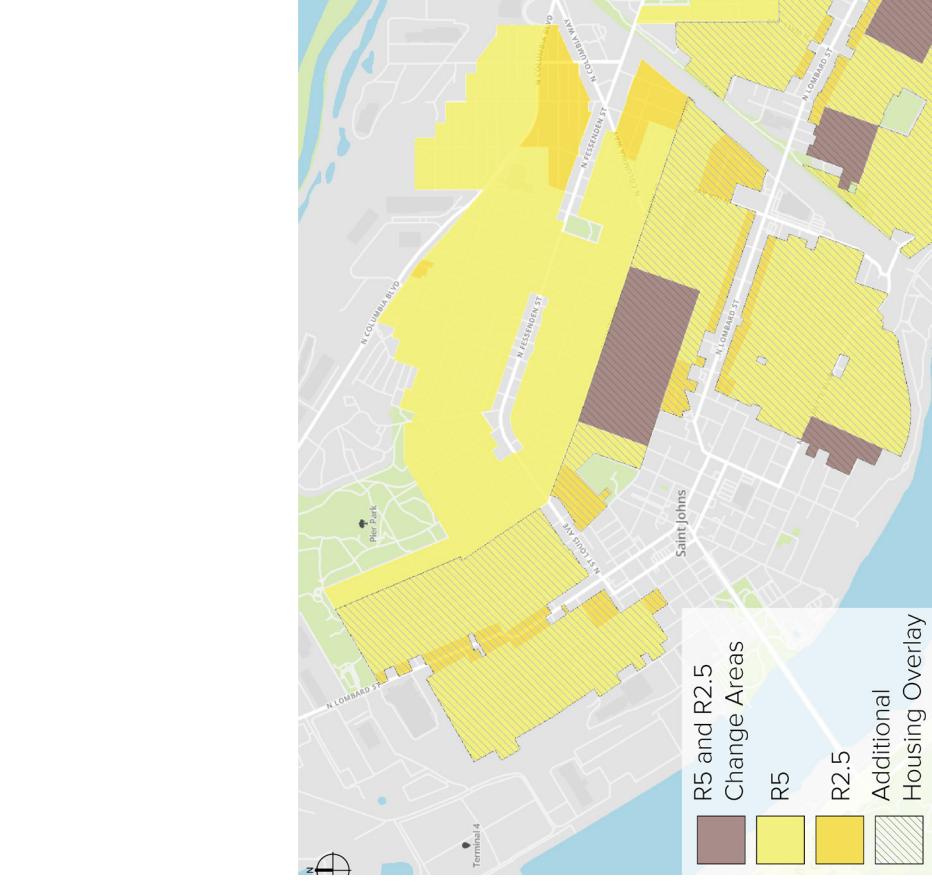


Roll Call Materials - Roll Call 2

Single-Family

Increasing flexibility for single-family zones to allow for increased affordability, types and density of units.

Questions:

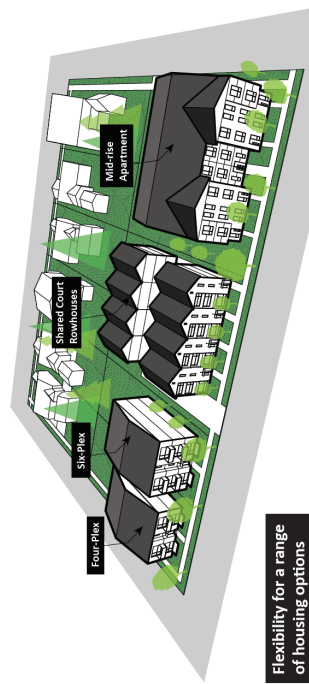


Multi-Family

Key Points

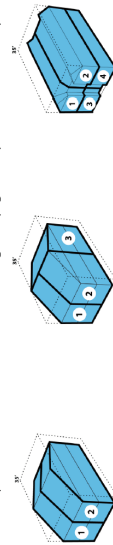
- Increase flexibility of development and diversity of unit types
- Prioritize affordable housing
- Transition to single family and reduce impacts
- Increase connectivity through transit/bike/ped

Questions:



- 1 **Regulate development intensity by the size of the building, instead of numbers of units.**

Allow flexibility for a mix of units within a defined building scale (regulated by floor area ratio – FAR).

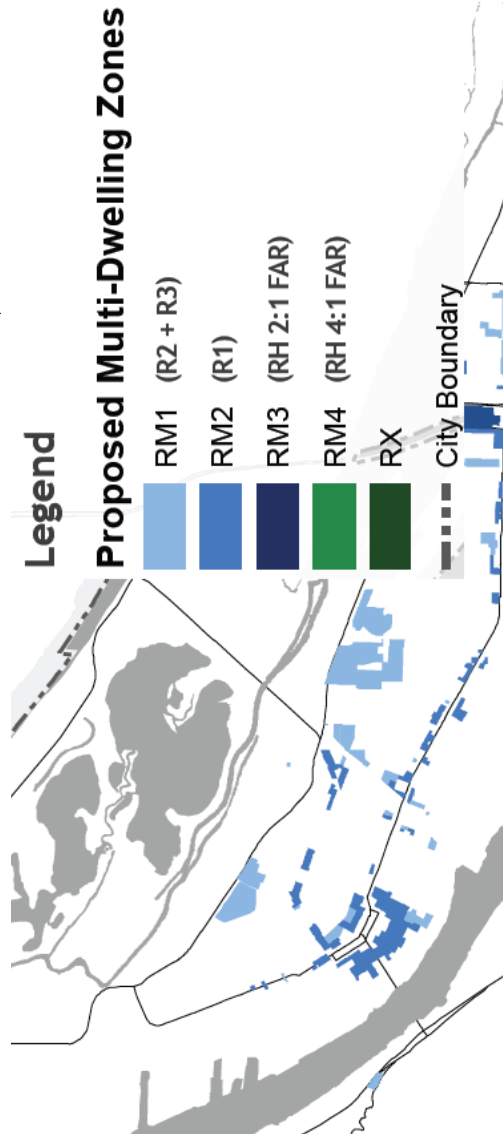


	Base FAR	Bonus FAR
New Zone: RM1 Former Zones: R2 and R3 This is a low-scale zone that provides a transition to lower-density residential areas, often located edges of centers or along neighborhood corridors, or other areas intended to provide continuity with the scale of established residential areas. Maximum Height: 35 feet Maximum Building Coverage: 50%	 1 to 1	 1.5 to 1
New Zone: RM2 Former Zones: R1 This zone is applied in and around a variety of centers and corridors and is intended to contribute to the intended urban scale of these locations, while providing transitions in scale and characteristics to lower-scale residential neighborhoods. Maximum Height: 45 feet Maximum Building Coverage: 60%	 1.5 to 1	 2.25 to 1

Legend

Proposed Multi-Dwelling Zones

- RM1 (R2 + R3)
- RM2 (R1)
- RM3 (RH 2:1 FAR)
- RM4 (RH 4:1 FAR)
- RX
- City Boundary



Transportation



DEATH DUE TO SPEED

U.S. DEPARTMENT OF TRANSPORTATION. LITERATURE REVIEWED ON VEHICLE TRAVEL SPEEDS AND PEDESTRIAN INJURIES. [HTTP://WWW.NHTSA.GOV/ABOUT-NHTSA/TRAFFIC+TECHS/](http://www.nhtsa.gov/about/nhtsa/traffic+techs/) MARCH 2000. CURRENT/LITERATURE+REVIEWED+ON+VEHICLE+TRAVEL+SPEEDS+AND+PEDESTRIAN+INJURIES

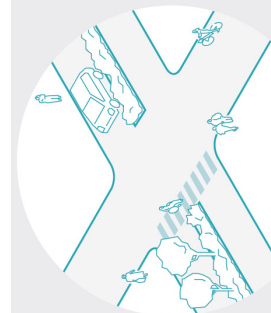
Questions:

Change is Coming

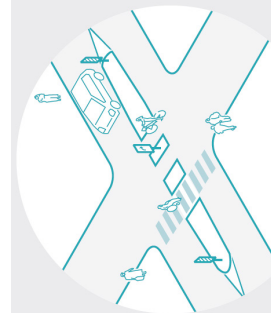
PF&R has been working on amending the Transportation System Plan to provide the following:

- New Street Classification: Secondary Emergency Response Streets
- Higher traffic classifications will not be eligible for traffic slowing devices
- Existing speed bumps will be replaced with speed cushions when repaved
- All traffic control devices need to be approved by PF&R

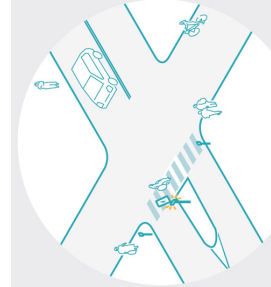
Traffic Control Devices endorsed in Vision Zero



Landscaped islands reduce impervious surface and provide traffic calming effect.



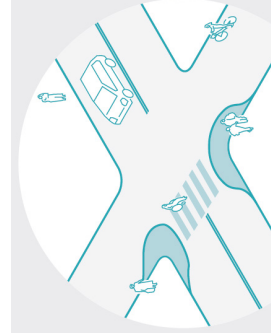
Medians are a common feature of neighborhood traffic calming. Cut-throughs allow cyclists to easily continue through



RRFBs support safe pedestrian crossings without requiring full traffic signals. The walk prompt for RRFBs can be programmed into multiple languages.

























Crossing islands add visibility to crosswalks and provide pedestrian refuge.



Curb Extensions create a shorter crossing distance and increase visibility of pedestrians

Roll Call Materials - Strategy Development

<p>Notice and Comment of Conditional Approvals</p> <p>Adopting a “notice and comment” policy that informs local stations affected by a conditional approval (e.g. a traffic calming device) and solicits their feedback. Stations could join the mailing list of their neighborhood’s Land Use Committee(s) which receives these notifications already, though more direct methods may be desirable.</p> <p>Est. Resources   Est. Benefit  </p> <p>Source: AEGIS</p>	<p>Administrative </p> 	<p>PF&R Building Layout Resource</p> <p>Improve communication of new building layouts to local station and accessibility of building information via iPads</p> <p>Est. Resources   Est. Benefit  </p> <p>Source: AEGIS</p>	<p>Administrative </p> 
<p>Internal Communication Mechanisms</p> <p>Improve formal mechanisms to relay firefighter needs and suggestions to PF&R decision-makers.</p> <p>Est. Resources   Est. Benefit  </p> <p>Source: Station 22</p>	<p>Administrative </p> 	<p>Medical Communication</p> <p>Development of communication mechanisms to relay response outcomes after a patient goes to the hospital.</p> <p>Est. Resources   Est. Benefit  </p> <p>Source: Station 22</p>	<p>Administrative </p> 

Internal Mental Health Resources	Trauma-Informed Response	Administrative  <p>Advocate for the expansion of mental health services for firefighters to alleviate trauma, empathy burnout, etc.</p> <p>Est. Resources   Est. Benefit  </p> <p>Source: AEGIS</p>	 Social Services/ Resource Provision  <p>Trauma-informed mental health response training for application during emergency responses</p> <p>Est. Resources   Est. Benefit  </p> <p>Source: AEGIS</p>
SJCO - Ride-Along Case Worker	MURP Planning Methods I	Partnerships  <p>A case worker working for SJCO would ride along at Station 22 at regular intervals (e.g. weekly, biweekly, monthly). Either the case worker would observe incidents and respond to community need based on recognized recurring problems, or the case worker could provide ongoing support to specific individuals.</p> <p>Est. Resources   Est. Benefit  </p> <p>Source: St. Johns Center for Opportunity (SJCO)</p>	Partnerships   <p>The toolkit developed through our project could be utilized by PSU Masters in Urban and Regional Planning (MURP) students for other FMAs. Students would conduct existing conditions analysis, community survey, and hold focus groups with firefighters.</p> <p>Recommended 3-5 year partnership.</p> <p>Est. Resources   Est. Benefit  </p> <p>Source: Dr. Zapata, PSU</p>

<p>City-Wide Social Service Inventory</p> <p> Social Services/ Resource Provision</p> <p>Digital inventory of social services in Portland per the Rose City Resource maintained by homeless and poverty-stricken advocacy organization Street Roots. Work with ongoing project to develop iPad application of inventory for use during responses.</p> <p>   </p> <p>Source: AEGIS</p>	<p> Social Services/ Resource Provision</p> <p>Handouts/Information Provision During Responses</p> <p>Develop or utilize existing hard copy community resource guide including shelters, meals, food pantries, free clinics, and other useful services for responder distribution during emergency responses.</p> <p>   </p> <p>Source: AEGIS</p>	<p> Social Services/ Resource Provision</p> <p>Affordable Housing Staffing</p> <p>Advocate for staff stationed inside publicly-owned multifamily structures that can filter false alarms, connect callers to appropriate resources, and serve as on-site liaison to emergency responders.</p> <p>   </p> <p>Source: Station 4</p>	<p> Social Services/ Resource Provision</p> <p>Internal Social Service Contacts</p> <p>Maintain list of specific contacts at social service providers, healthcare providers, and other key community organizations determined by firefighters for direct information provision during and following responses.</p> <p>Note: This list is in progress by an OHSU group</p> <p>   </p> <p>Source: AEGIS</p>
			

<p>PF&R Health and Safety Education</p> <p>Education & Outreach</p> <p>Station 22 organizes and hosts events intended to increase health and safety outcomes in the surrounding community. Examples include:</p> <ul style="list-style-type: none"> • High school education programs • Community exercise events • Cookbook compilation • School fire drills with Station 22 <p>Est. Resources</p> <p>Est. Benefit</p> <p>Source: Roosevelt PTA, Mult. Co. Clinic, Tremaine C.</p>	<p>Lift Training at Assisted Living Centers</p> <p>Education & Outreach</p> <p>Training for assisted living facility staff on improved lift procedures and use of emergency response services. PF&R budget proposals include billing care facilities for lift assists (not individual households).</p> <p>Est. Resources</p> <p>Est. Benefit</p> <p>Source: AEGIS</p>
<p>PF&R Community Event Attendance</p> <p>Education & Outreach</p> <p>While Station 22 staff attend community events regularly, this is not the norm across stations. Increasing attendance at such events across stations can help advance community engagement with their local stations. Stations additionally could discuss questions or topics at meetings relevant to their operations.</p> <p>Est. Resources</p> <p>Est. Benefit</p> <p>Source: AEGIS</p>	<p>Riverside Industrial Facilities Dialogue</p> <p>Education & Outreach</p> <p>Station 22 contact local industrial facilities to request Station presentations of their safety measures and discuss concerns, present cooperative drills on potential hazards, and request that representatives from these facilities attend Neighborhood Association and The Gathering meetings to help address community fears.</p> <p>Est. Resources</p> <p>Est. Benefit</p> <p>Source: AEGIS</p>

<p>Narcan Community Training</p> <p>Providing trainings similar to First Aid certification that teach community members the proper administration of Narcan and provide doses to those who complete the training.</p> <p>** Admin indicated that a similar program exists, but we are unaware of the details/ publicity.</p> <p>Est. Resources  </p> <p>Est. Benefit  </p> <p>Source: SJCO</p>	<p> Needs Clarification</p> 
<p>Firefighter Engagement in Code</p> <p>Audit procedure on the creation/updating of fire code. Rework formal procedure to incorporate input from local fire stations.</p> <p>** Admin indicated that in-house inspectors will serve as liaisons, but our team feels there is a need for more formal processes.</p> <p>Est. Resources  </p> <p>Est. Benefit  </p> <p>Source: AEGIS</p>	<p> Needs Clarification</p> <p>2016 PORTLAND FIRE CODE: Based on the 2012 International Fire Code® & 2014 Oregon Fire Code – Amendments</p> 
<p>Community Advisory Board</p> <p>Ongoing community engagement of admin-level actions to achieve the Vision Zero goals. Would include community service providers (e.g. healthcare, mental health, public housing and shelters, aging and disability services, hot meals and food banks) and PF&R decision-makers.</p> <p>** Admin indicated that this already exists but we are unaware of the details.</p> <p>Est. Resources  </p> <p>Est. Benefit  </p> <p>Source: AEGIS</p>	<p> Needs Clarification</p> 
<p>Renew Support for County Wellness Check Program</p> <p>Advocating to renew the funding for Multnomah Co. Aging and Disability Services to provide wellness checks. This program could be opt-in to avoid conflicts with residents concerned with privacy.</p> <p>** Admin suggested using John Jay analysis to target wellness checks</p> <p>Est. Resources  </p> <p>Est. Benefit  </p> <p>Source: AEGIS</p>	<p> Needs Clarification</p> 

Memorandum

Date: 9 April, 2018

From: Aegis Northwest Planning Group

To: Robyn Burek, Roy Lawson and Justin Hoak at Portland Fire & Rescue

Re: Blueprint for Success - Station 22 Roll Call Session 1 Summary

The first session of Roll Call questionnaires was very informative regarding lived experiences of fire and emergencies within FMA 22. Conversations confirmed some perspectives from informal introductory conversations, as well as brought up new concerns and strategies. Due to repeated input, Aegis NW shortened upcoming Roll Call questions. Summaries of the three sessions are provided below.

Shift A (Facilitator: Dani)

Shift A raised concerns around homes of hoarders and associated increased fire risk; lower quality housing and less diligent maintenance on rental units compared to homeowners; and fire safety instruction to prepare youths for living on their own for the first time. With regard to medical risk, they identified lack of access to primary care for low-income individuals and unsafe road conditions, particularly in the Linnton neighborhood, which has high traffic incidents relative to population density, and limited emergency response access. They revealed some concerns which our data didn't show, including high-acuity, low-frequency risks associated with industrial facilities that store large quantities of toxic or flammable materials. These concerns were shared by Linnton residents.

Firefighters had concerns about internal operations. we discussed potential improvements to the dispatch triage system. One dispatch concern was related to low-acuity calls such as SK8's where no assistance can be provided, and other care providers could better meet their needs. Feedback was also given about training of dispatch professionals. They informed us that 20 years ago, firefighters worked at dispatch and had field knowledge that informed effective triage.

Shift B (Facilitator: Sean)

Firefighters were interested in the data source for our Roll Call posters. Major concerns include that the current data system has a significant amount of redundancy, with paper and electronic recording, and accuracy of CAB system versus patient charts. Their ideal data system is a seamless data transition with AMR and hospital data so they have access to critical information to track patient outcomes. They suggested allowing for both PF&R and AMR to see the other's input without being able to change it, but recognized potential logistical constraints. They expressed concern about over-responding to SK3's, and discussed modeling Seattle's system in which they can determine in 1 minute if a patient is or isn't sick.

They would like to have additional resource information on their Mobile Data Terminal (MDT), including resources for homelessness, hoarders, addiction, elderly/disabled home care and medical equipment support programs, animal resources, medical insurance, water safety, and food access. They would also need training on how to access this information and distribute it

appropriately. Voter pamphlets and school programs were discussed as strategies for prevention. While younger folks may call inappropriately, elderly often will often call much later than when they should (i.e. they have a developing medical situation that needs attention sooner than when they call). On traffic, they indicated the need to have a PBOT/ODOT liaison who focused on individual FMAs. This informed our direction for the second roll call.

Shift C (Facilitators: Tristan and Thea)

Our conversation focused primarily on communication mechanisms and information access, both internally within PF&R and externally to the community. Internal improvements proposed include: better informed dispatch processes; access to response summaries and medical responses in order to evaluate response effectiveness; and communication with PBOT and ODOT for transportation infrastructure. Firefighters suggested breaking down call data summaries further into top three trauma types based on situation found, and regular reports back to the station to encourage more detailed data entry because they benefit from it. Community-facing communication mechanisms suggested include: a guide to ER alternatives for common low-acuity problems; broad community outreach on medical care providers; and increased public funding for social services.

Residents and camps along Kelly Point unaware of new burning restrictions on residential properties are common responses, and “smoke in the area” calls were identified as a community education opportunity. Firefighters recommended working with Section 8 housing and assisted care facilities, from trainings to on-site medical equipment. Some of our Shift C group had already been at prior sessions, which led us to excuse repeat attendance at future roll calls.

Conclusion

Firefighters at the Station proposed solutions which we will be following up on to develop and generate partnership contacts. The ideas generated during Session 1 included:

High school education & workshops about fire safety	Landslide and seismic home improvement programs	Mobile health clinics at Section 8 complexes
Community resources around emergency room alternatives and revised burn restrictions	Communicate summaries of patient care reports to Stations to increase utilization	Non-emergency support at Section 8 complexes and NARA rehab center
Training opportunities with assisted care facility and other staff, assessment of on-site equipment	PF&R involvement in area transportation planning	Dispatch triage improvements

The firefighters would appreciate access to incident reports like ours more regularly in order to strategize prevention after the Aegis team’s project is done. When John Jay’s report is finalized and published, Station 22 would like to read it, as they had questions about the analysis methodology and variables.

Memorandum

Date: 9 April, 2018

From: Aegis Northwest Planning Group

To: Robyn Burek, Roy Lawson and Justin Houk at Portland Fire & Rescue

Re: Blueprint for Success - Station 22 Roll Call Session 1 Summary

During Session 2 of our Roll Calls, we focused on urban planning issues relevant to firefighters' work, and opportunities for firefighters to inform those decisions which may lead to safer streets and communities, and faster and more effective responses.

Shift A (Facilitators: Dani and Mike)

We started our discussion on increasing urban density, and developed a potential communication pathway for the station to provide fire safety input on development decisions. The subject they were most concerned about, however, was the increased traffic, increased on-street parking, and the increasing prevalence of traffic calming devices which have exactly that effect on them - slowing them down on their way to emergencies. Density increases were not a point of concern *in terms of increased call volume*, but because of the increased use of on-street parking. They requested earlier notice and input opportunity for street improvements and development. They provided specific examples of problem areas, including:

- N Iris Way leading up to several Section 8 apartment complexes where the street is narrow and cars are parked on both sides
- N Central street, used to be used as an alternative route when traffic is bad on Lombard, now impeded by speed bumps and curb extensions.
- Possible siting of homeless shelter at Wapato Jail and related transportation concerns

Shift B (Facilitator: Sean)

After a brief introduction to future development patterns for single and multi-family residential housing, we discussed both their experiences and concerns related to emergency response at these types of denser development. There were multiple concerns expressed about physical characteristics of buildings and lots including spreading of fire, finding flag lots, on-street parking near dense developments, electrical wiring (especially overhead wiring obstructing entry points), access points for water and gas, and obtaining floor plans. We also discussed strategies related to improving their engagement with future development.

Currently, they need to personally request multi-family floor plans, creating continuity errors especially during personnel change. They also feel that there is a disconnect between the code and operations branches of PF&R that can result in inadequate response and enforcement. We discussed potential actions to mitigate this, including a PF&R program during the 1990s that kept inspectors on rigs as a fifth person (noting that today it would be more cost effective to have a 40 hr/wk inspector rather than three 24/48 inspectors). We also discussed potential for

the Fire Marshall's office and other administration to reach out to Stations in crafting fire code and approving permits (such as traffic calming devices that are subject to approval by PF&R).

One key theme during these conversations was that Station 22 firefighters have felt like many past engagement from other departments have been simply placation, in which they solicit their input and proceed with a project that hampers Station 22's ability to respond to emergencies. Including meaningful engagement with local stations would go very far in reducing this sense of placation and get FF's more involved in promoting sound policy.

Shift C (Facilitator: Tristan)

Shift C and the Captain communicated PF&R's typically positioned as reactionary to major land use and transportation changes in Portland, especially at the station level, with insufficient admin-station communication, or insufficient inter-bureau communication about City policy changes relevant to their work. They would like greater engagement and information on transportation infrastructure changes in advance of breaking ground. One firefighter said "If they just continue to ask 'what do you need to handle what's happening there?', that's the communication that needs to continue to happen." The firefighters expressed frustration at traffic calming out of concern for fire truck access during emergency response. The firefighters pointed out how most pedestrian safety infrastructure plan for the rational actor, while they end up overwhelmingly responding to irrational actors such as people with mental disabilities, and people who are familiar with the traffic patterns and behaviors of other countries.

Subsidized housing density was concerning to them, as it contributes disproportionately to the calls received by Station 22, so expanding housing subsidization in the FMA would bring more calls, assuming no other wrap-around services are provided locally. Concerns with increasing density included confusion caused by modern architectural styles about housing unit shape, best point of entry, and other design issues. They expressed frustration that confusing designs even passed plan review by the Fire Marshal's staff.

