Community Assessment of Freeway Exposure and Health: Approach and Methods

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Committee For Boston Public Housing







Introduction

There is compelling evidence that pollution derived from motor vehicle exhaust is associated with cardiovascular and pulmonary morbidity and mortality. Recent studies suggest that near highway pollutants (to about 200 meters [m] from the roadway) differ qualitatively and quantitatively from regional pollution, and pose greater risks. As lowincome and minority communities are more likely to be close to highways, this pollution may contribute to health disparities and environmental injustice.

Study Area, Year 1

Health Data

Community-based participatory research



QUESTIONNAIRE

•Time-activity •Other combustion sources •Smoking/ETS •Sound Occupational exposure •Demographics •Diet/physical activity •Stress Risk perception



| <u>As of 3/16/10</u> | <u>Number</u> |
|--------------------------------|---------------|
| Surveys refused | 90 |
| Surveys still active | 147 |
| Surveys completed | 169 |
| Random | 118 |
| Convenience | 51 |
| Blood draws (1st) | 104 |
| Blood draws (2 nd) | 7 |





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Environmental Data





ENVIRONMENTAL (Mobil van will collect 40 days per year/neighborhood of near highway UFP gradients and other co-pollutant measurements.)

| • <u>Equipment</u> | Measures |
|---|------------------------|
| ThermoElectron Trace 48i | Carbon Monoxide (CO) |
| ThermoElectron Model 42i | NOx-NO-NO ₂ |
| •TSI Sidepack PM2.5 Analyzer | PM _{2.5} |
| McGee Scientific Aethalometer | Black Carbon (BC) |
| •EcoChem PAS 2000 | Particle Bound PAH |
| | |

Unique Partnership

Our CBPR framework seeks to couple rigorous science with community involvement in an equitable partnership. We seek to use our approach to inform policy issues and practice in ways that accelerate the application of both our findings and the larger literature about near highway pollution and health.

Our Steering Committee meets bi-weekly and includes representatives from all of the partners, students and the field staff. Other team members are welcome to attend and often do. Decisions are made by consensus or majority vote after discussion by all members in the group. Sub-committees are in place for in-depth discussions on the main work areas: environmental science, health outcomes, outreach & recruitment, exposure assessment, and the field operations.

Our Advisory Board includes other individuals from other academic institutions, government agencies, health organizations, community members and elected officials. It meets twice yearly to discuss the large-scale goals of the project and to help guide policy work.

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