Conclusion

We developed 3 proposed solutions based on this week's discussion:

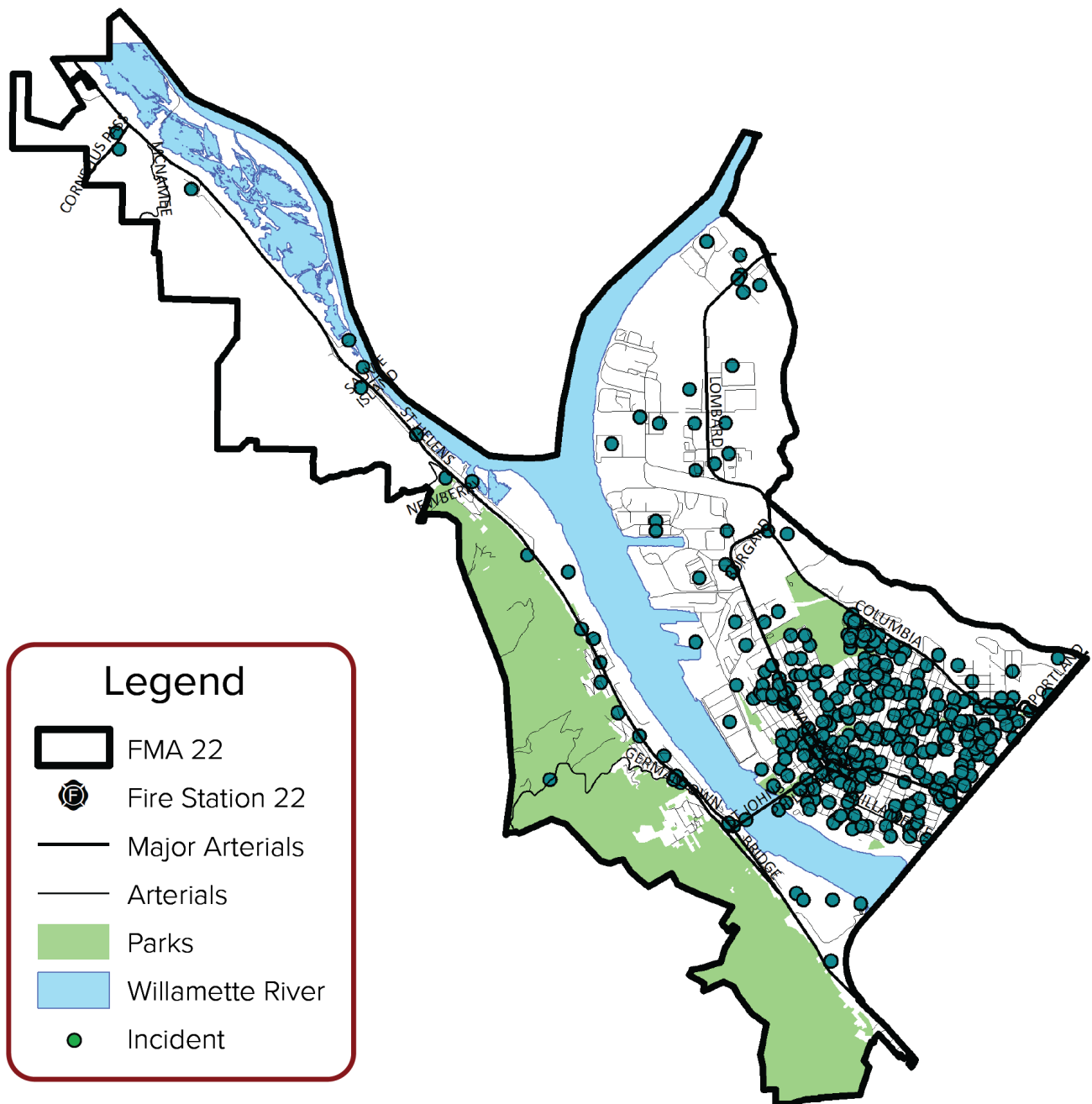
- Station 22 join their local Neighborhood Association Land Use Committee (attend occasional meetings as able, get on their mailing list). The LUC is informed of all proposed street improvements and property development involving permits before the permit is finalized and approved. Participation in this existing communication network would enable Station 22 provide input on potentially unsafe proposals in their neighborhood before they must instead be responded to. In FMA 22, Linnton and St. Johns have LUC's.
- Include a Station Survey as part of the Transportation System Plan Approval. This would be sent to the Station in whose FMA the proposed street change falls. It could be a very simple, standardized feedback tool, such as a 2 or 3 question survey about the impact of the change

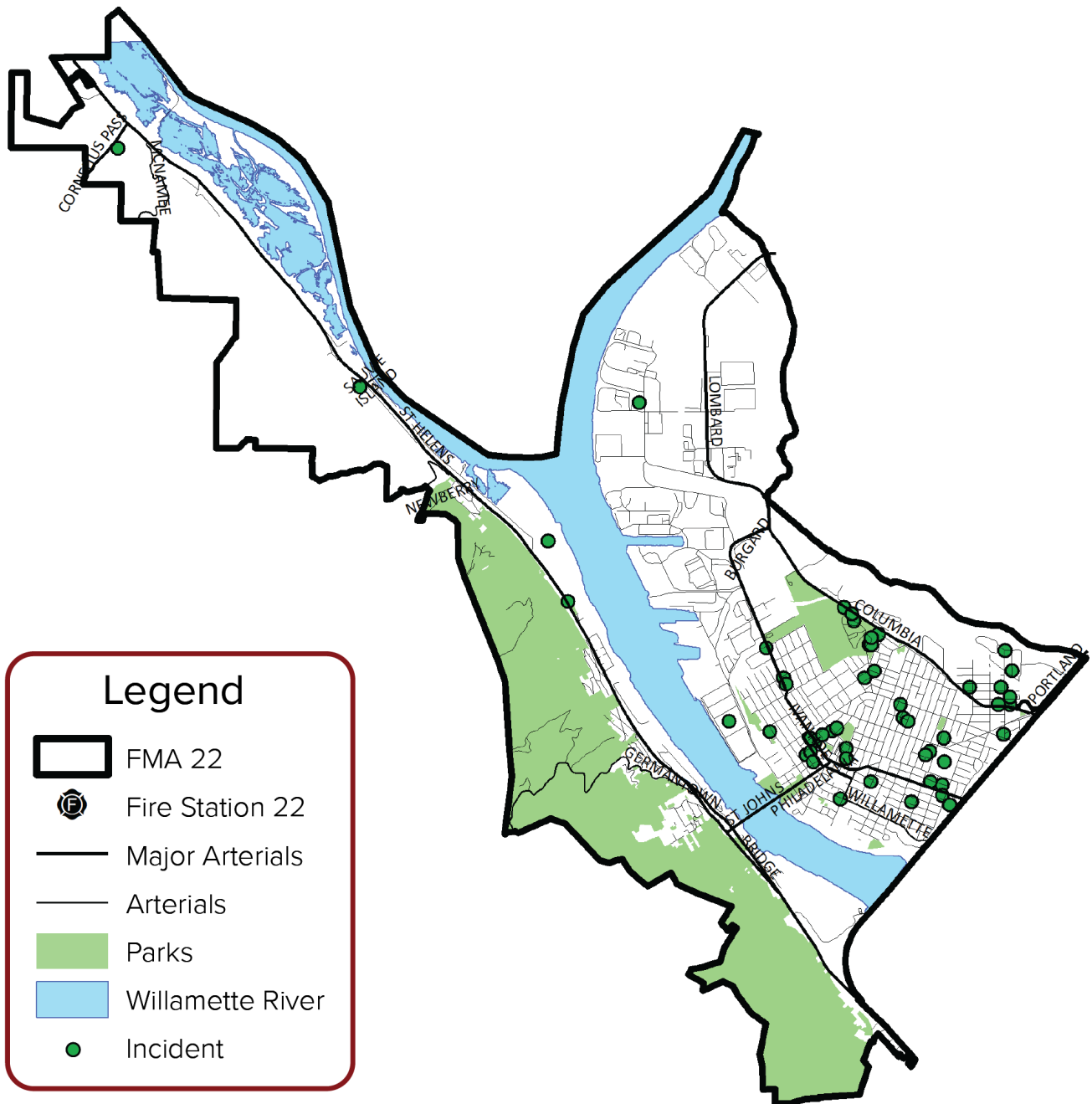
on traffic safety and response time and an open ended feedback box, with a map and graphic rendering of improvements from PBOT for the specific site attached.

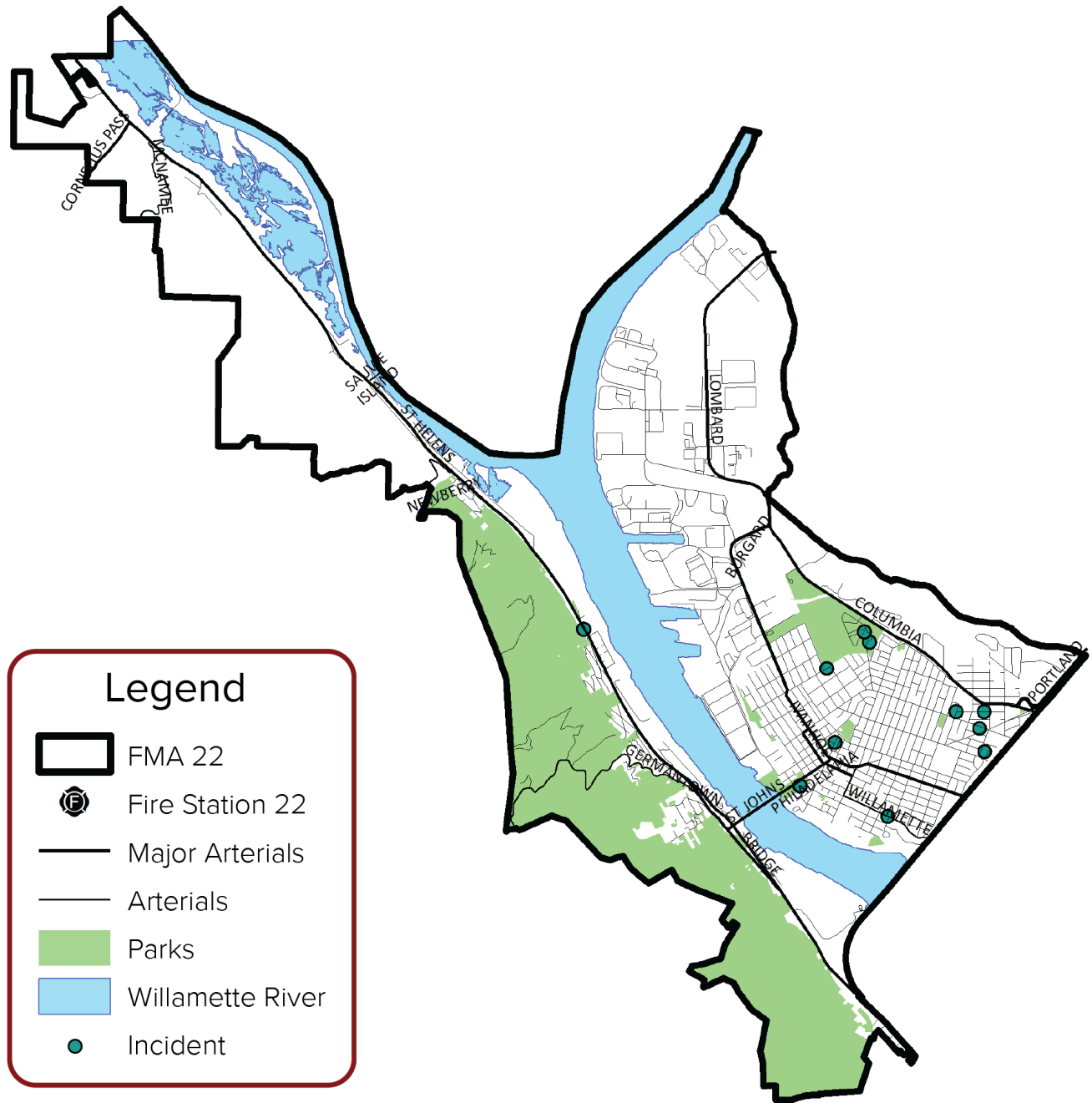
B. Medical Incidents

Abdominal Pain

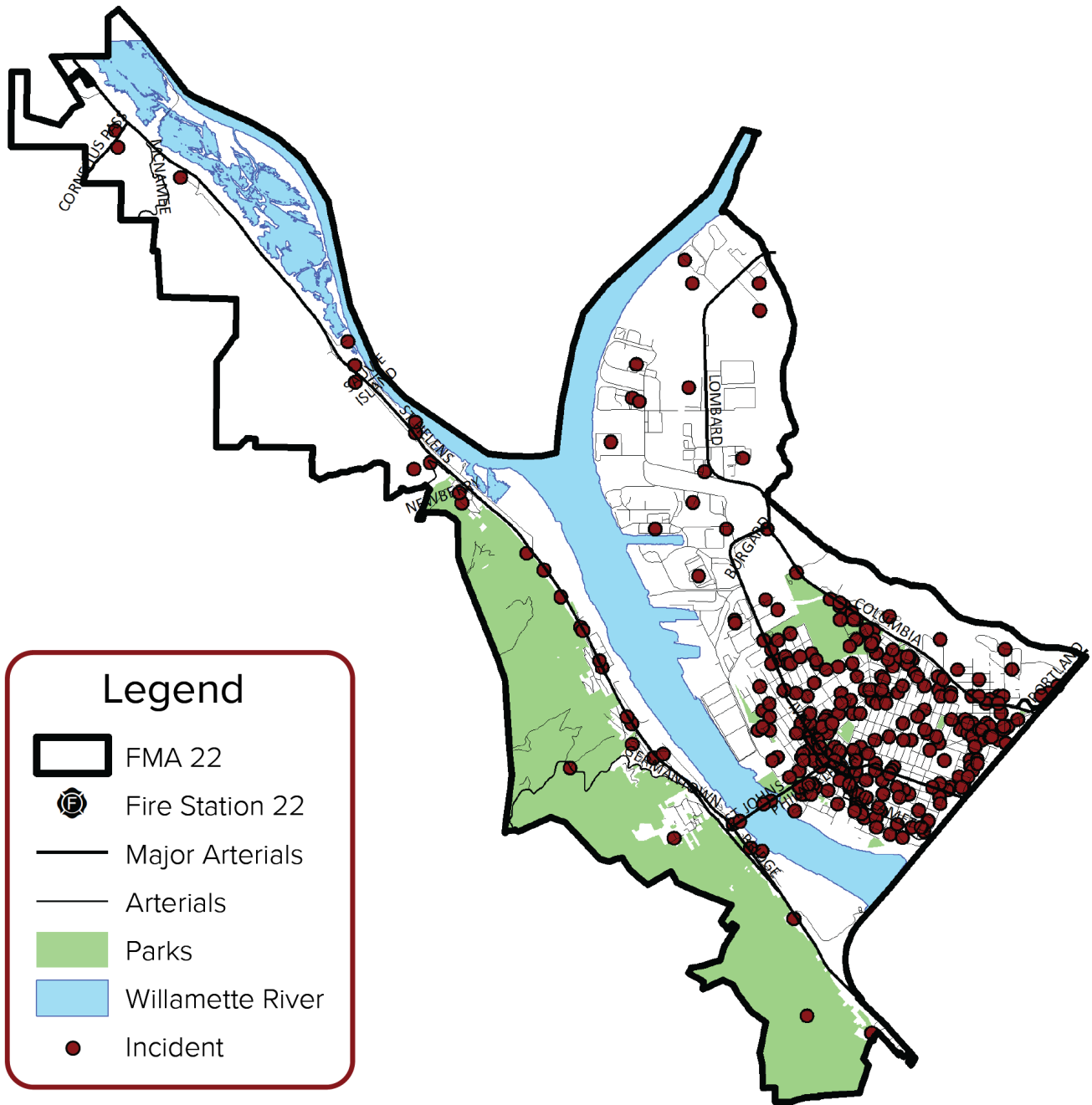
2013-2017 | FMA 22



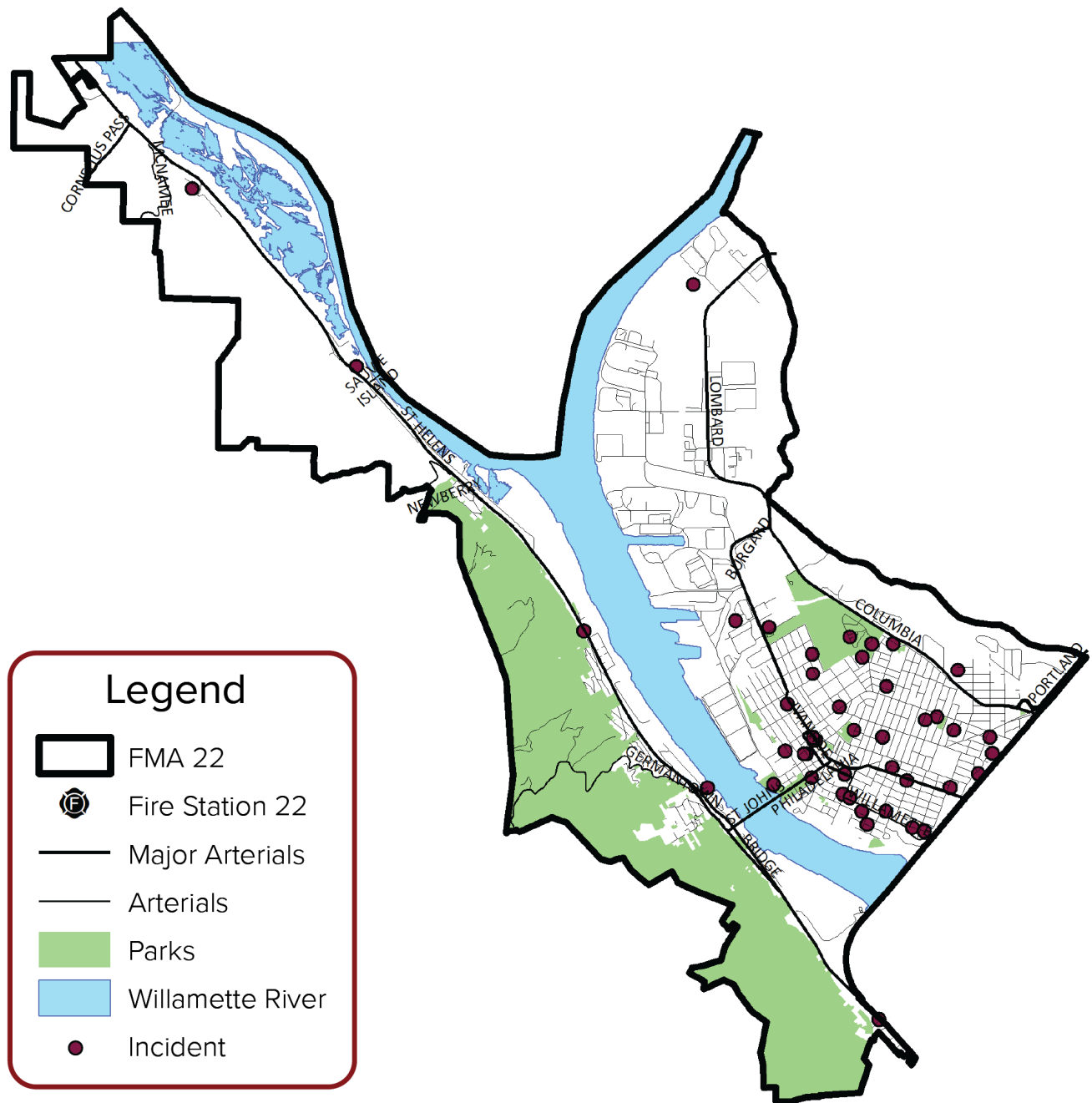


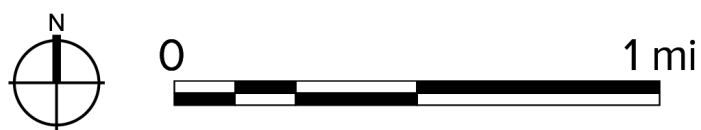
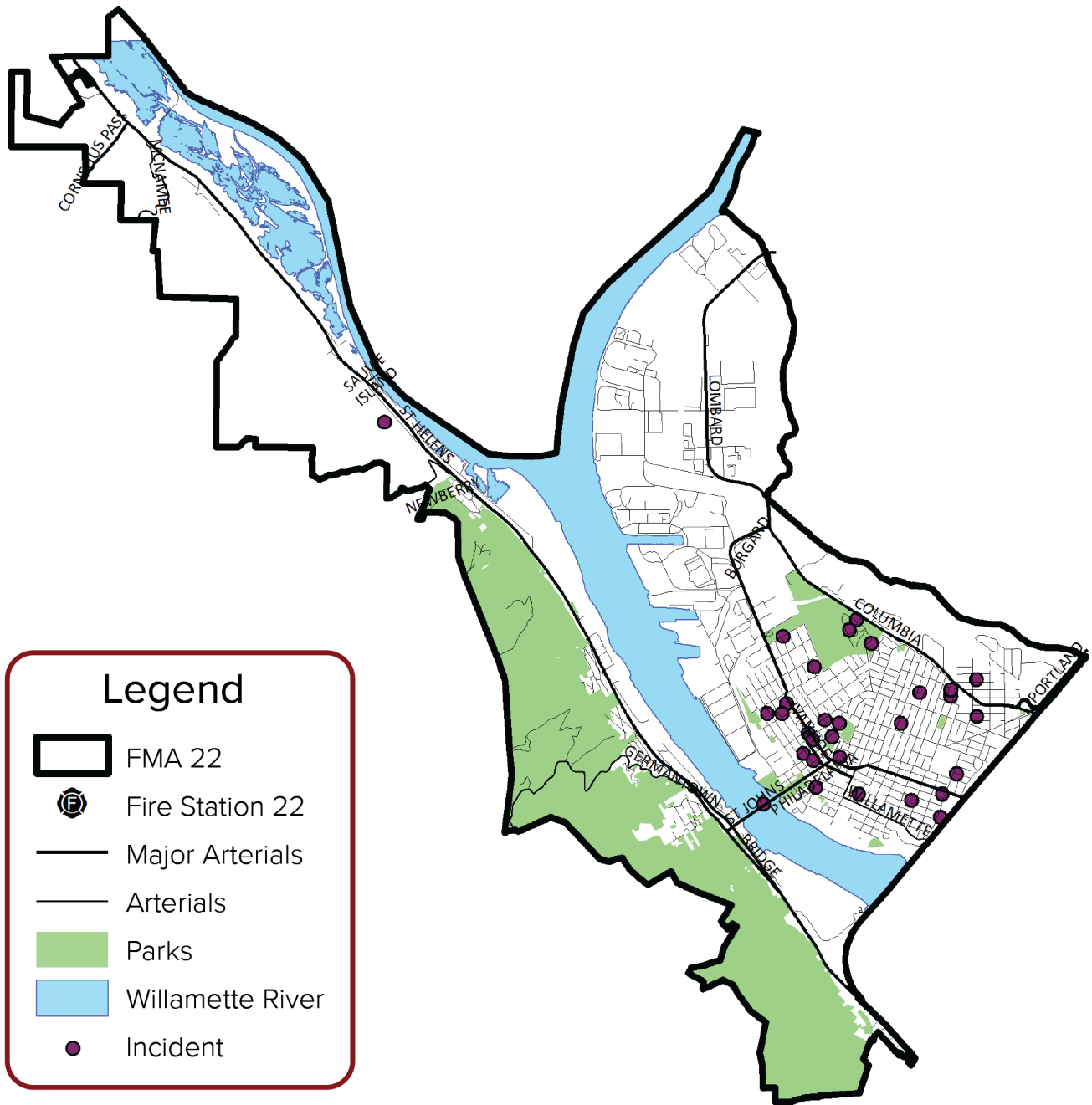


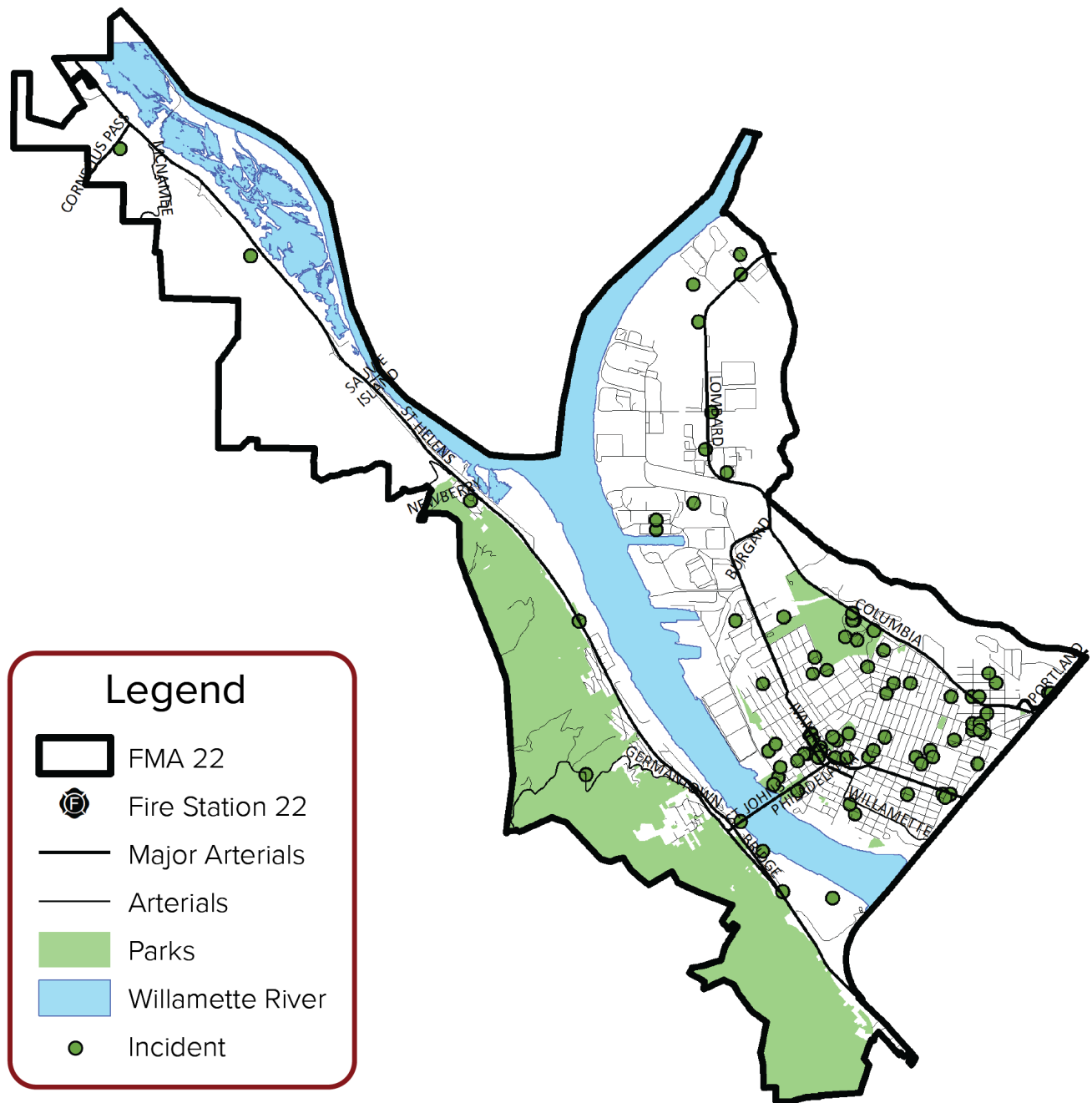
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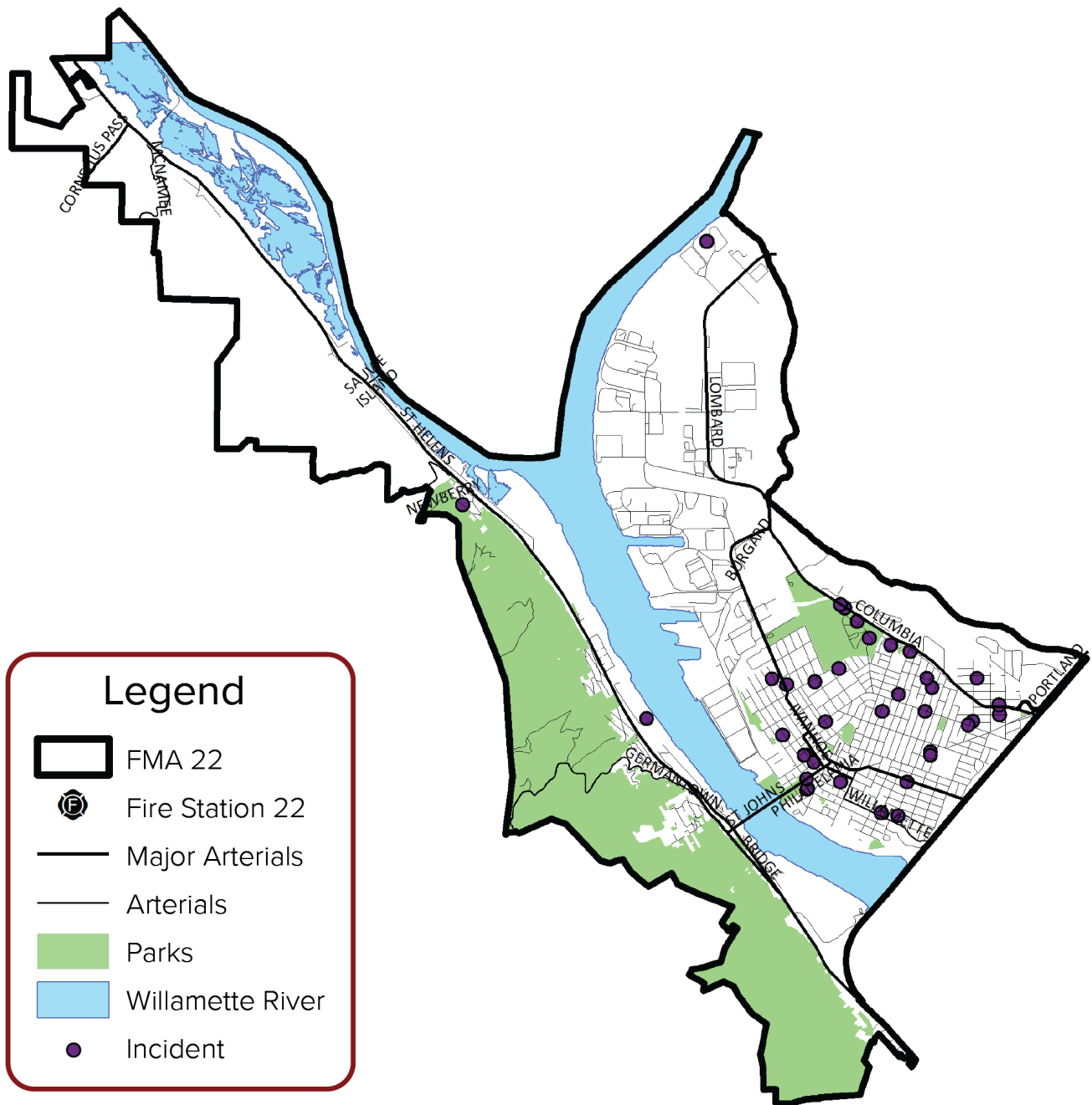




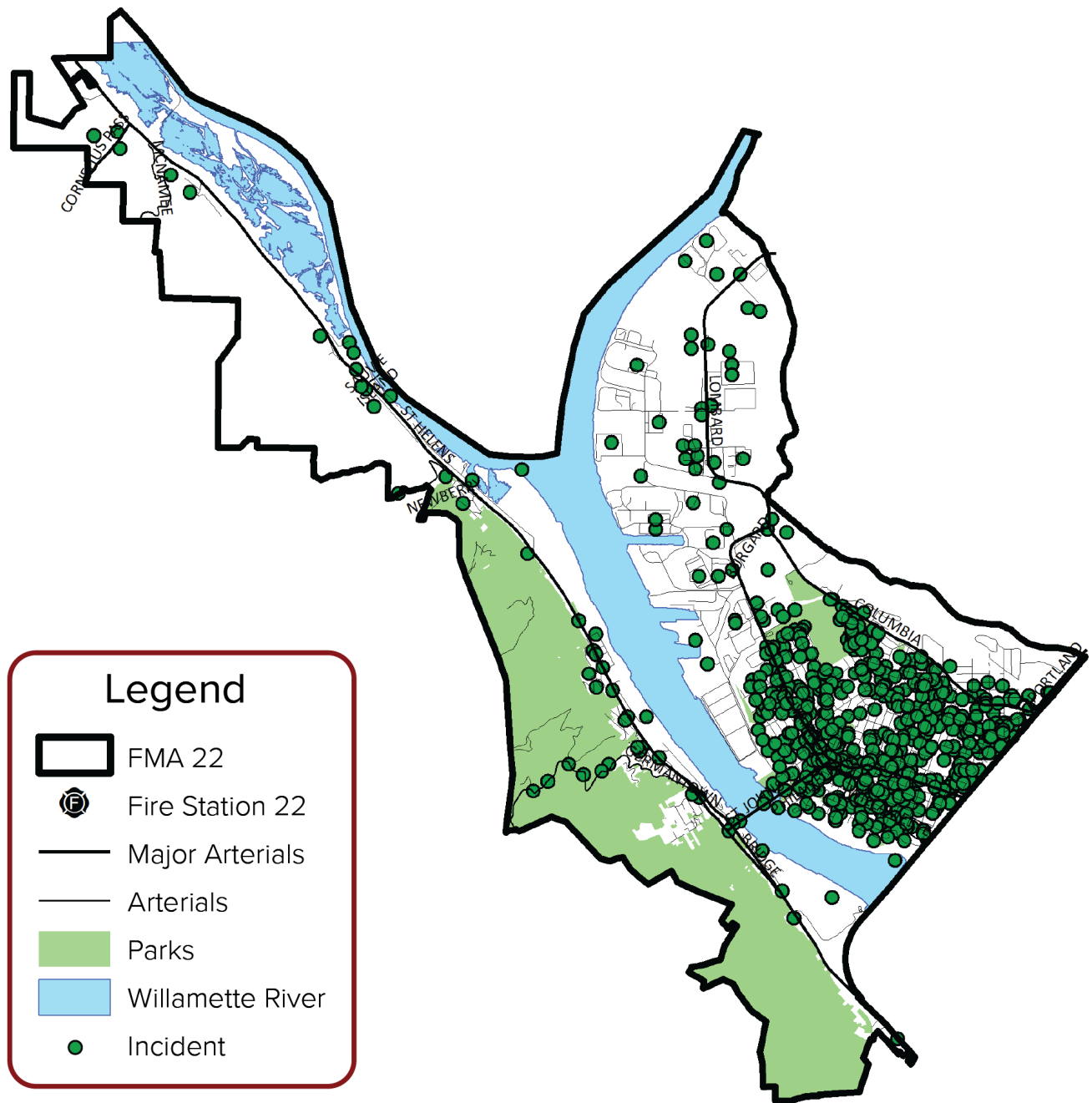


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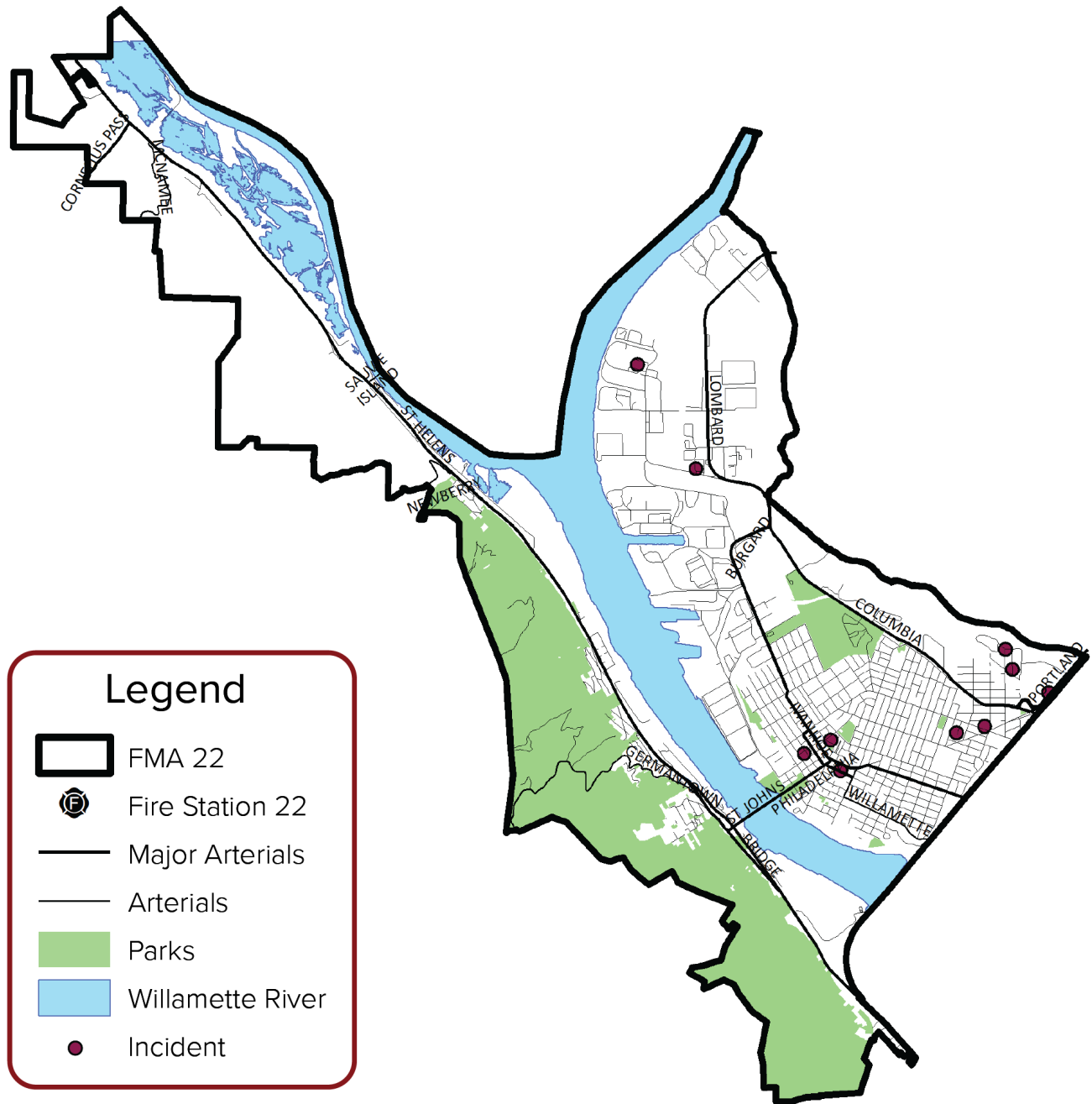
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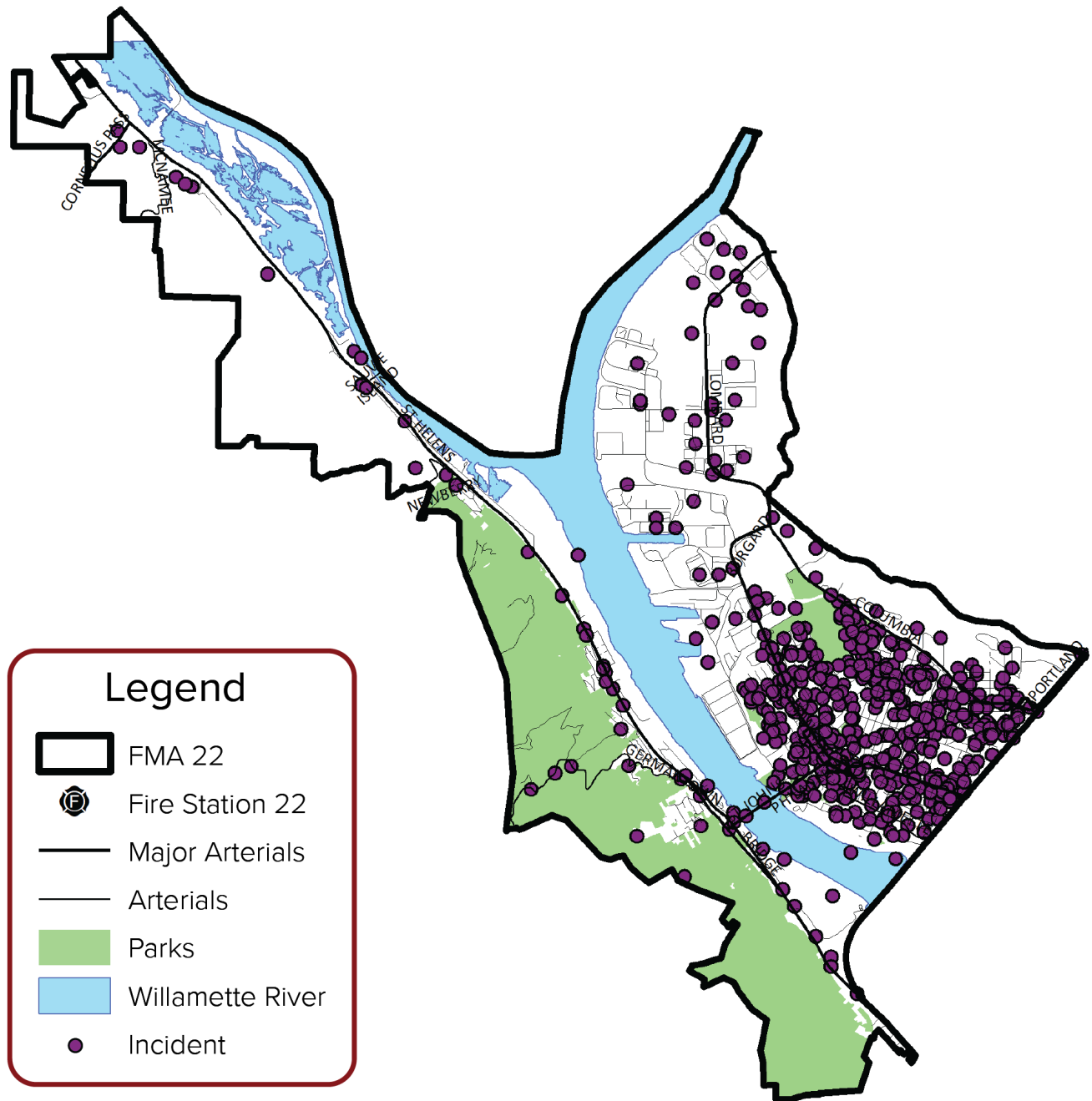


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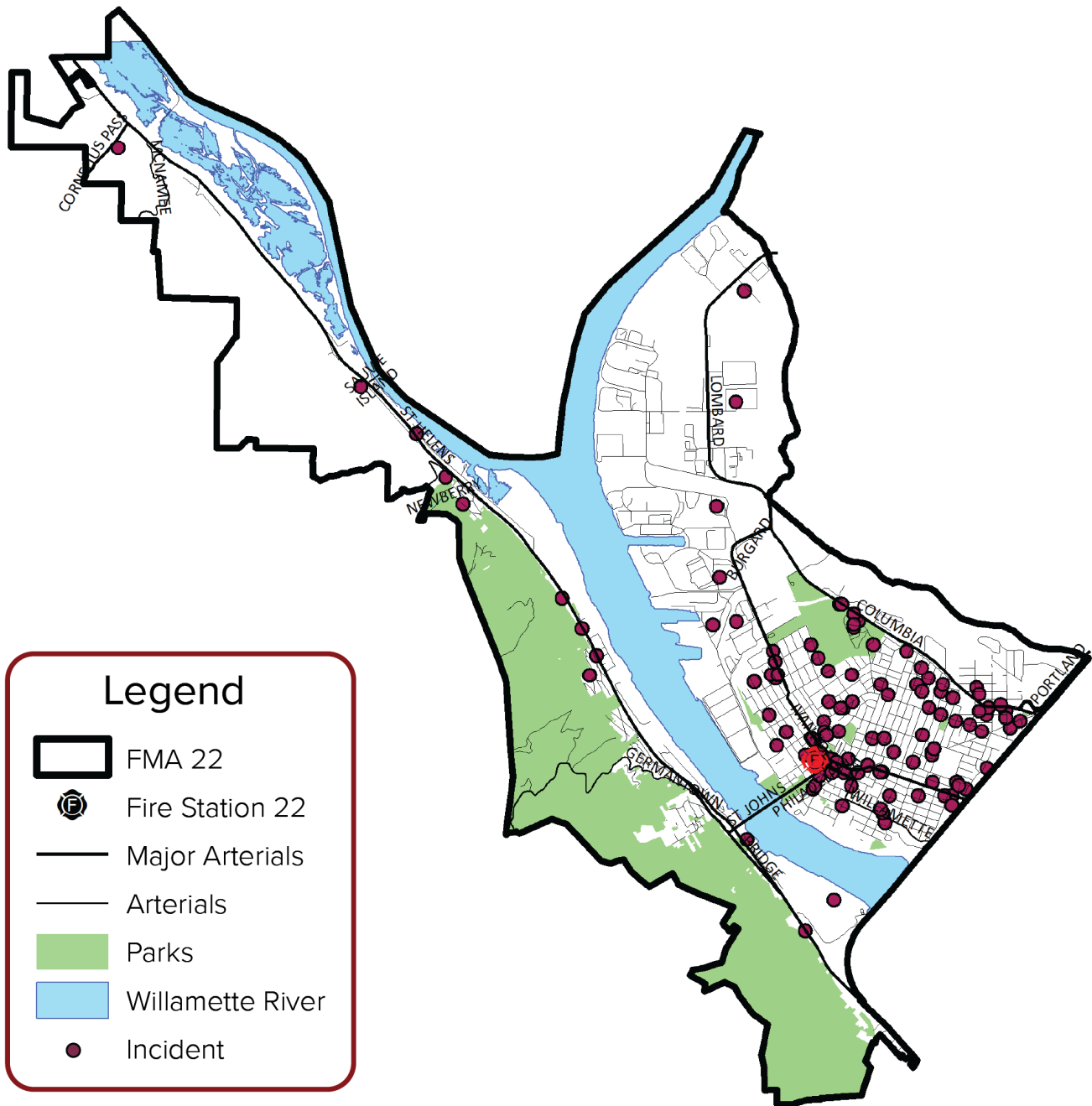


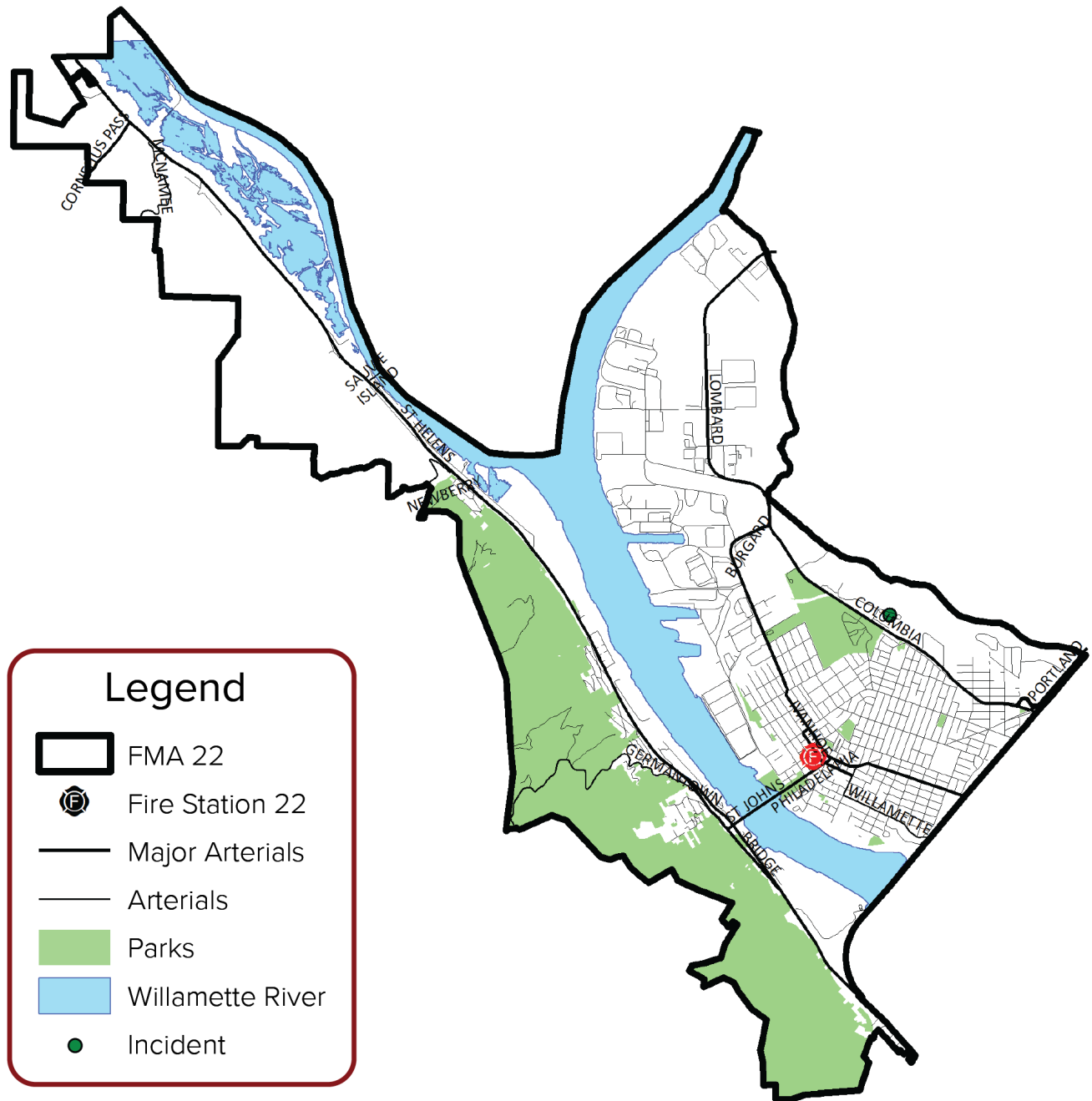
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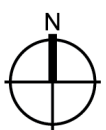
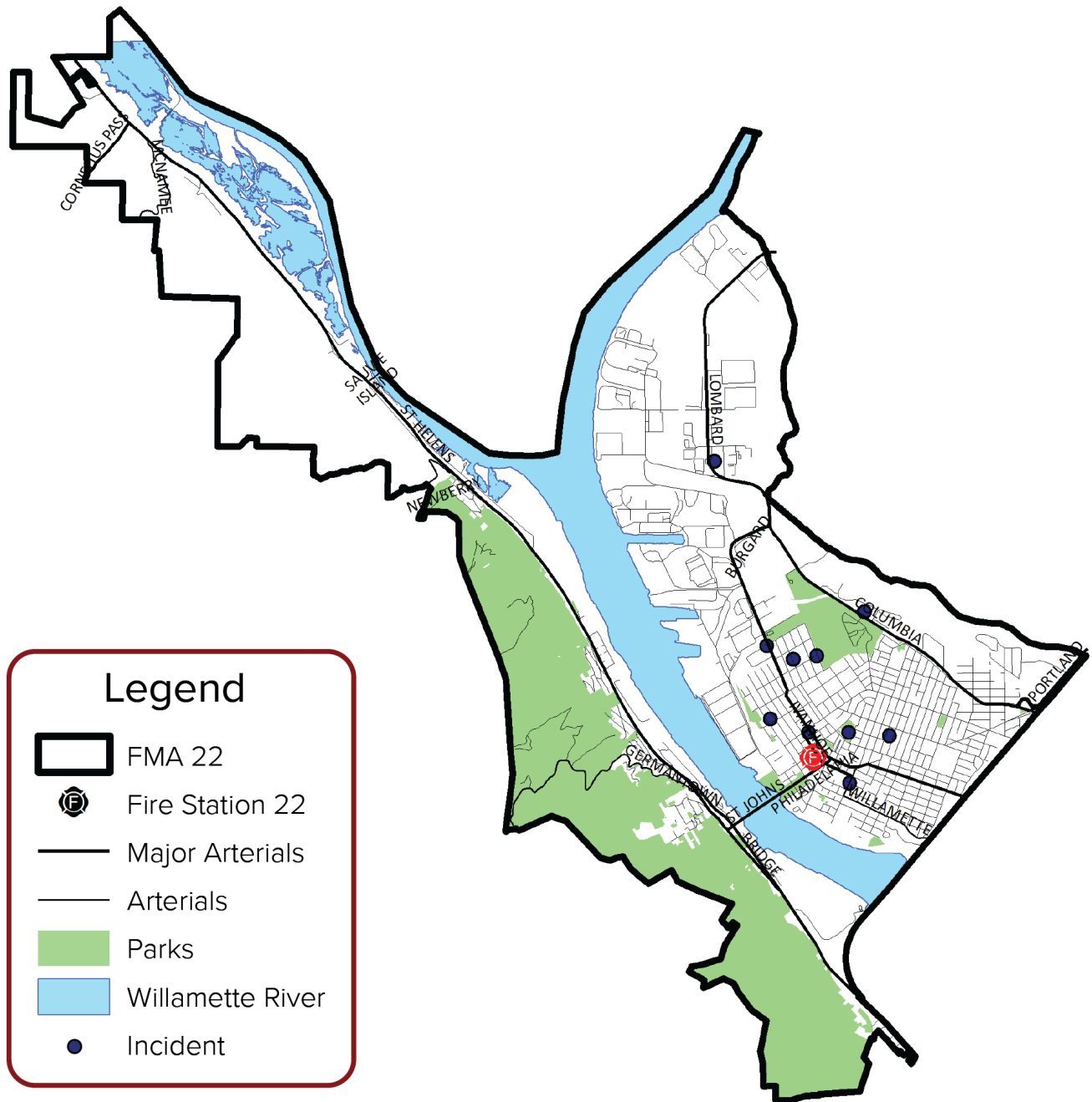




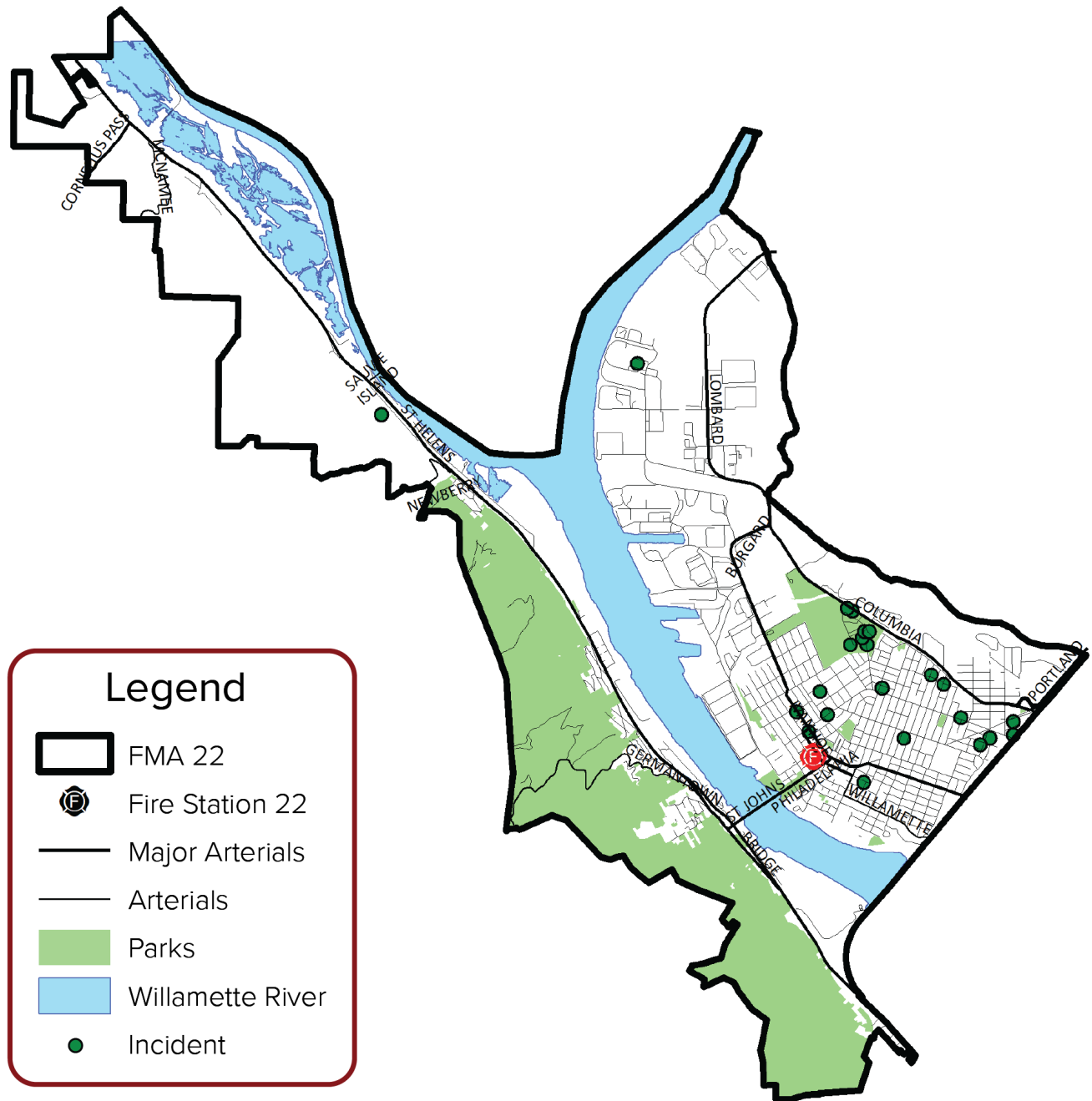
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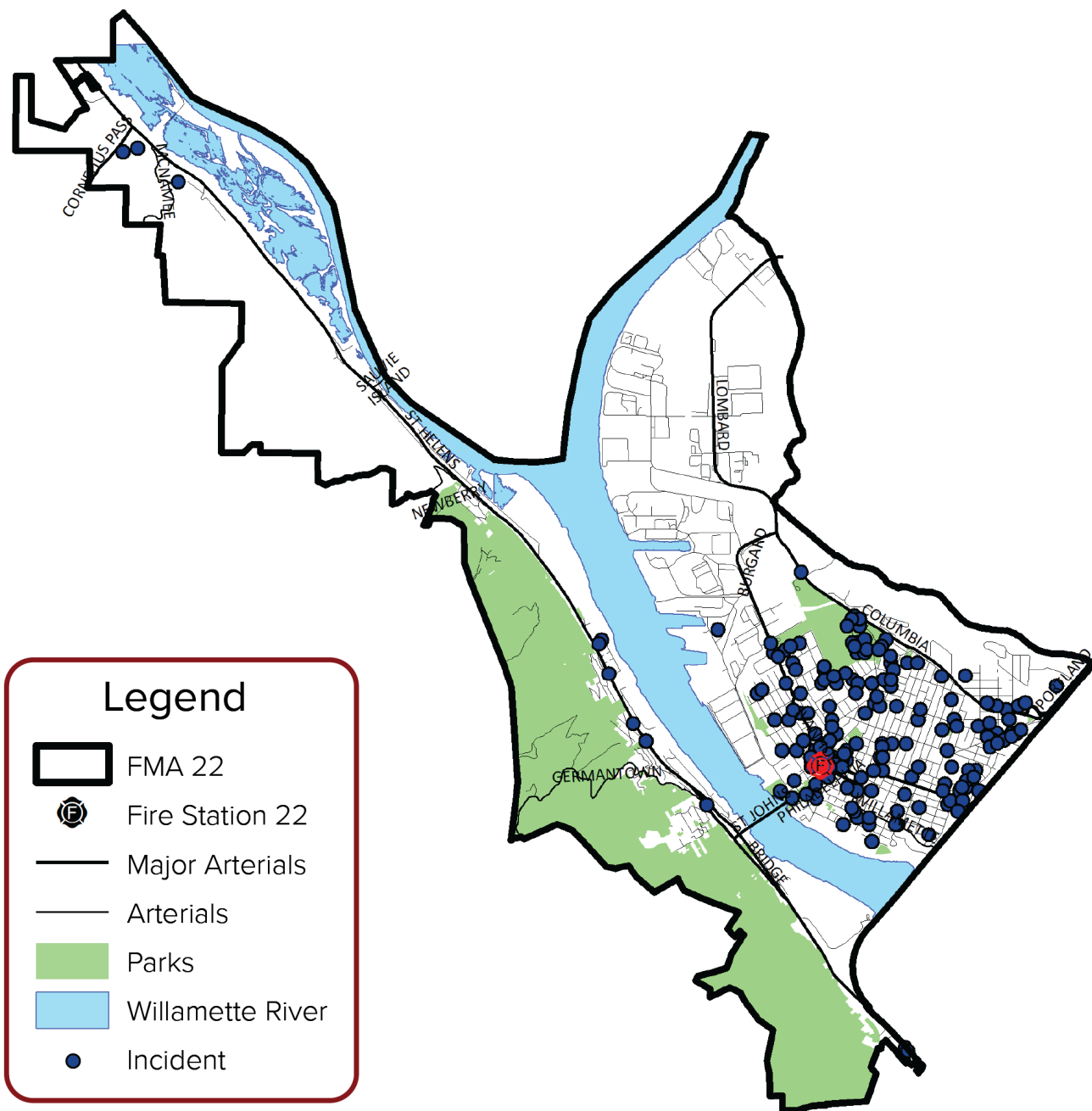




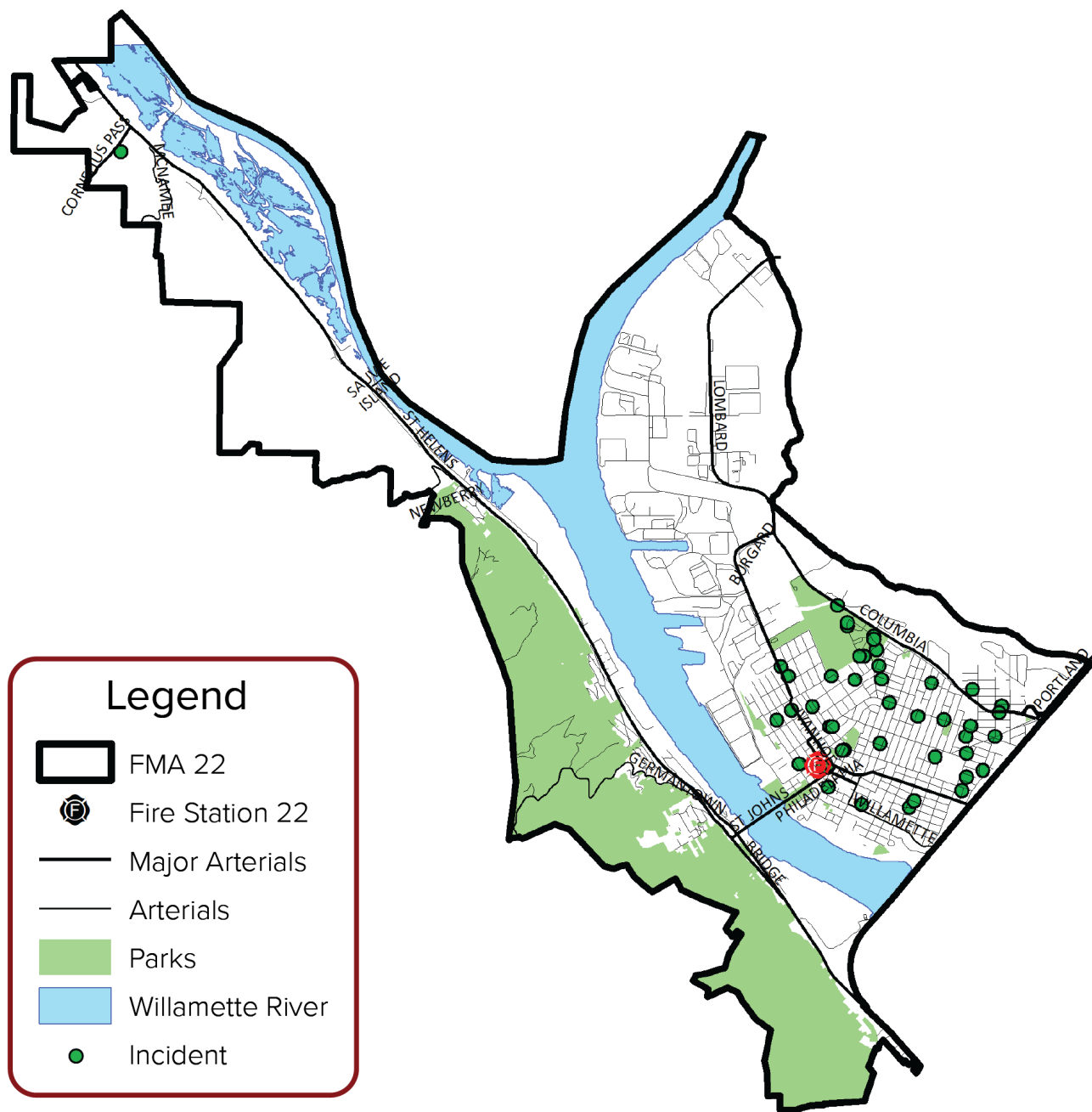
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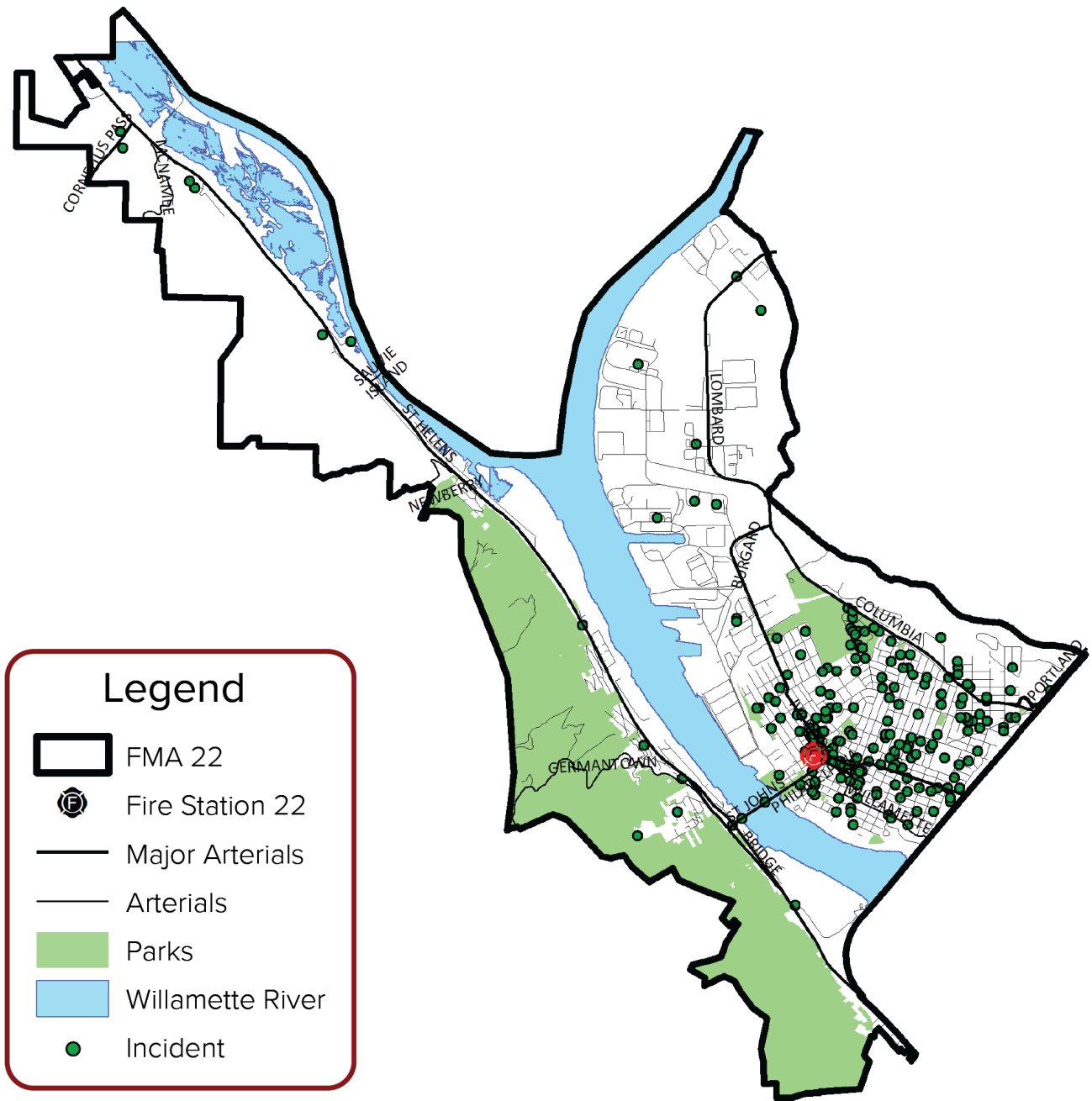


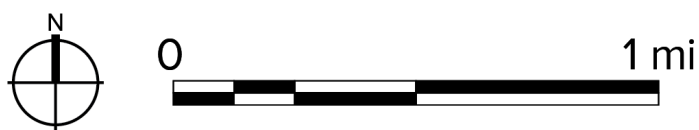
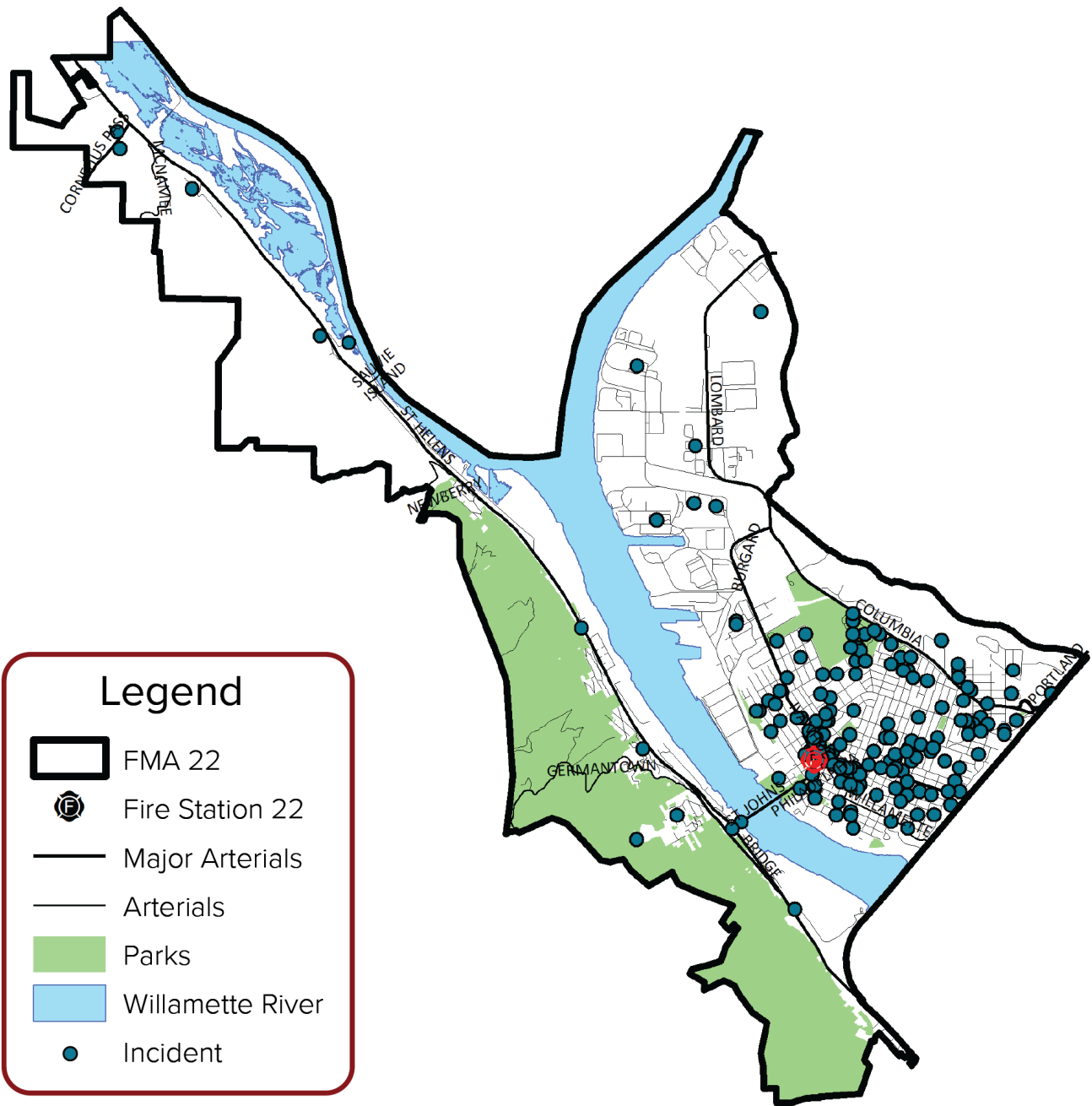
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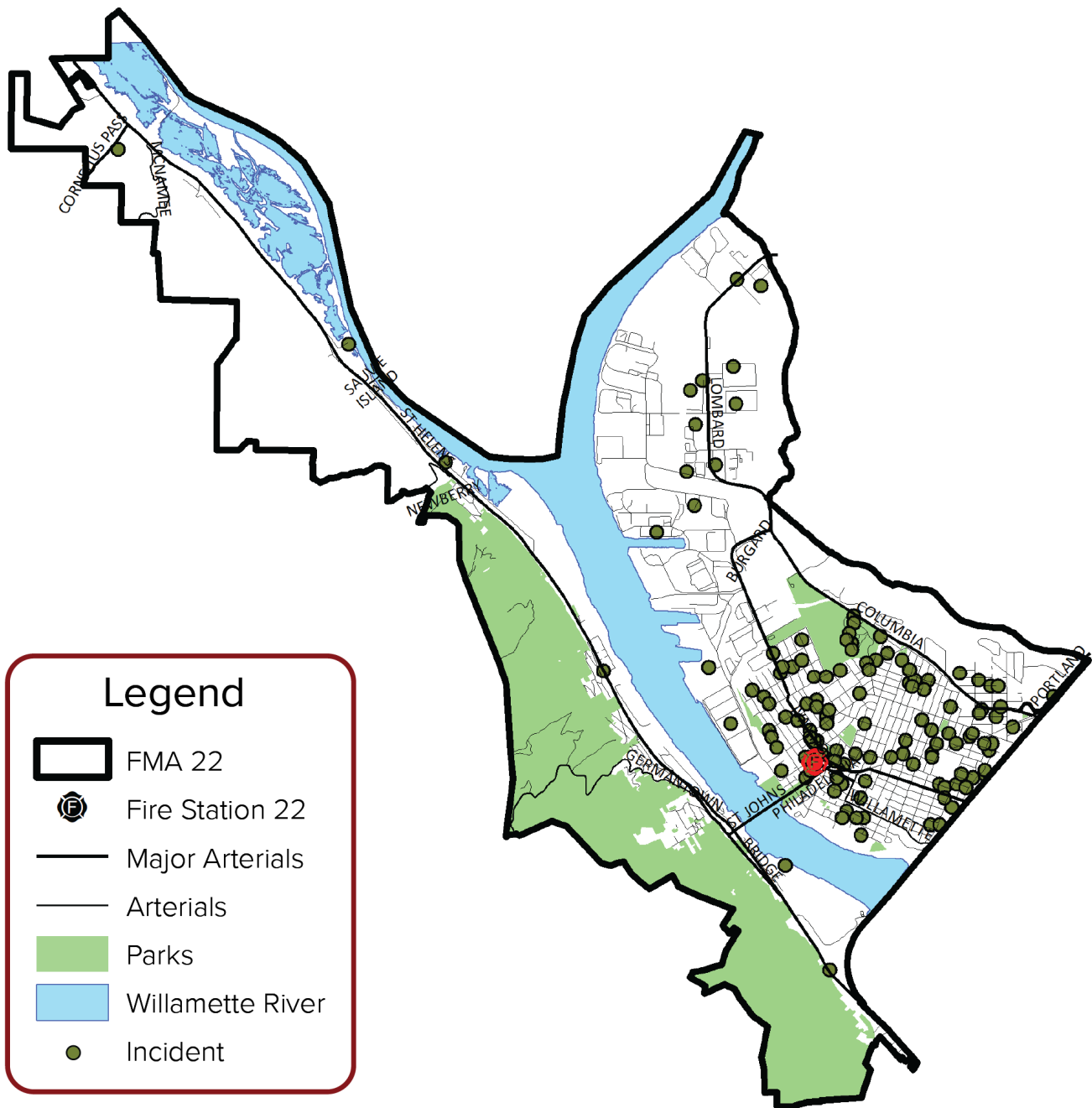


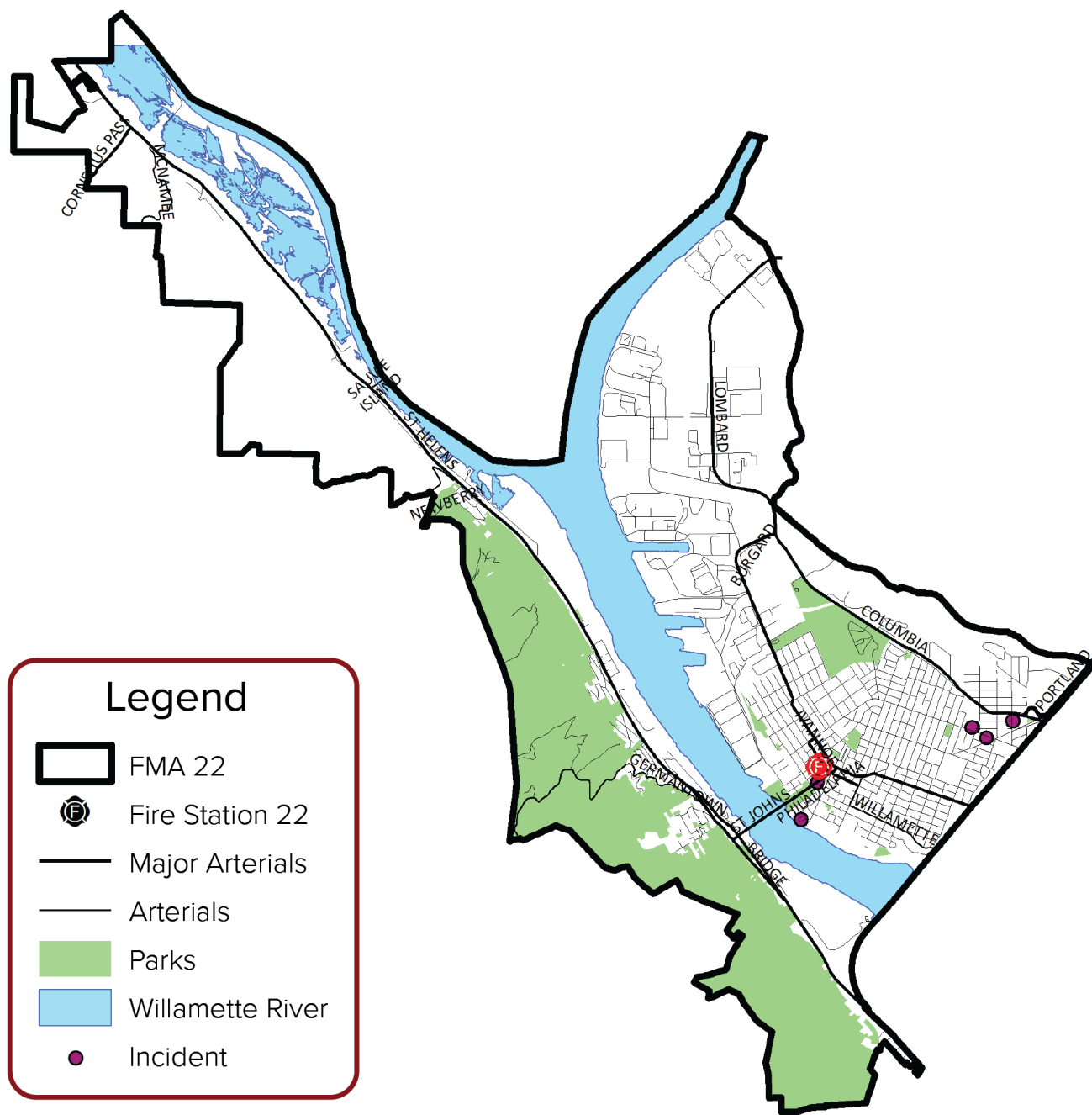
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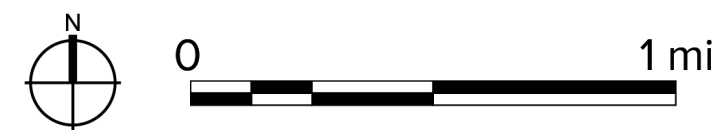
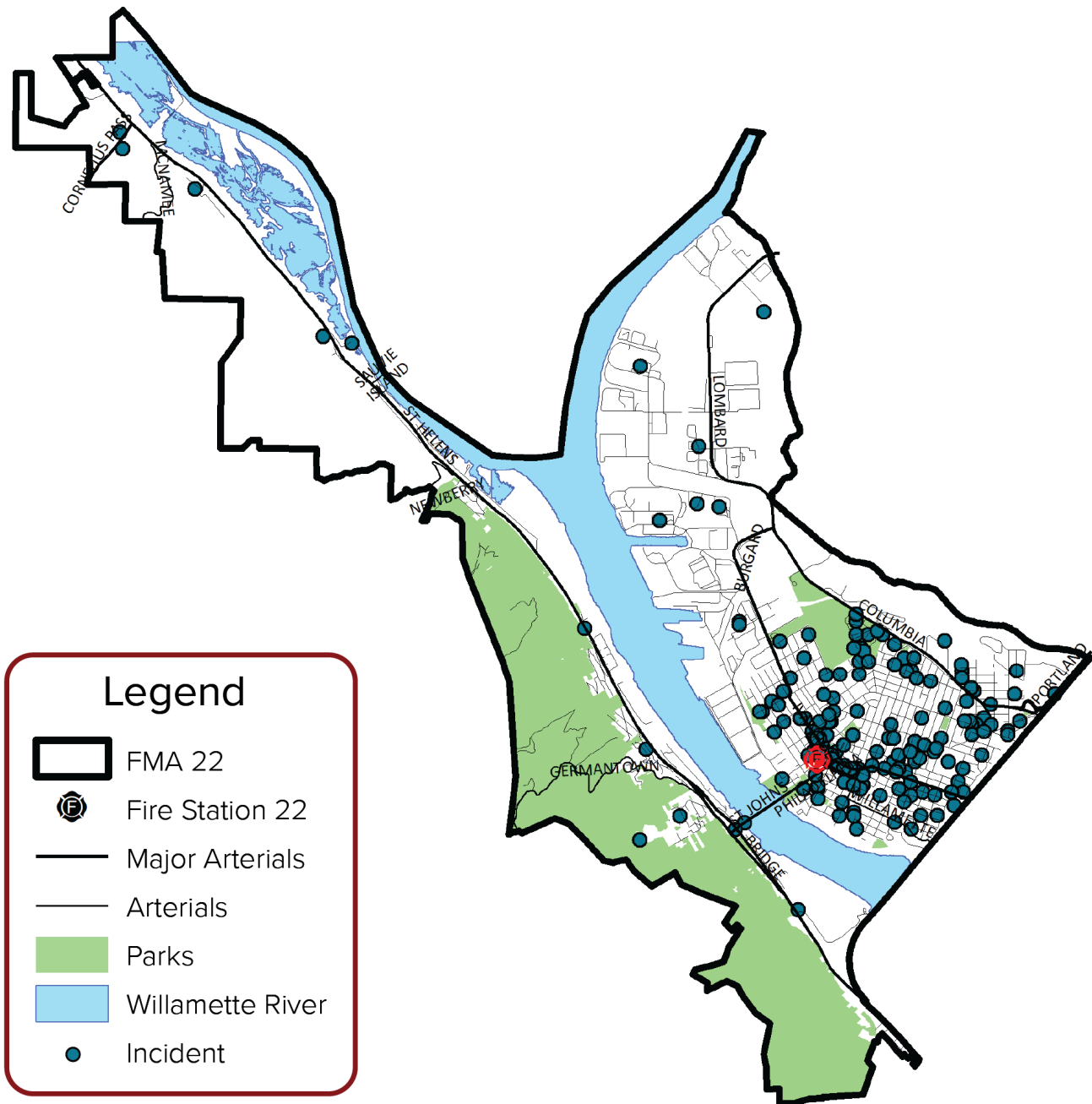


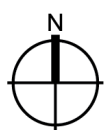
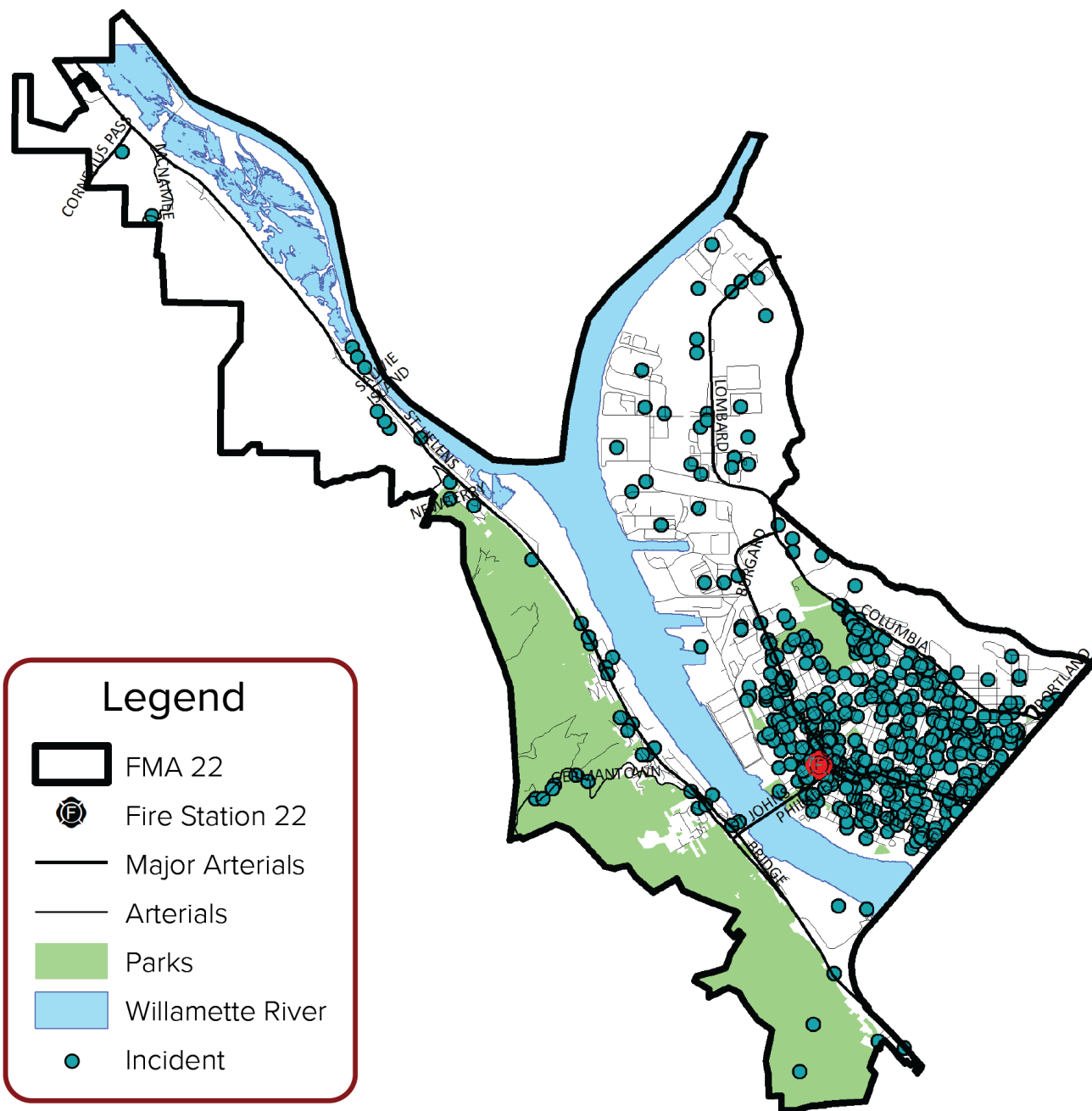






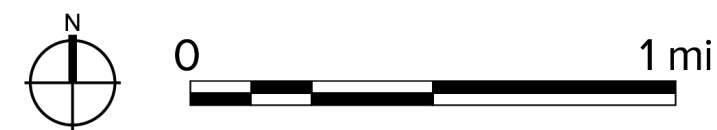
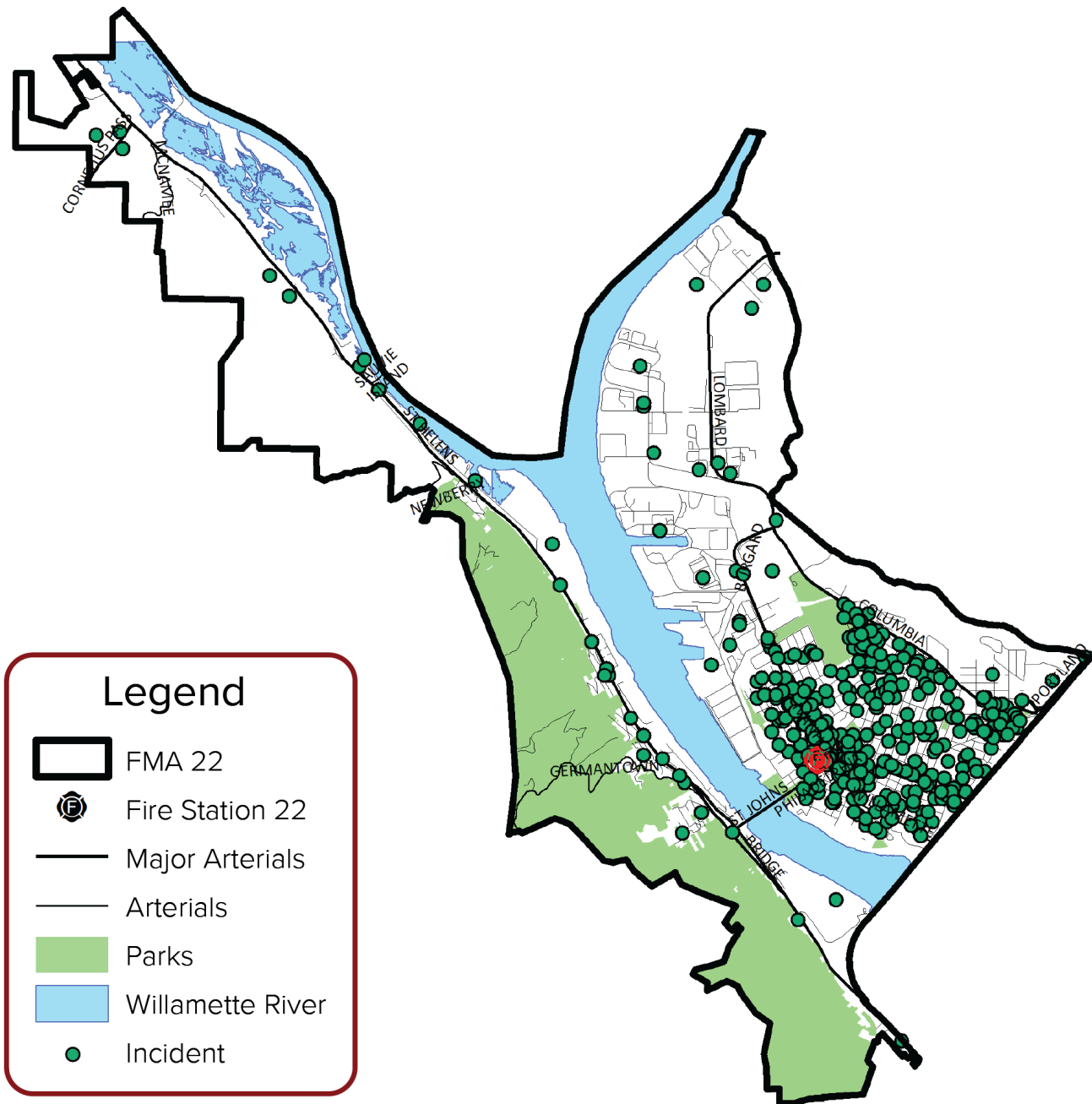
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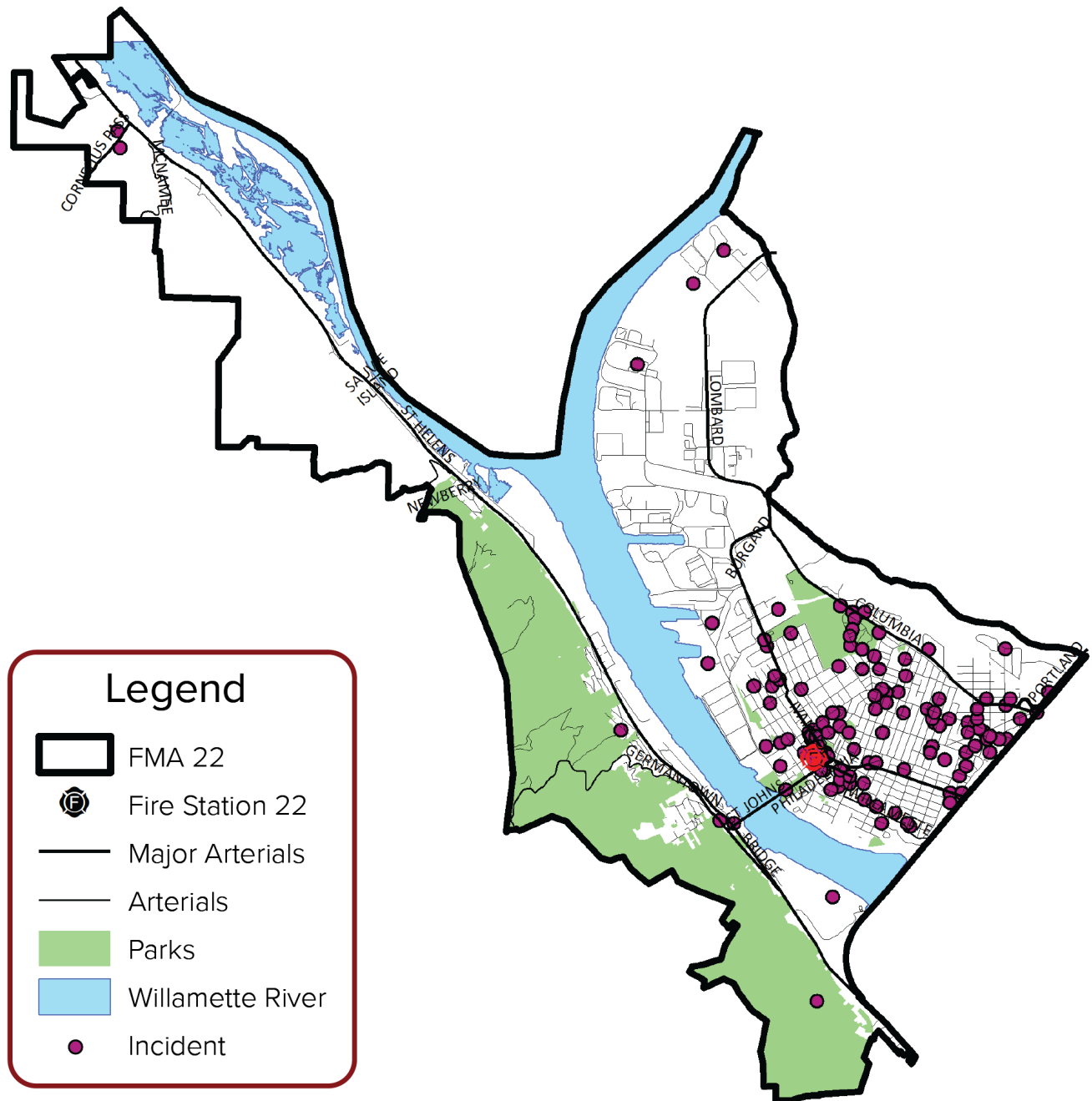











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A scale bar indicating a distance of 1 mile, with a midpoint marked at 0.5 miles.





Legend

-  FMA 22
-  Fire Station 22
-  Major Arterials
-  Arterials
-  Parks
-  Willamette River
-  Incident

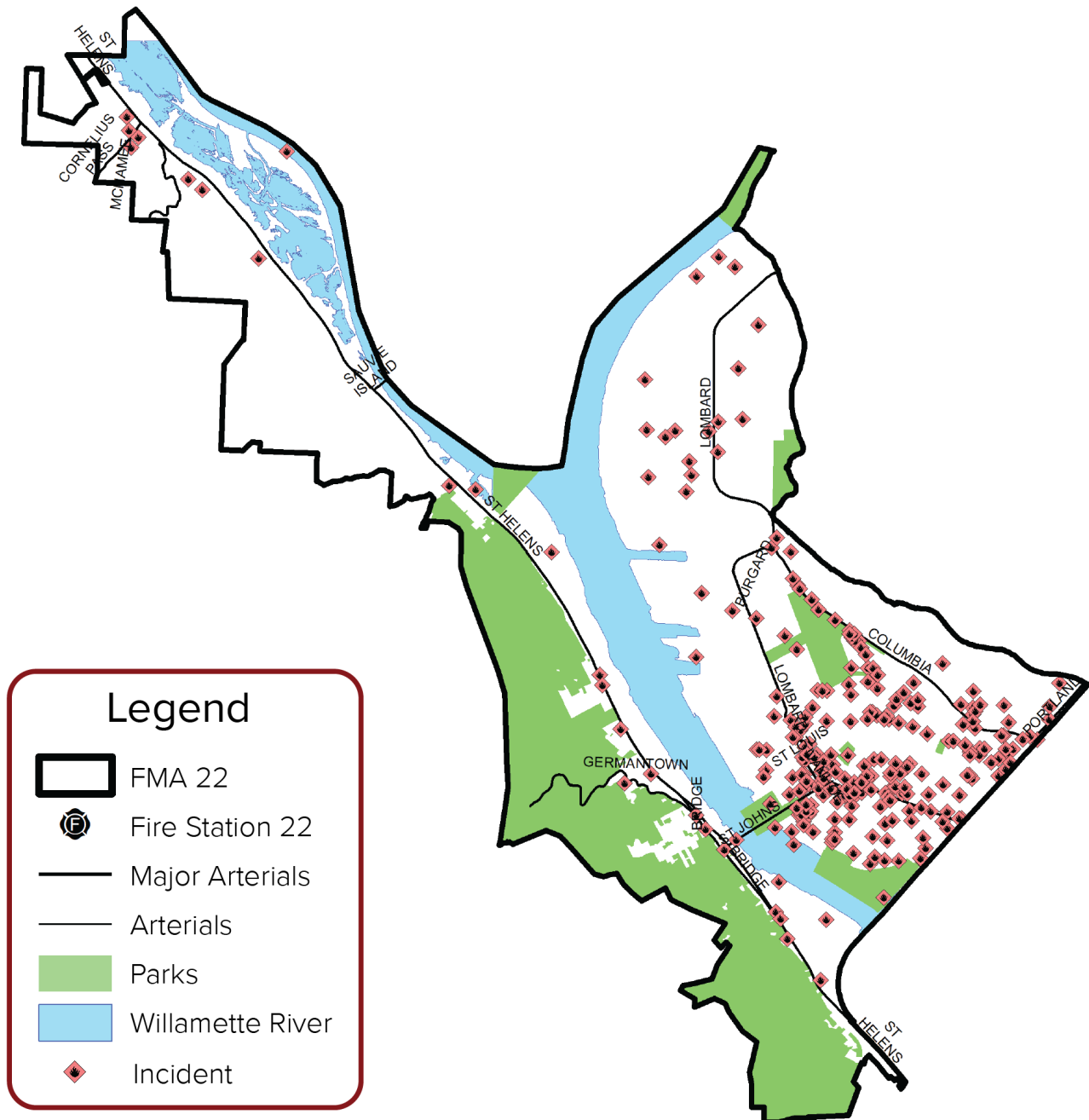


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C. Fire Incidents

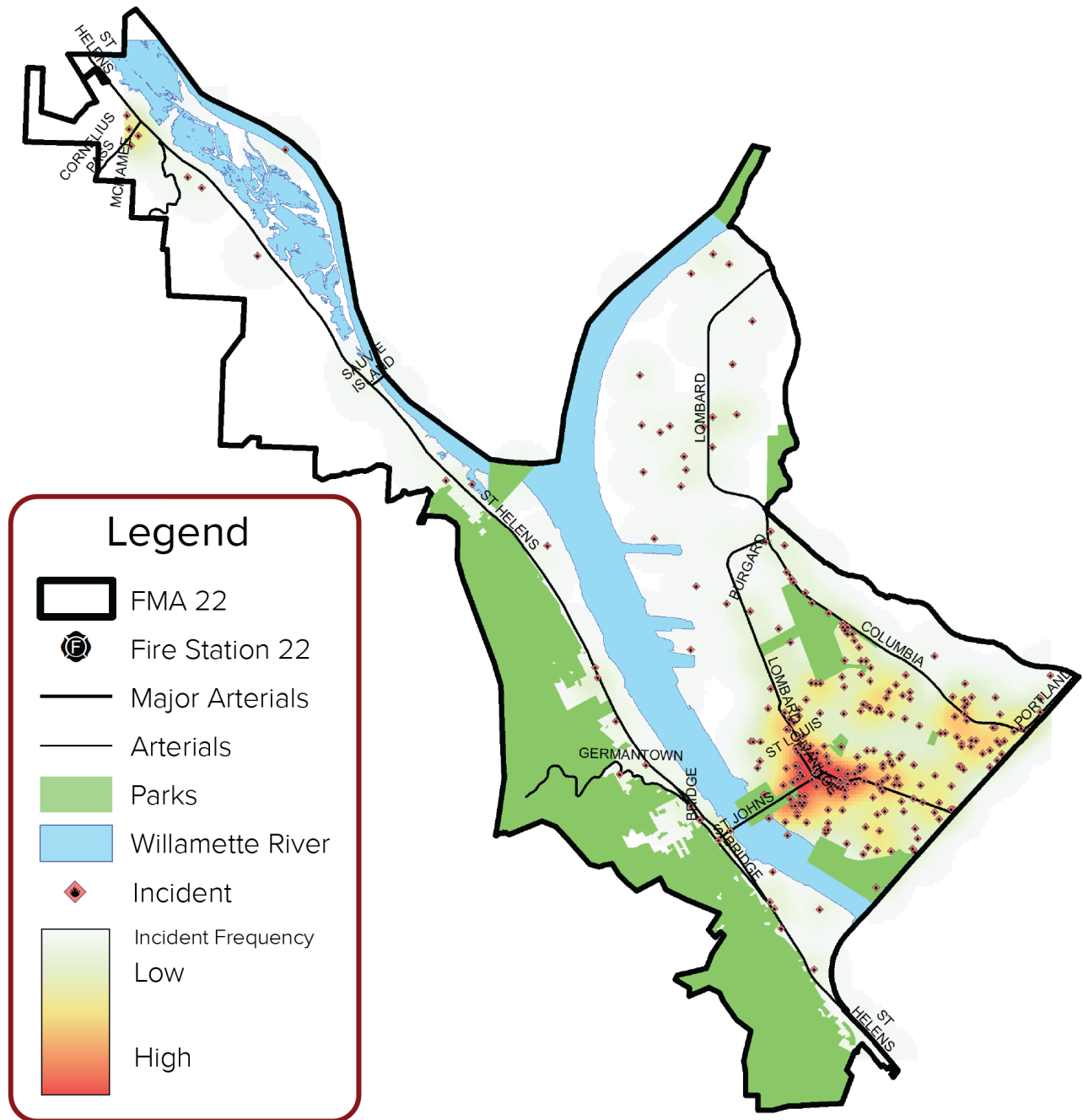
Fire Incidents

2013-2017 | FMA 22

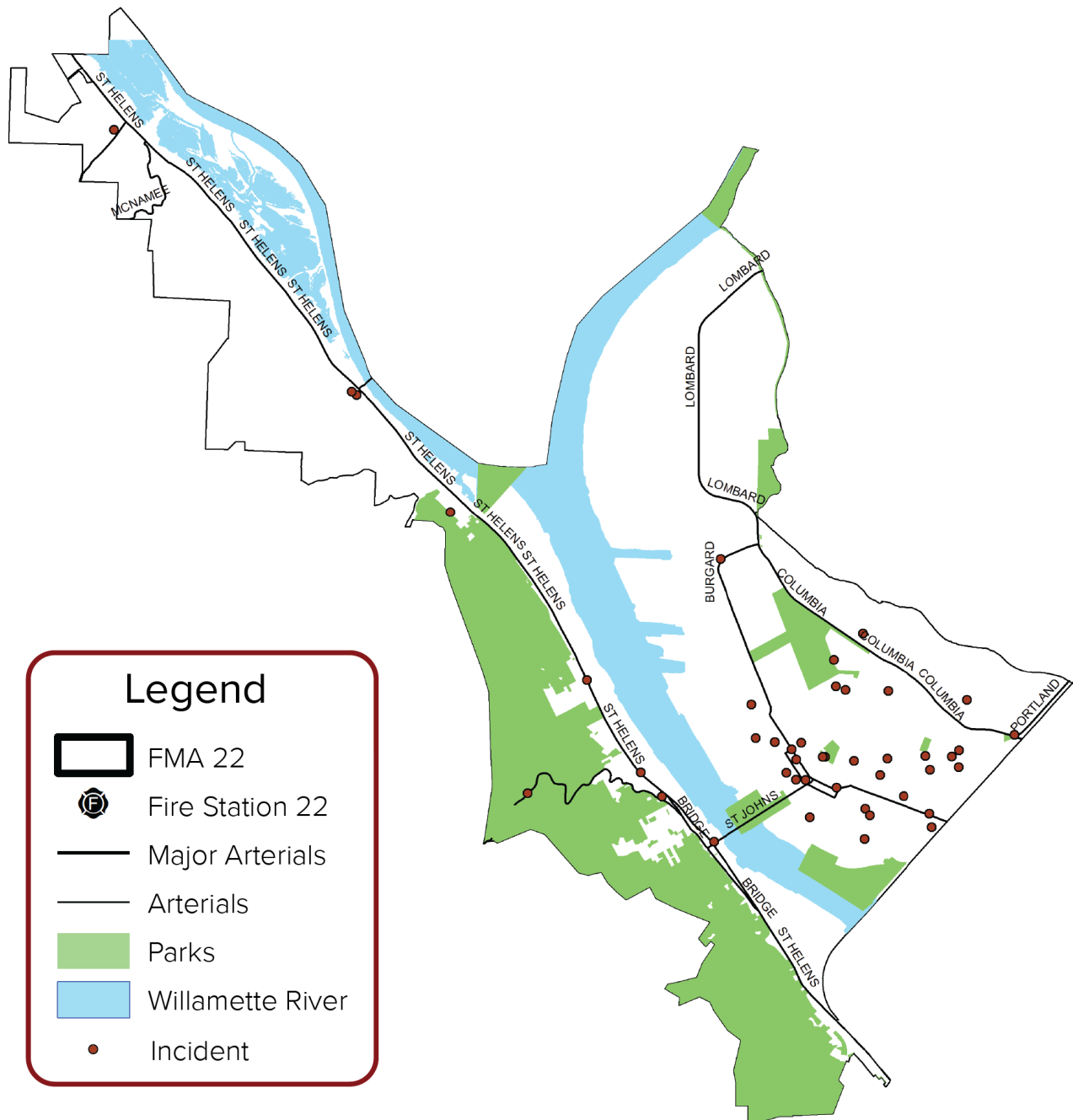


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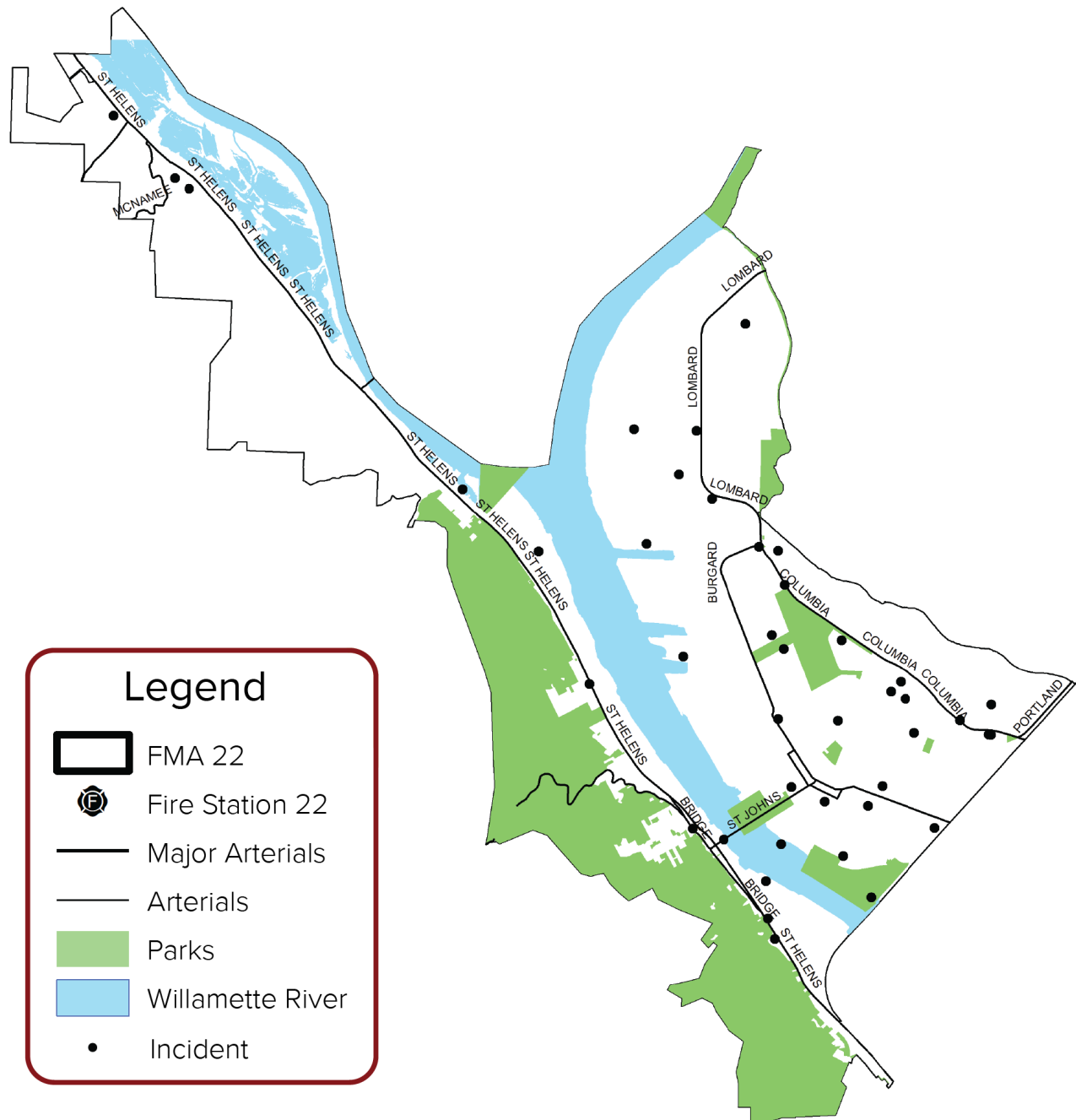
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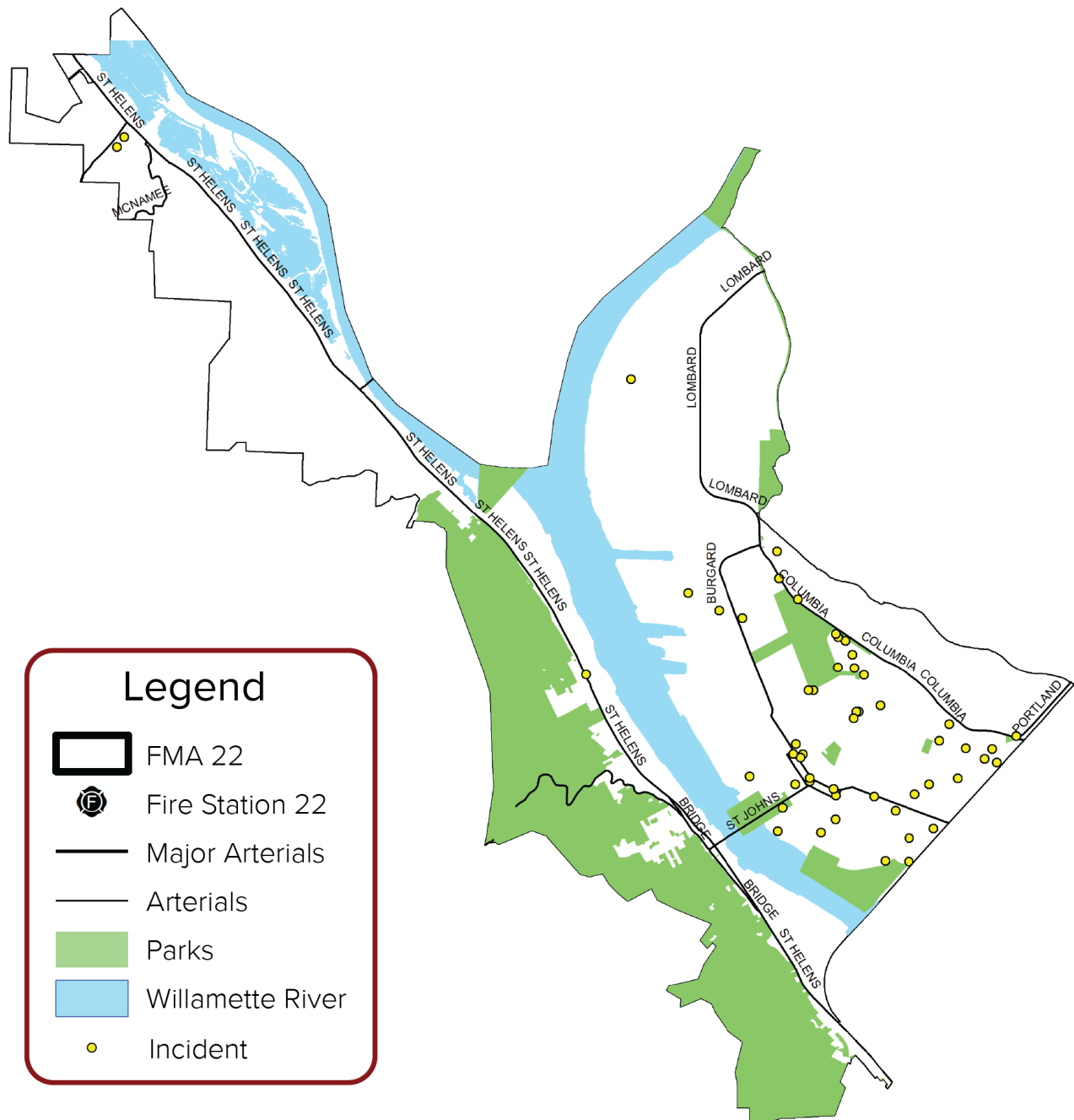


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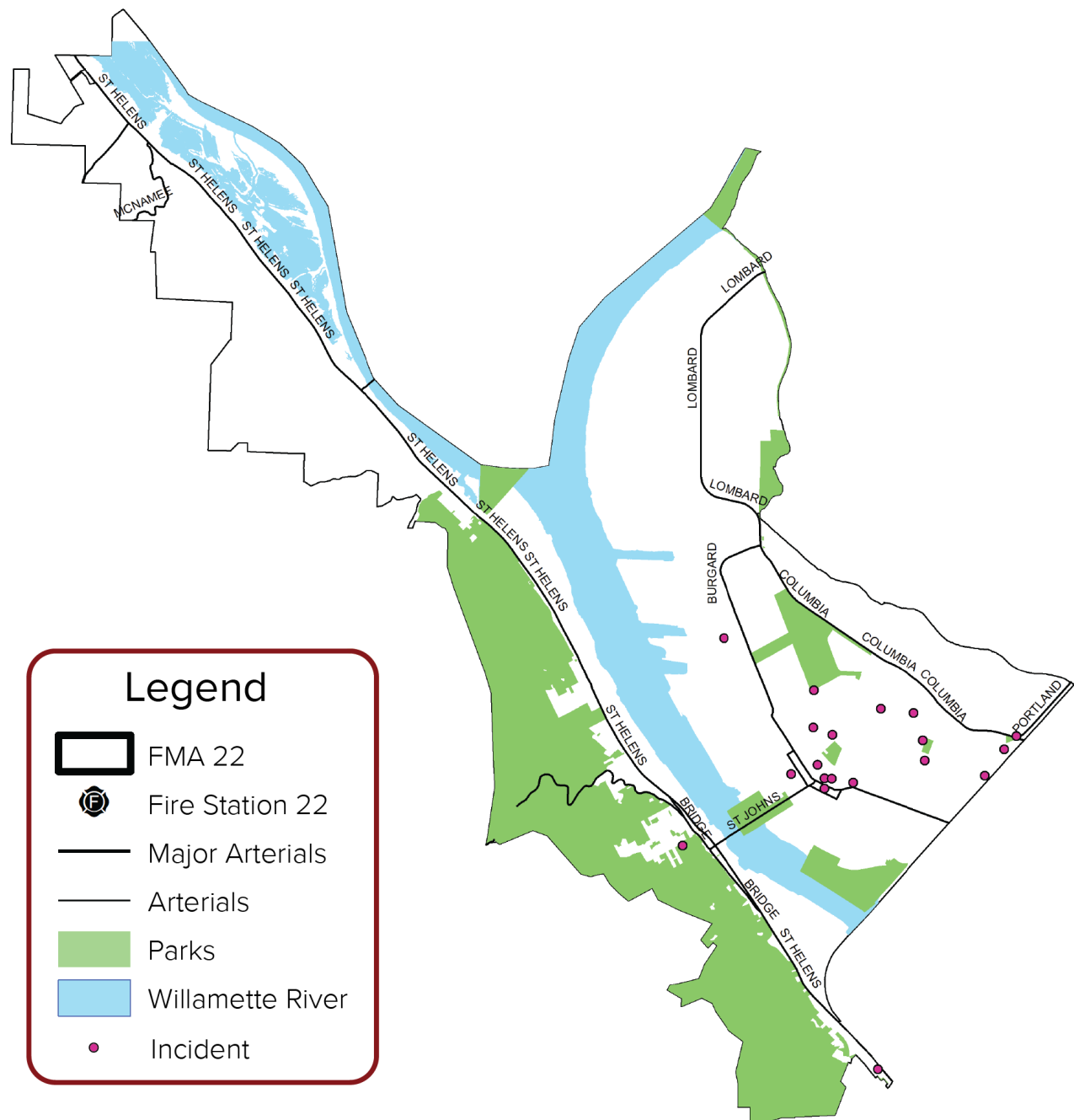


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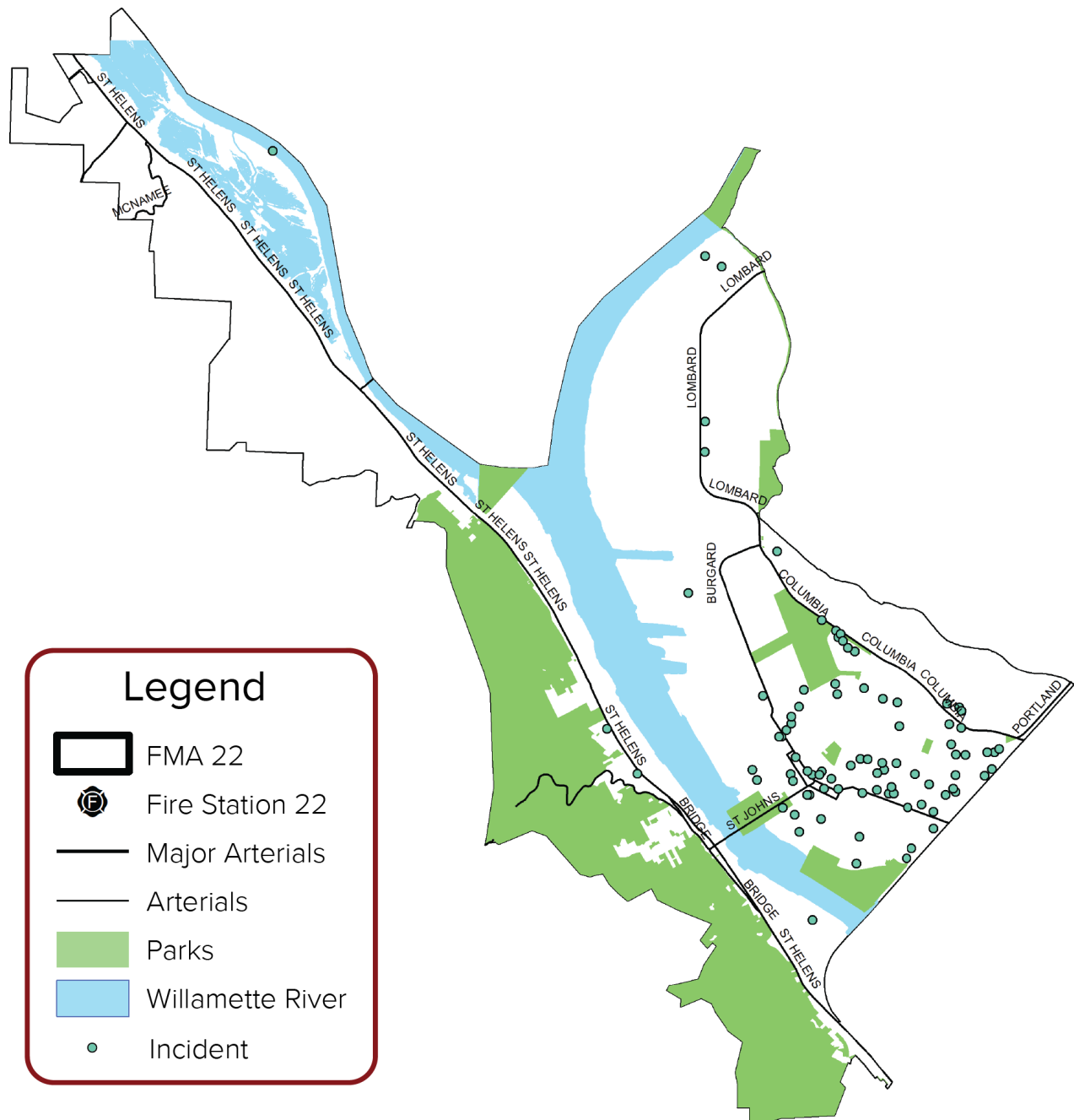


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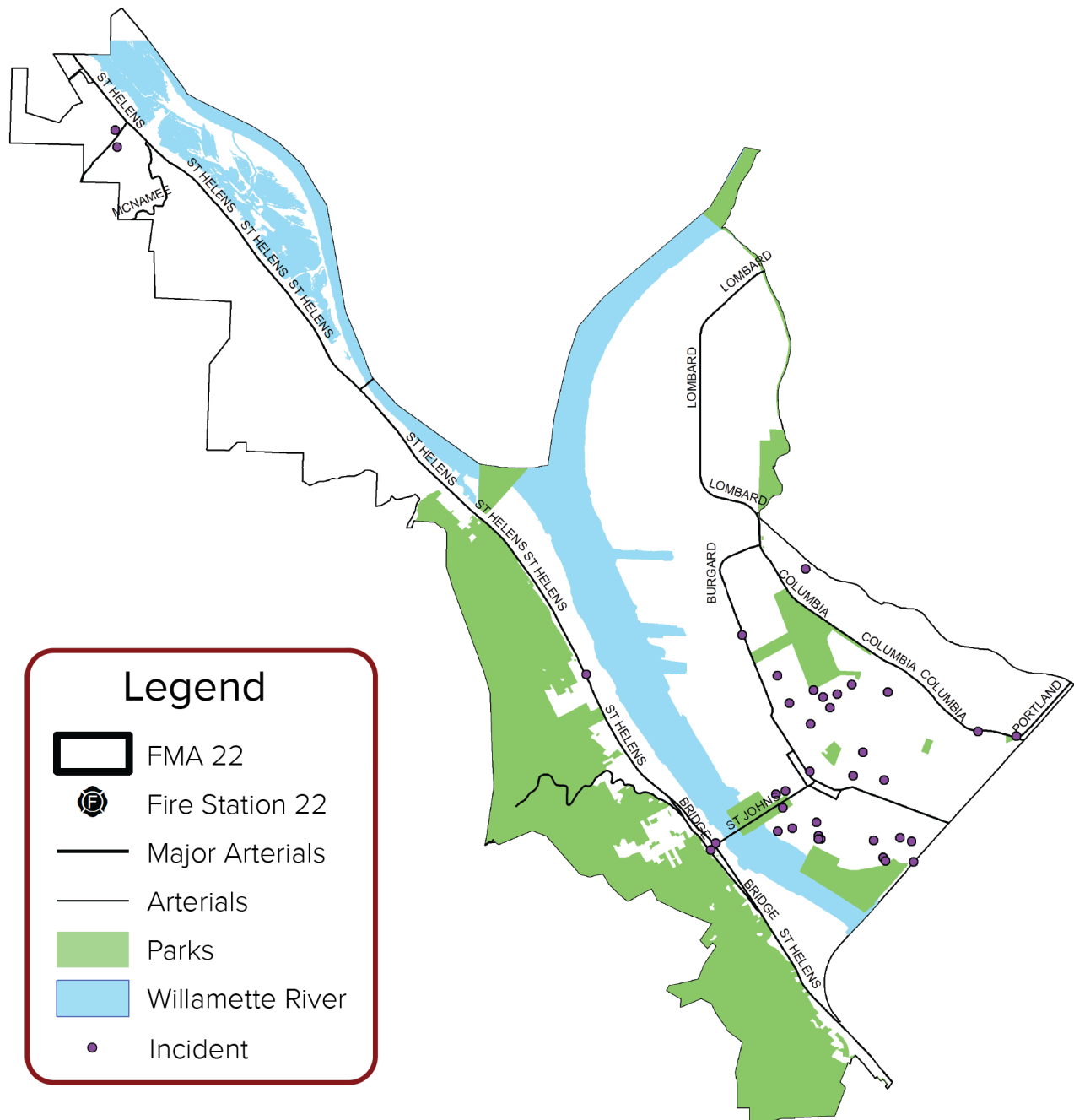


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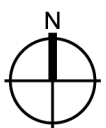
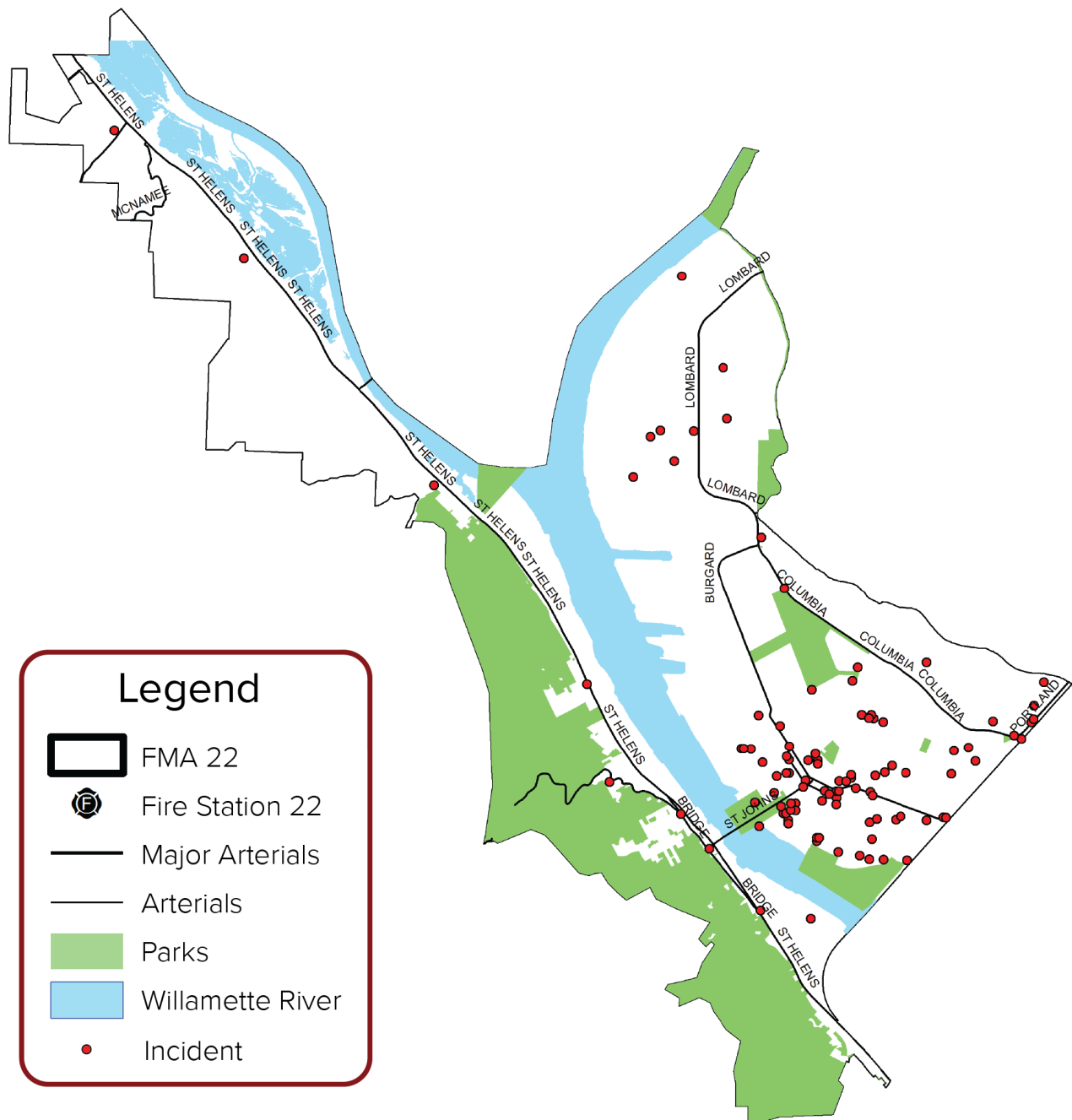


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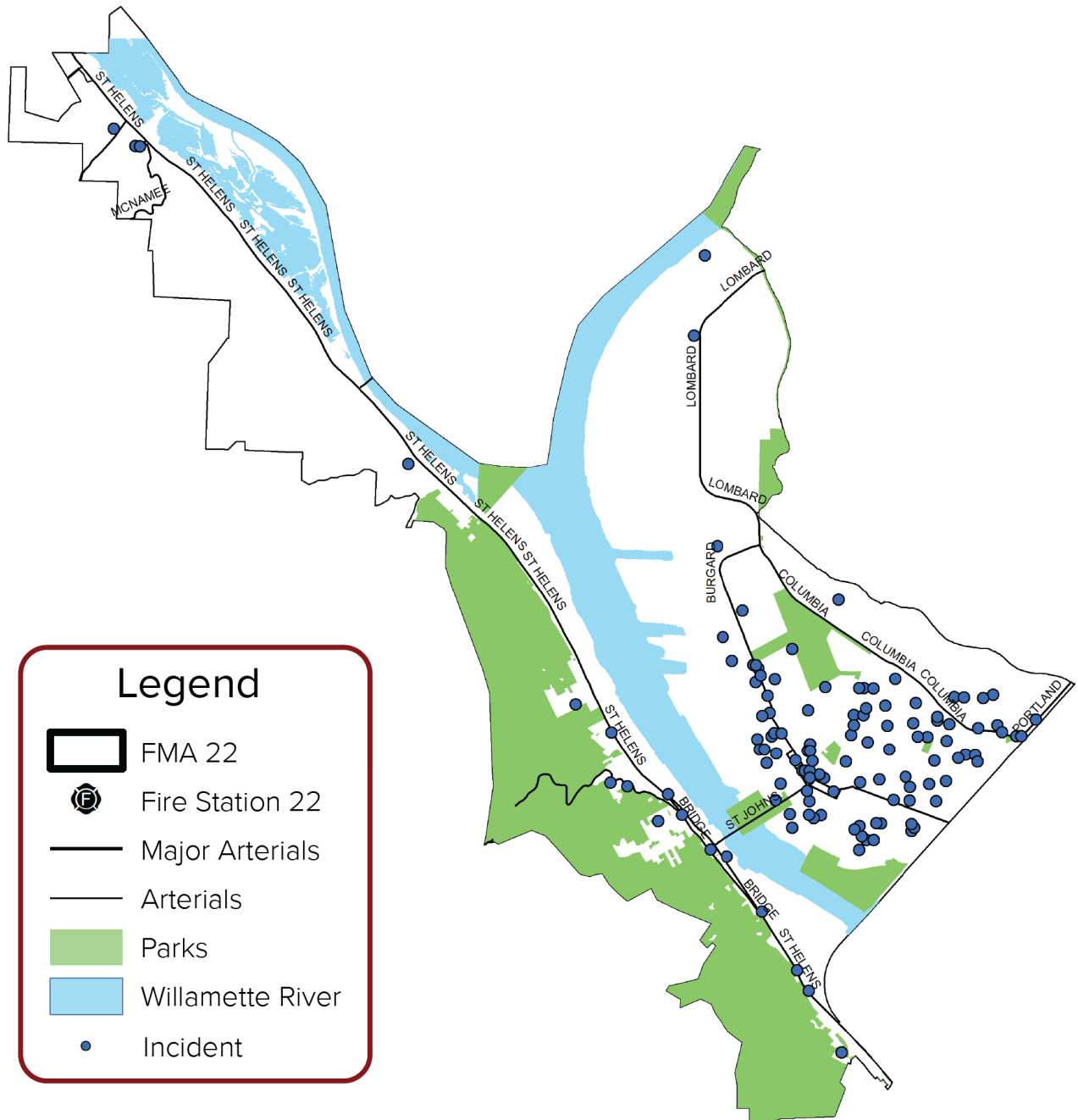


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D. Other Analyses and Maps

Social Vulnerability Index Correlation Tables

HIGHLY (0.8+)

- Uninsured
- Asthma
- Lacking colon screening
- COPD
- Smoking
- Lacking annual dental checkup
- Lacking senior female preventative care
- No leisure exercise
- Behind on mammography
- Poor mental health
- Poor physical health
- Behind on pap smear
- Poor sleep
- Seniors missing all teeth

MODERATELY HIGH (0.6-0.799)

- Coronary heart disease
- Lacking senior male preventative care
- Diabetes
- Obesity
- Strokes

MODERATELY LOW (0.4-0.599)

- Arthritis
- Less binge drinking
- Missing annual checkups
- Lack of cholesterol screening
- Kidney disease

LOW (0.2-0.399)

- High blood pressure
- High cholesterol

THEMES

Exercise and diet

Preventative care and health care access

Smoking cessation

HIGHLY (0.8+)

- Uninsured
- Asthma
- Lacking colon screening
- COPD.
- Lacking senior male preventative care
- Lacking senior female preventative care
- Smoking
- Lacking annual dental checkups
- No leisure exercise
- Out of date mammography
- Poor mental health
- Poor physical health
- Obesity
- Out of date pap smear
- Seniors missing all teeth
- Poor sleep

MODERATELY HIGH (0.6-0.799)

- Diabetes
- Stroke

MODERATELY LOW (0.4-0.599)

- Less binge drinking
- Coronary heart disease
- Lack of annual checkups
- Lack of cholesterol screening
- Kidney disease

LOW (0.2-0.399)

- Arthritis
- High blood pressure
- Less cancer

THEMES

Preventative care and health care access

Especially for adults 50+ and women

Smoking cessation

Diet and exercise

In Portland, **increasing disability and household risk (children, seniors, and single parents)** correlates with:

HIGHLY (0.8+)

- COPD
- No leisure exercise

MODERATELY HIGH (0.6-0.799)

- Uninsured
- Arthritis
- Less binge drinking
- Asthma
- Coronary heart disease
- Lacking colon screening
- Lacking senior female preventative care
- Smoking
- Lacking annual dental checkup
- Diabetes
- Kidney disease
- Lacking current mammography
- Poor mental health
- Lacking current pap smear
- Poor physical health
- Strokes
- Seniors missing all teeth

MODERATELY LOW (0.4-0.599)

- High blood pressure
- On blood pressure Rx
- Lacking senior male preventative care
- High cholesterol
- Obesity
- Sleep

LOW (0.2-0.399)

- Cancer

THEMES

In Portland, **increasing populations of color and low English proficiency** correlates with:
HIGHLY (0.8+)

- *None*

MODERATELY HIGH (0.6-0.799)

- Uninsured
- Asthma
- Lack of colon screening
- COPD
- Lack of senior male preventative care
- Lack of senior female preventative care
- Smoking
- Lack of annual dental checkups
- Diabetes
- Lack of leisure exercise
- Out of date mammography
- Poor mental health
- Obesity
- Out of date pap smear
- Poor physical health
- Poor sleep
- Seniors missing all teeth

MODERATELY LOW (0.4-0.599)

- Less binge drinking
- Coronary heart disease
- Kidney disease
- Stroke

LOW (0.2-0.399)

- Arthritis
- High blood pressure
- Lacking annual checkup
- Lacking cholesterol screening

THEMES

Interdependence on other vulnerabilities and low POCs dilutes this category

Focus on 50+ and women

Smoking cessation

Exercise and diet

In Portland, **decreasing housing quality and vehicular mobility** correlates with:

HIGHLY (0.8+)

- *None*

MODERATELY HIGH (0.6-0.799)

- Uninsured
- Asthma
- Lack of colon screening
- Lack of senior female preventative care
- Lack of annual dental checkups
- Lack of leisure exercise
- Out of date mammography
- Poor mental health
- Out of date pap smear
- Seniors missing all teeth

MODERATELY LOW (0.4-0.599)

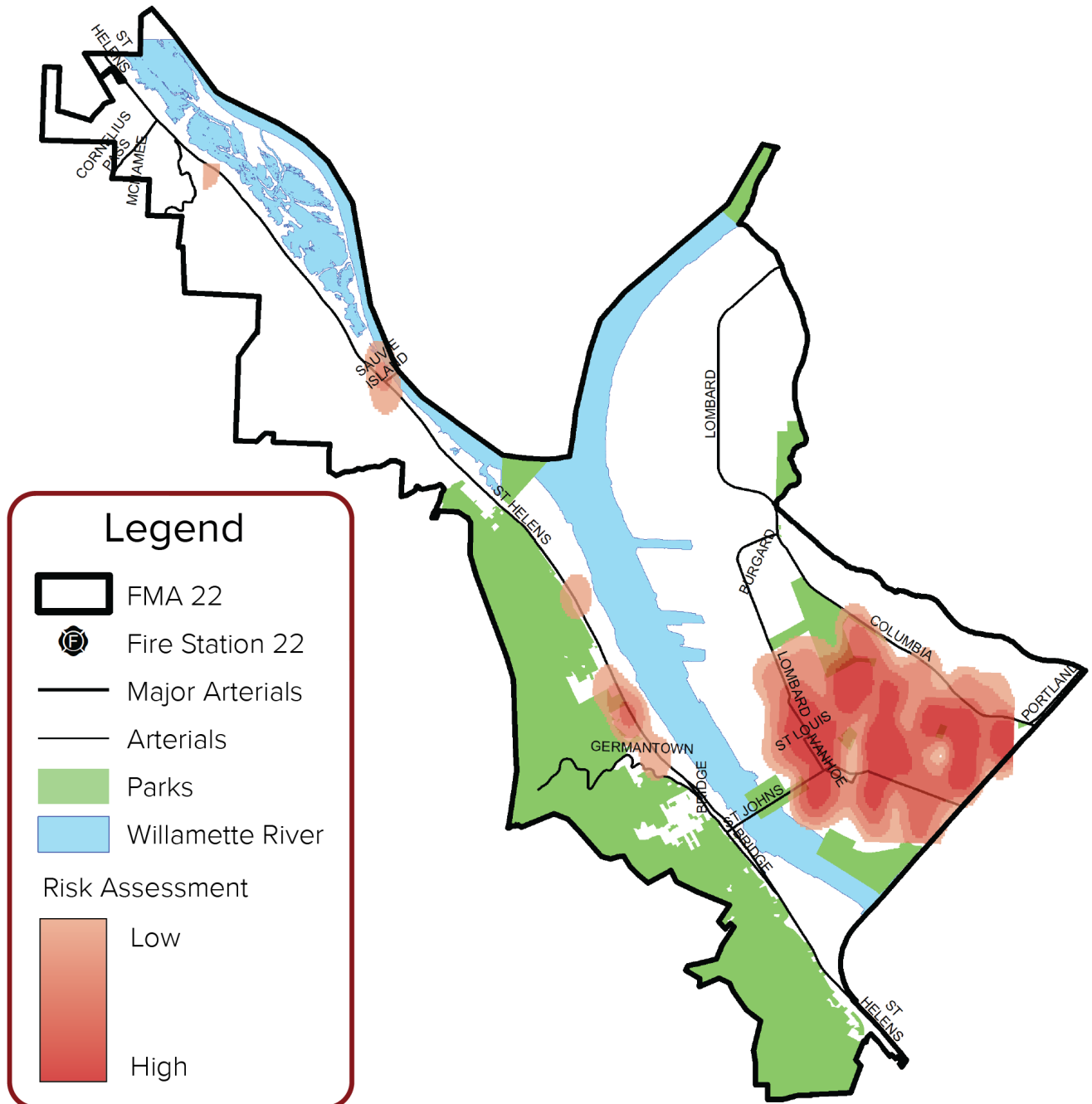
- Lack of annual checkup
- Lack of cholesterol screening
- COPD
- Lack of senior male preventative care
- Smoking
- Diabetes
- Kidney disease
- Obesity
- Poor physical health
- Poor sleep
- Strokes

LOW (0.2-0.399)

- Less binge drinking
- Less cancer
- Coronary heart disease

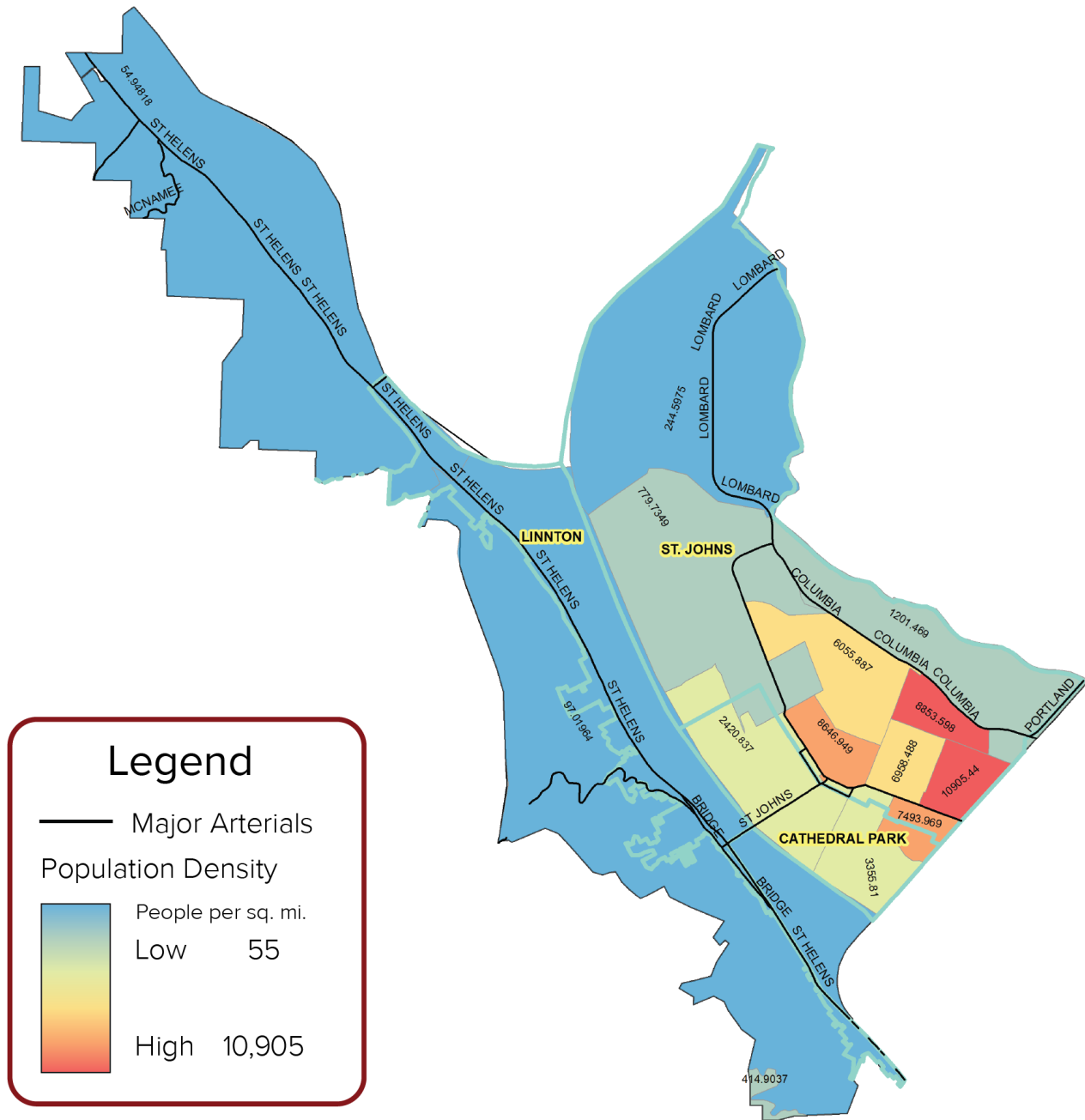
THEMES

Interdependence on other vulnerabilities (esp. socioeconomic) dilutes this category



0 1 mi

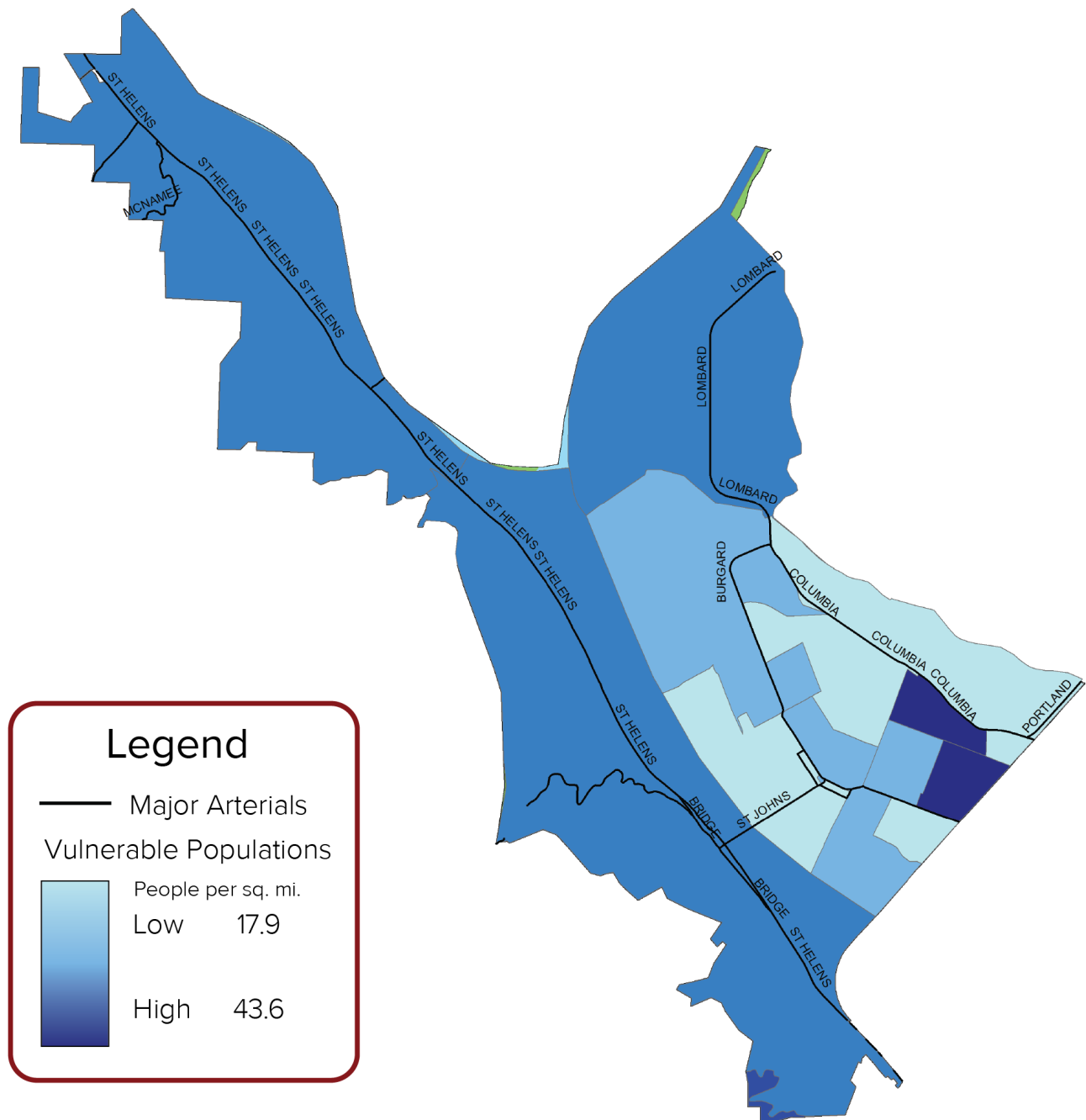
Based on the Property-Level Fire Risk Analysis by Jonathan Jay



0

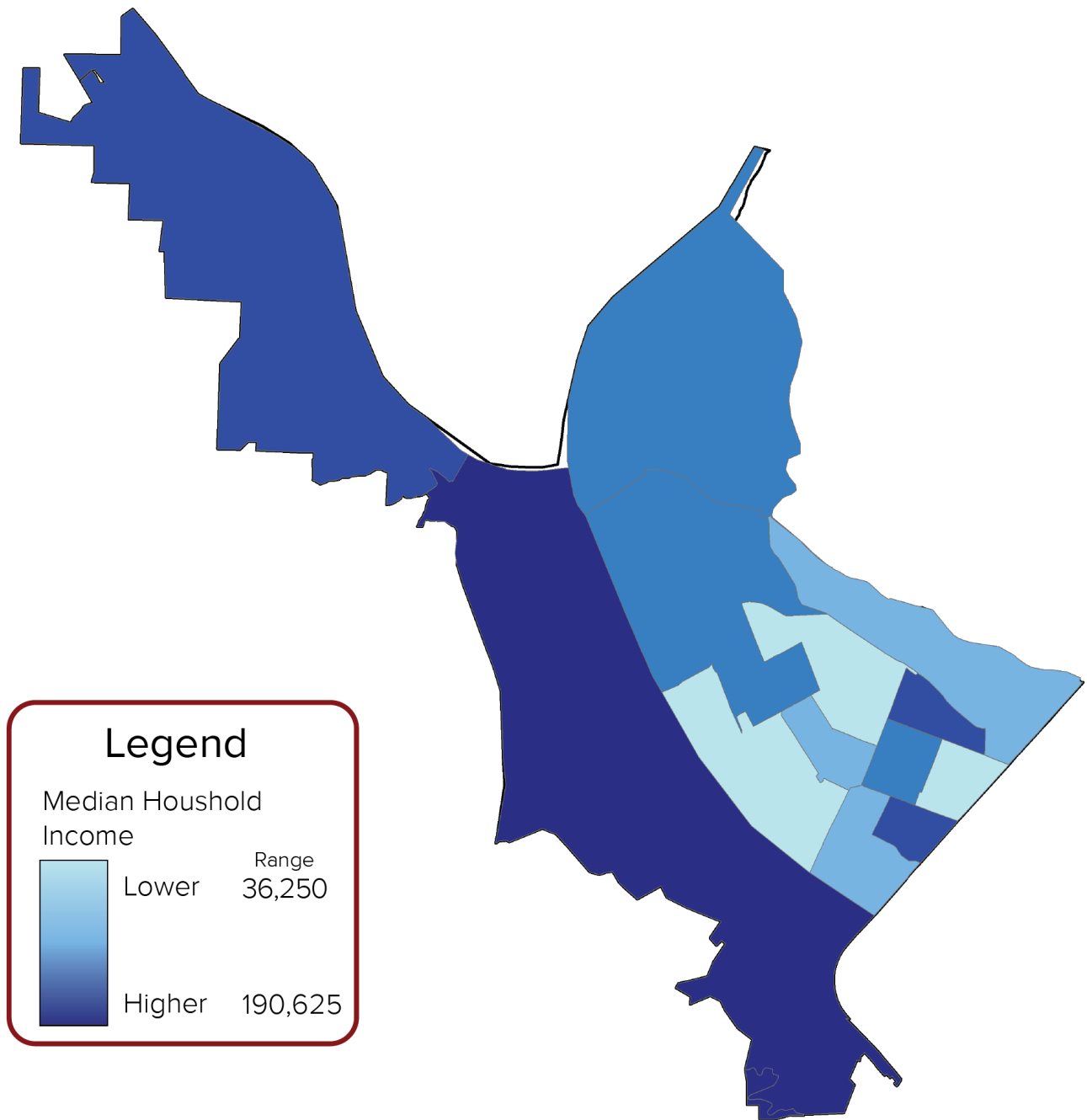
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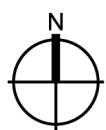
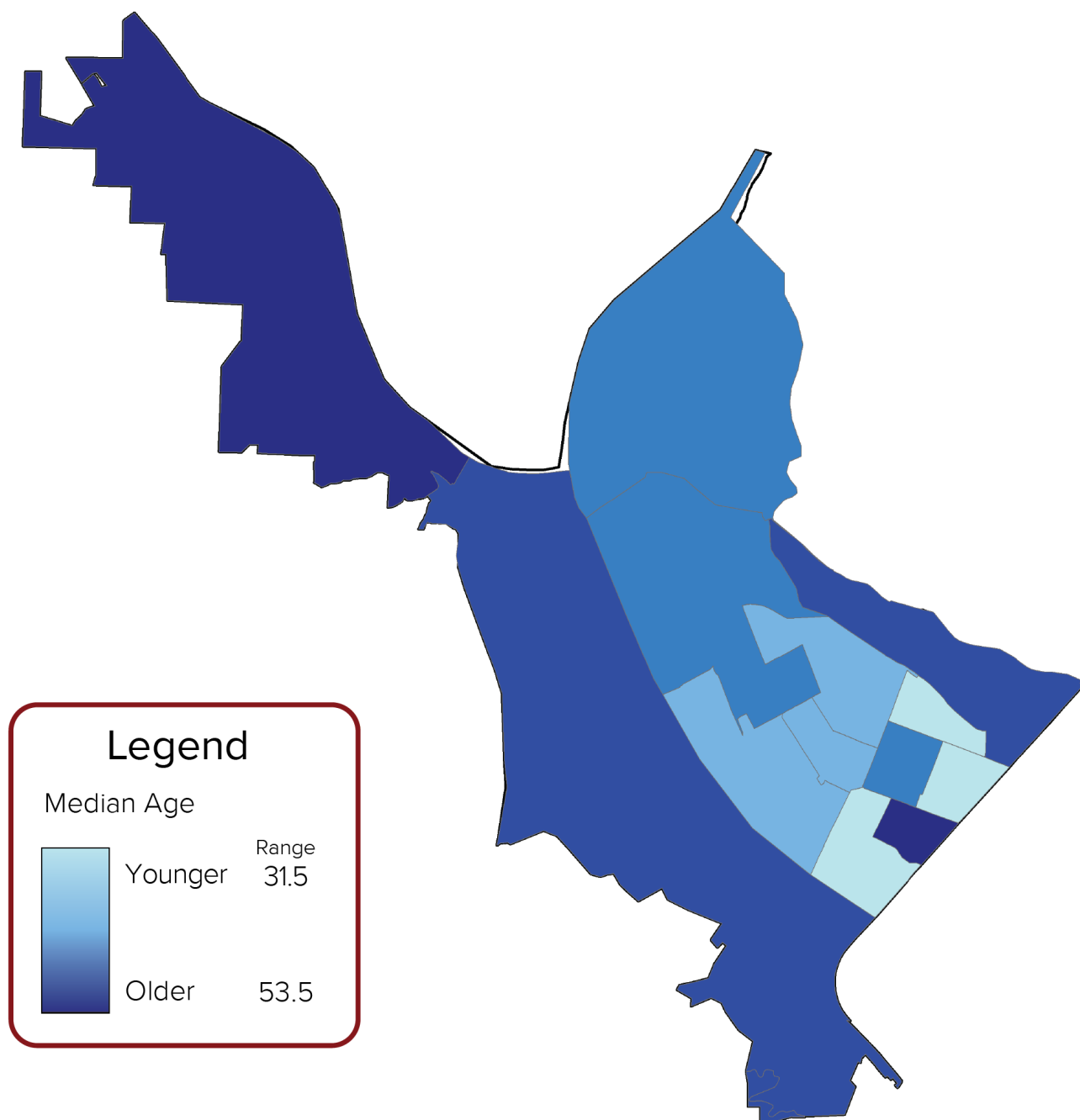
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Vulnerable populations are defined as individuals younger than 5 or older than 65



0

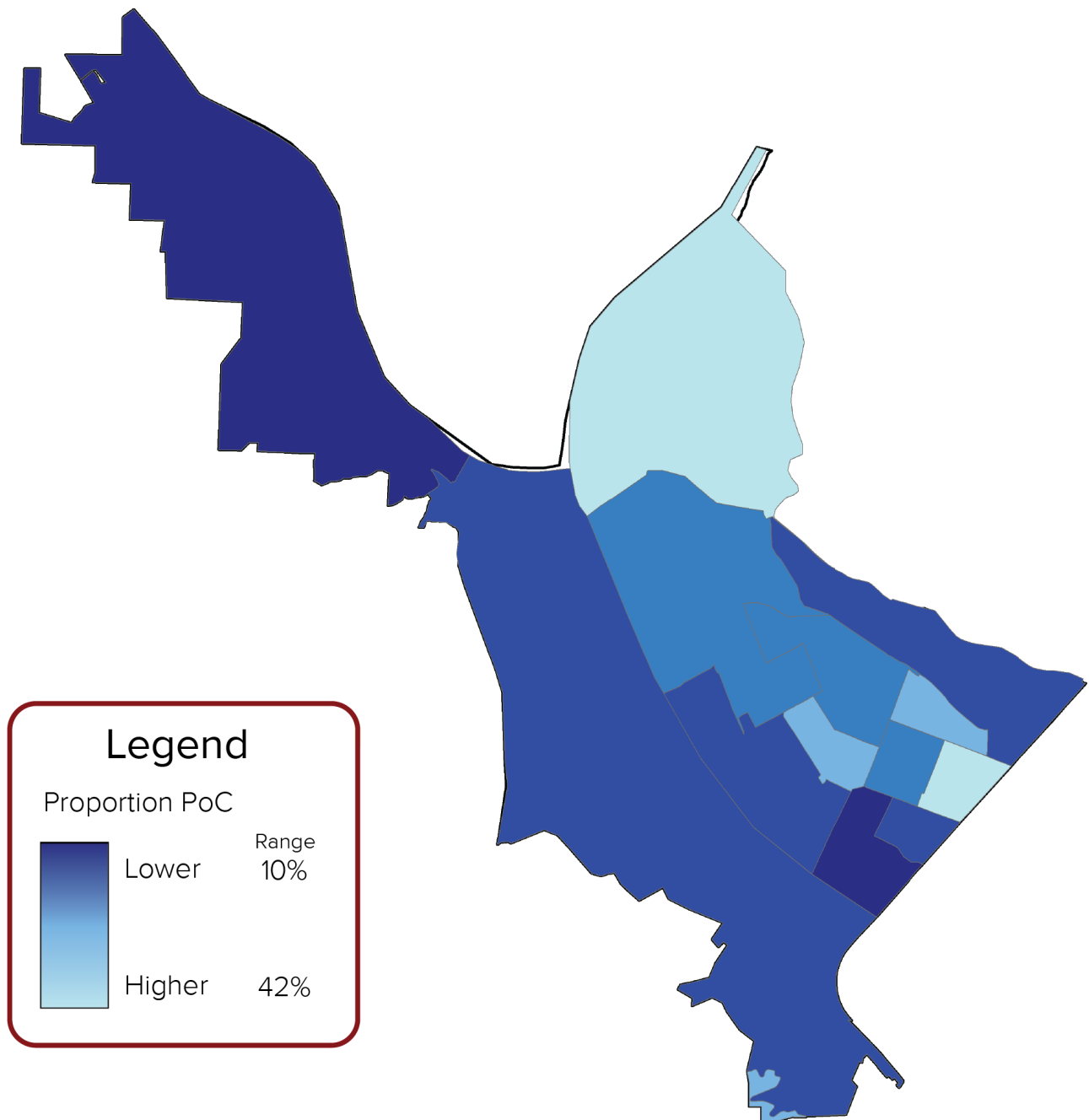
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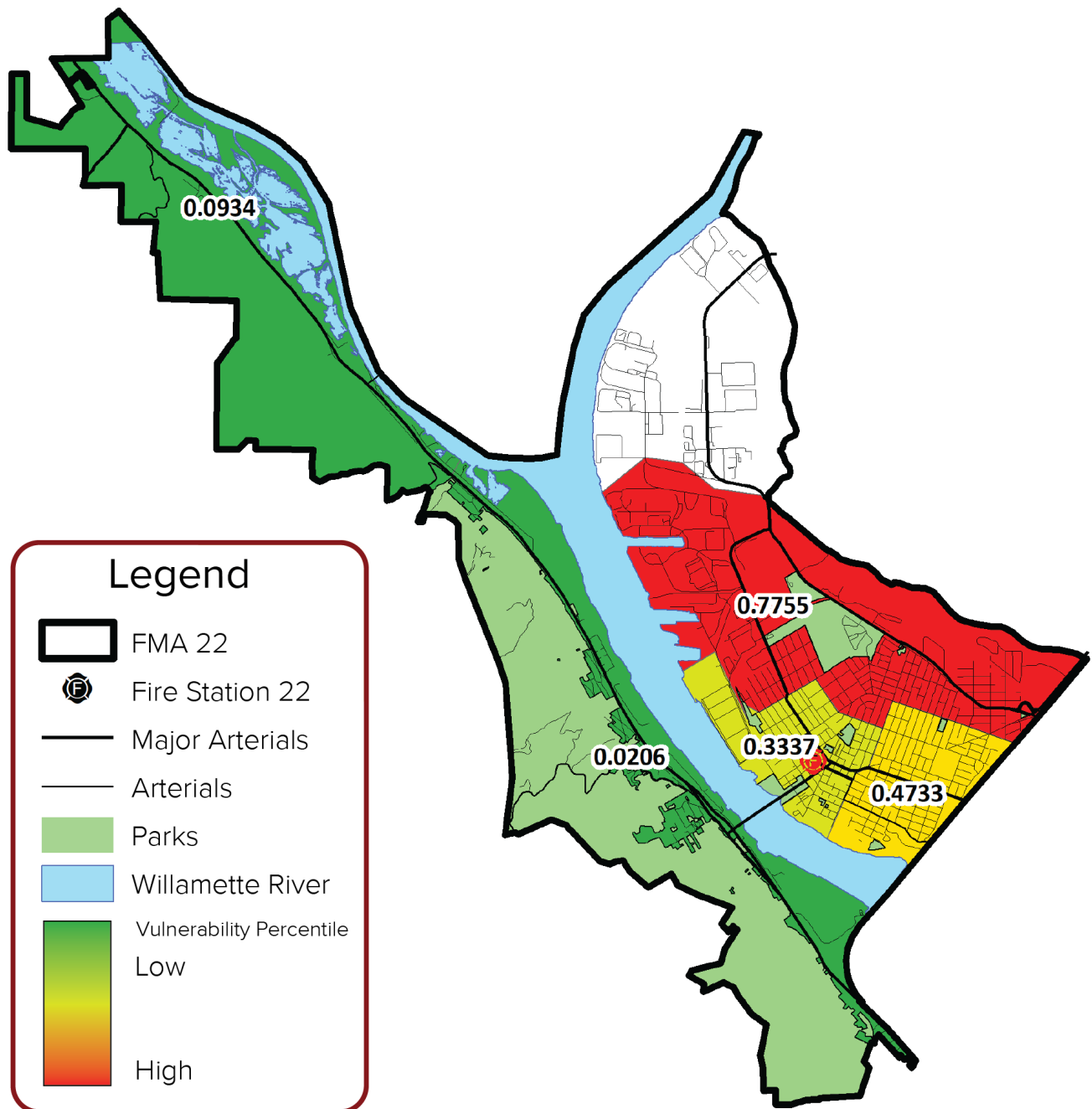
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Proportion of People of Color by Census Block Group

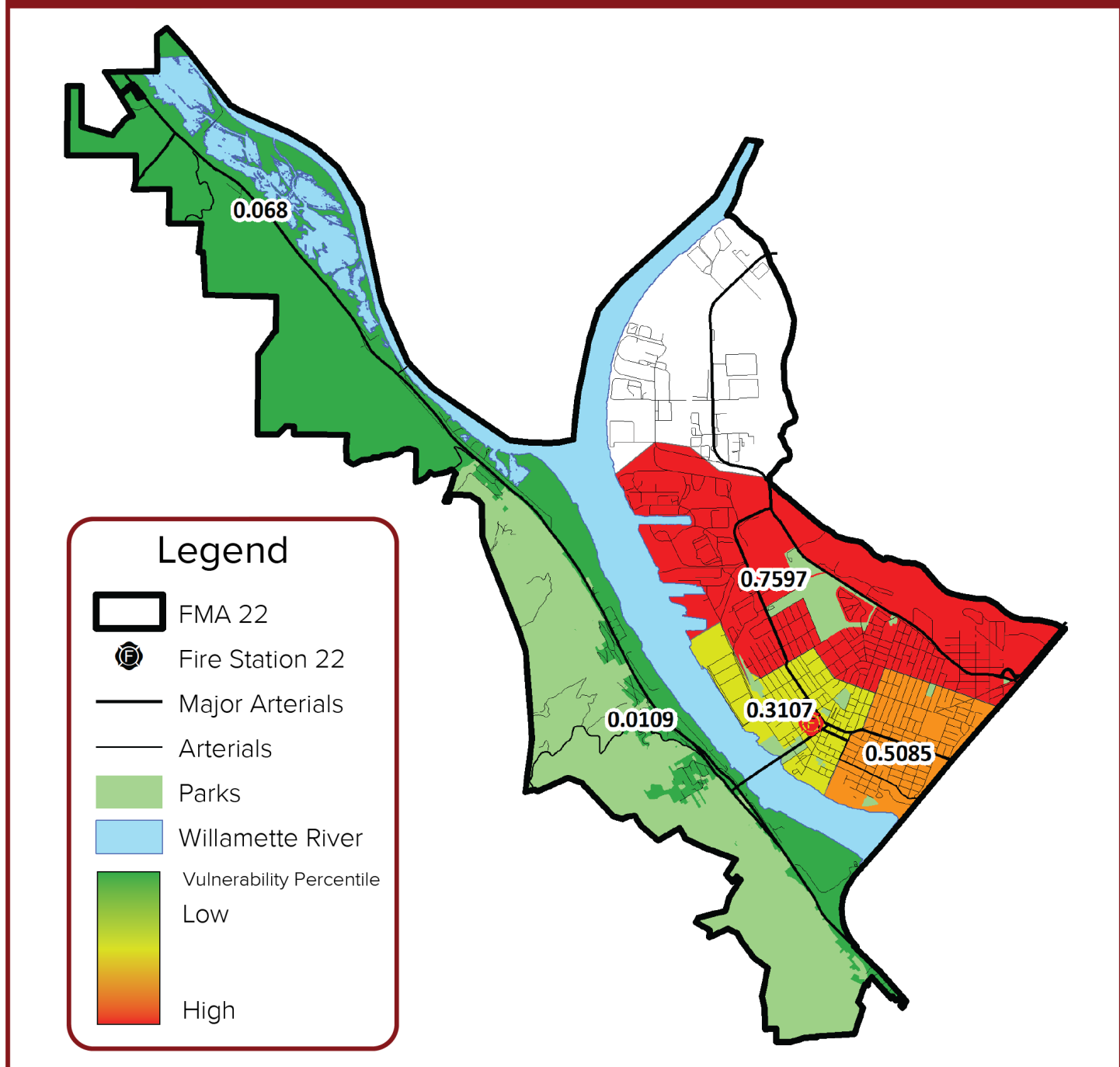
2013-2017 | FMA 22



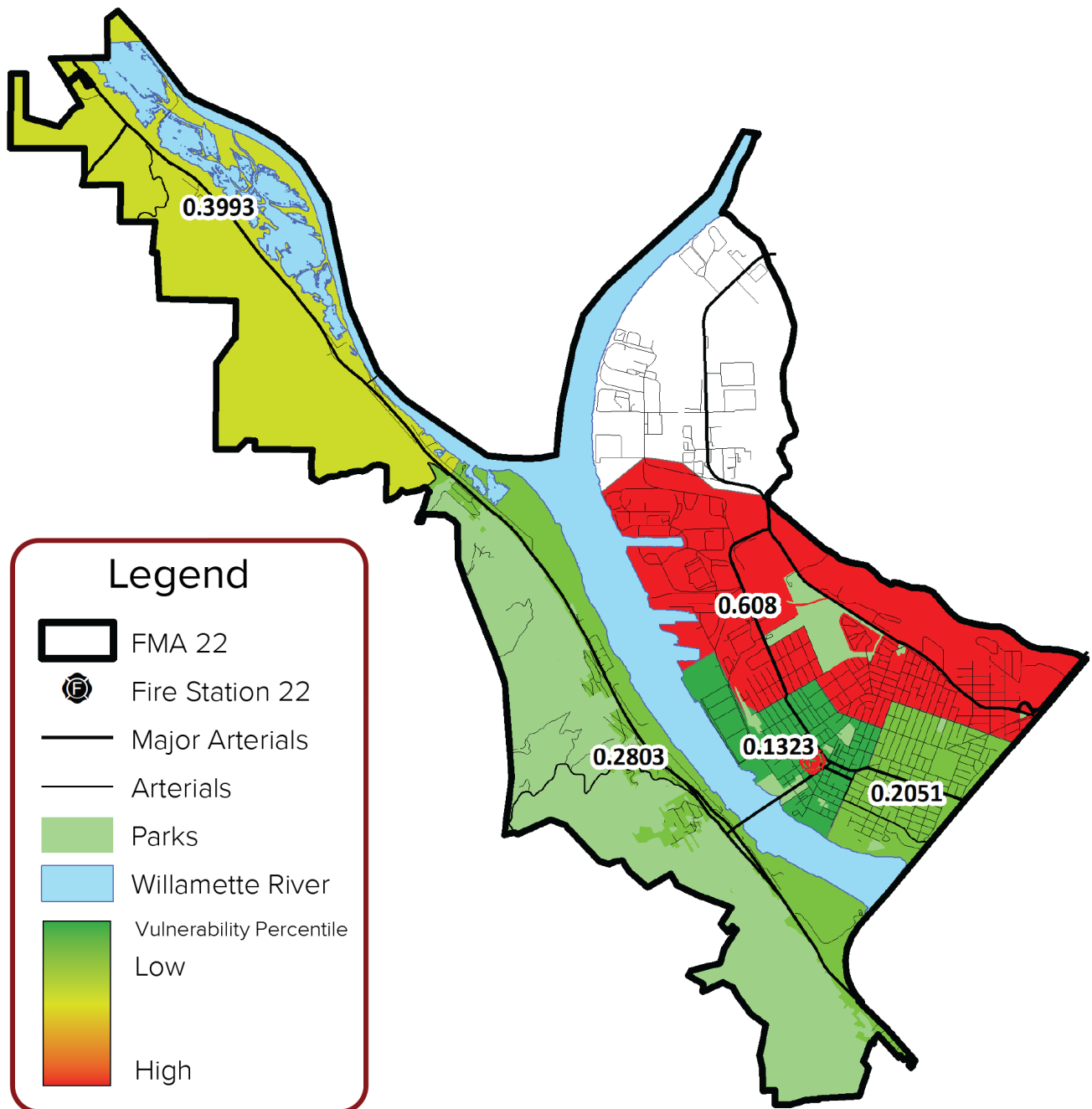
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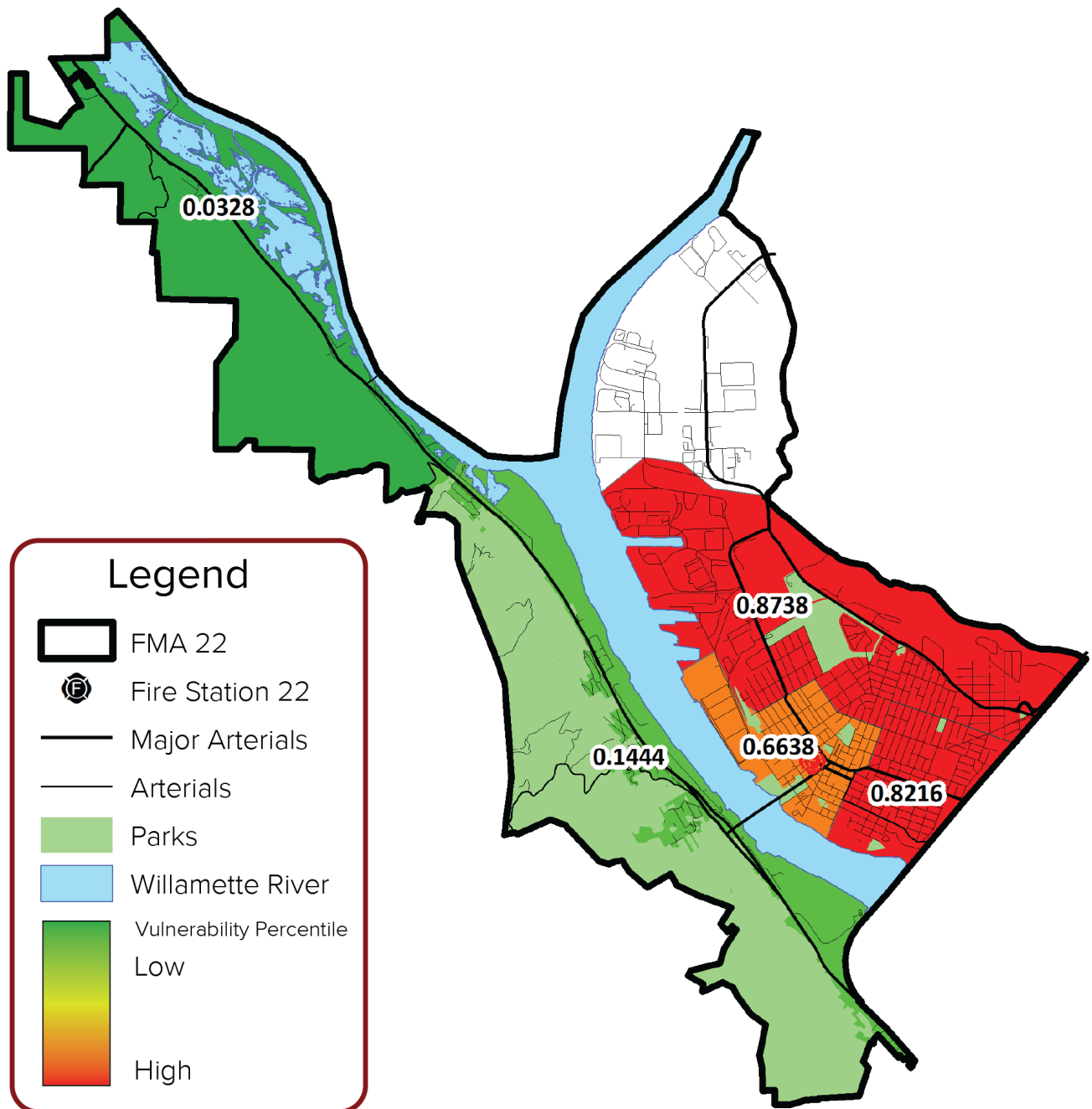
0 1 mi



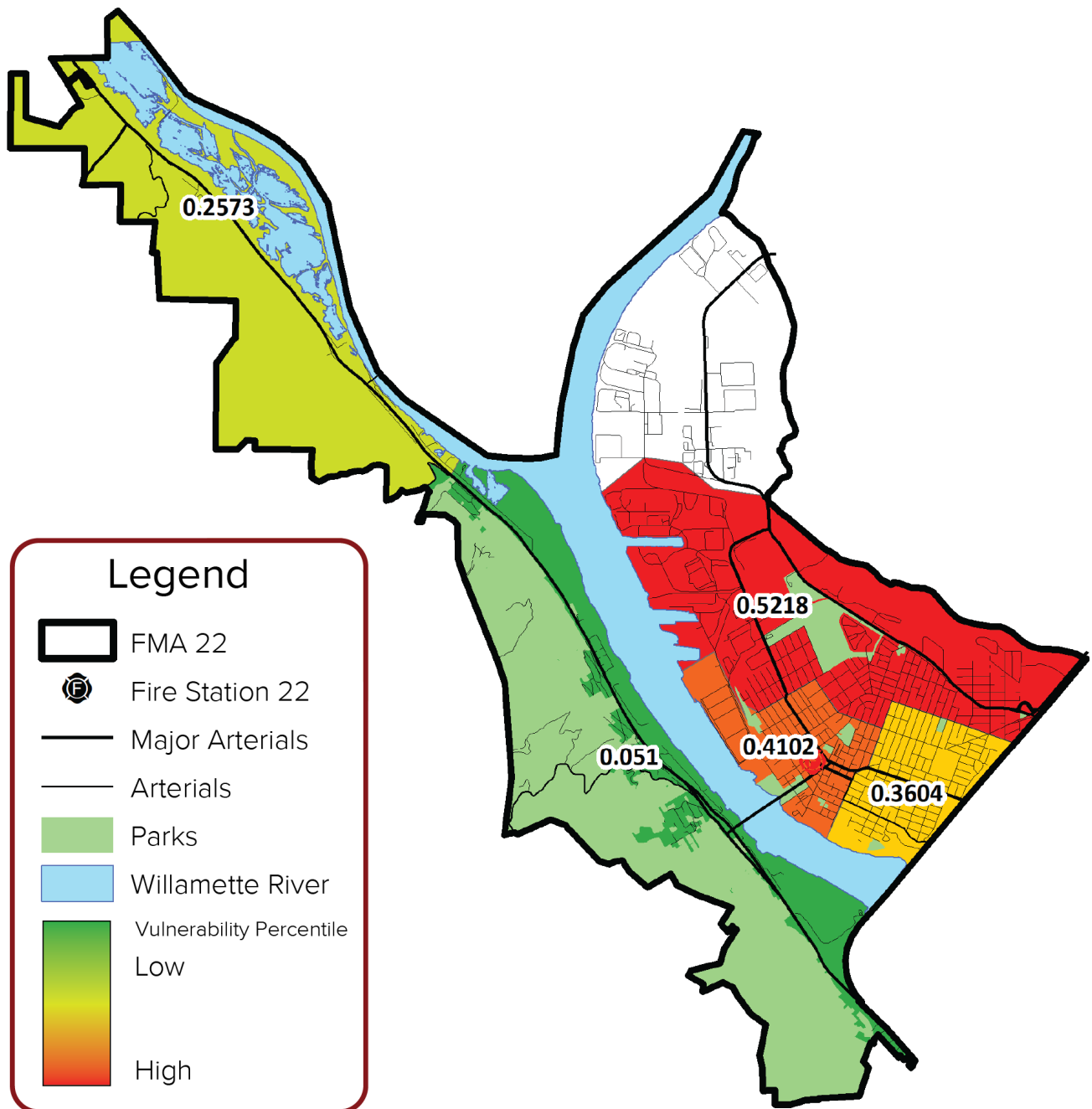
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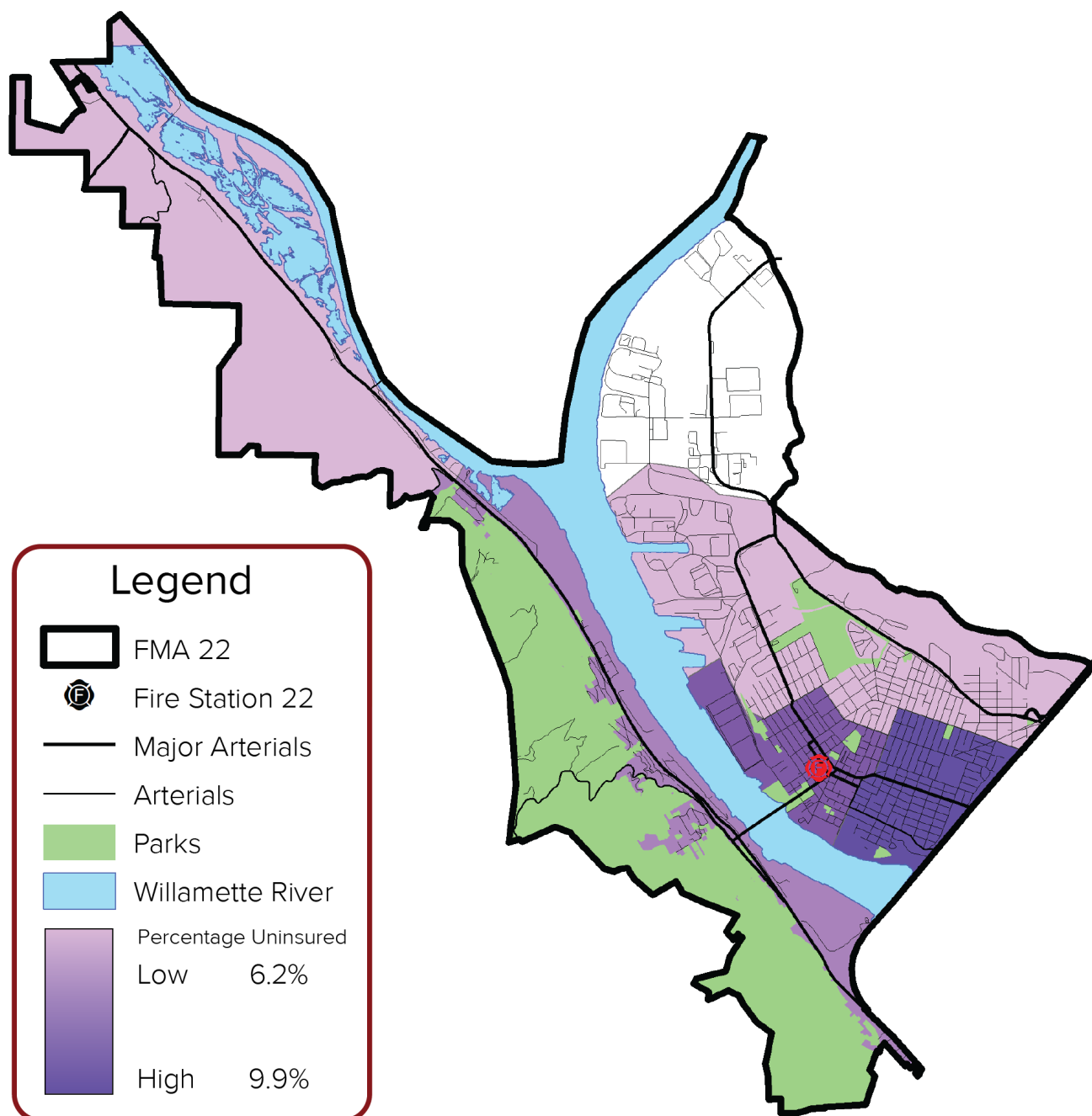
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