#### Testimony to Portland City Council June 5, 2013

Donna L. Cohen, M.L.I.S, M.Ed. 503-737-1425 dcohen@dcoheninfo.com Neighborhood member of city committee which developed the St John's Truck Strategy, Phase II Plan

6 months ago to the day I was here before the Council to express concerns about the process for developing the St John's Truck Strategy, Phase II, Plan. Today, I want to share three personal reflections. I am pleased to say we developed a solid plan that serves St John's and the freight community.

The thru trucks are gone. The community is thrilled. And, we are *very* grateful to the Portland Police Bureau for their enforcement actions.

This result was achieved, however, only after 1 1/2 years, 900 petition signatures, a rally, several new articles and mediation because in many ways PBOT staff did not treat the community respectfully for over a year. Among other things, the community had information misrepresented to us, and incomplete information given. I hope that what I say here may help change this situation for future projects. Not every neighborhood will have a research librarian at their disposal. Ours did—me. Here is an example of how this helped.

We were told that, based on pedestrian counts, we did not qualify for a red pedestrian signal beacon at the intersection of N Charleston and Fessenden—which is at a blind curve north of which over 1,000 children live and which is the primary route to our town center. Conducting my own pedestrian count, and using guidelines from the Manual of Uniform Traffic Control Devices— which is a national guidebook PBOT uses -I was able to prove that we did fit the guidelines<sup>1</sup>. I also pointed out that even if our counts were to have been lower, according to a research document<sup>2</sup>—which, as it turns out, their own consultants had independently brought to the meeting—ped counts are questionable as a valid assessment tool when an intersection is so dangerous that people avoid it entirely. We know this is true of that intersection. Finally, as I could find no reference to these specific ped counts in PBOT's documentation, I asked at the meeting whether counts had been taken. Their response was for staff to look at one another, asking if it had been done, and finally acknowledging it hadn't!

I, and others, intend to keep track of the progress of this plan. Already, small but important items that were agreed to are not in the funding applications. I look forward to the day when the culture of bicycling in Portland is such that including a recommendation such as bike lane markings which say "Bikes Stop for Peds" at treated intersections is met with more enthusiasm and would not be overlooked in the funding applications. We need reminders, and we need education. I am especially concerned about our numerous, most vulnerable, St John's residents. About 50% of our population is kids, seniors and physically challenged individuals, for whom being hit by a bicycle can be particularly devastation. Seniors who break a hip are 2-5 times more likely to die within a year.

I hope to see an education campaign for pedestrians, cyclists and motorists when the Fessenden / St Louis changes are complete. Thank you.



<sup>1.</sup> PBOT failed to take into consideration that when a threshold of vulnerable individuals who would be crossing an intersection is met, then the requirements for counts are halved. [MUTCD]

<sup>2</sup> Improving Pedestrian Safety at Unsignalized Crossings [TCRP Rpt 112, NCHRP Rpt 562]

Kaiser Permanente News Center Press Releases: National September 26, 2011 Contact: Emily Schwartz, Golin Harris for Kaiser Permanente, 415-323-0309 Mary Sawyers, Kaiser Permanente Center for Health Research, 503-335-6602

Elderly Women Who Break a Hip at Increased Risk of Dying Within a Year

Kaiser Permanente study finds that the hip fracture — not just poor health — increases risk of early death

PORTLAND, Ore. — Women ages 65–69 who break a hip are five times more likely to die within a year than women of the same age who don't break a hip, according to a Kaiser Permanente Center for Health Research study funded by the National Institutes of Health and published online today in the *Archives of Internal Medicine*.

This paper breaks down death risk by age group. In addition to the finding for women ages 65–69, it finds that for women ages 70–79, a hip fracture doubles the risk of dying within a year. Most women 80 and older have the same risk of dying within a year whether they fracture their hip or not, but for women 80 and older who are in excellent health, a hip fracture nearly triples the risk of dying within a year.

"This study is a wake-up call that the first year after a hip fracture is a critical time for all elderly women, but especially for younger women, ages 65–69, who face a much higher death rate compared to their peers," said Erin S. LeBlanc, MD, MPH, lead author and investigator at the Kaiser Permanente Center for Health Research in Portland, Ore. "We need to do more to prevent hip fractures from occurring, and we need to study how best to care for women after fracture to prevent these deaths."

Other studies have found that women who break a hip are at higher risk for earlier death, but most of those studies concluded that the increased risk was not because of the fracture, but because of underlying health conditions such as heart disease, stroke, or diabetes. This study

controlled for these underlying health conditions and also matched each woman who broke her hip with four women of the same age who didn't break a hip.

"Our study suggests that it is the hip fracture, and not just poor health, that puts these women at higher risk of dying,"said Teresa Hillier, MD, MS, co-author and senior investigator at the Kaiser Permanente Center for Health Research. "We also found women are at the highest risk of dying within the first three months after hip fracture, which leads us to hypothesize that hospitalization, surgery and immobility lead to other complications that ultimately result in their death."

Another reason researchers think that hip fractures, and not other underlying health conditions, put women at higher risk of death is their finding involving women aged 80 and older. These women are often sicker to begin with and most of them face the same risk of dying within a year whether they break their hip or not. But when researchers looked at a subset of women who were 80 and older and were also in excellent health, they found that those who fractured a hip were almost three times more likely to die compared to their counterparts who didn't break a hip.

"This finding suggests that it is the hip fracture itself that ultimately leads to death in these women. Even though they start out in excellent health the hip fracture is so devastating that many of them don't recover," said LeBlanc.

The study is part of the Study of Osteoporotic Fractures that has been ongoing for more than two decades. During 1986–88 Study of Osteoporotic Fractures enrolled nearly 10,000 community-dwelling, ambulatory women ages 65 and older from Baltimore; Minneapolis; Portland, Ore.; and the Monongahela Valley near Pittsburgh.

Over the next 20 years, 1,116 of those women suffered hip fractures. Researchers categorized the women by age and then matched 4,464 women of the same age who didn't break a hip to serve as controls. They followed all of the women, sending out postcards every four months to check on their health status, and asking them to come in for clinic visits every 2 to 3 years. During the visits women were given a medical exam and asked to fill out questionnaires about their health status. Cause of death was determined by death certificates and other supporting documentation where available. The leading causes of death among all women in the study were heart disease, cancer and stroke.

Among women who broke a hip, more than half of the short-term deaths occurred within three months after the fracture and nearly three-quarters occurred within six months. The only women who had a higher long-term risk of death (within 10 years) after hip fracture were the women ages 65–69.

According to the National Osteoporosis Foundation, about half of women over age 50 will break a bone because of osteoporosis, which is a thinning or weakening of the bone that can cause bones to break more easily. The foundation recommends that women 65 and older, and pre-menopausal women with risk factors such as low body weight, smoking or long-term steroid use, should get a bone density scan to determine if they have or are at risk for developing osteoporosis. Once diagnosed, many women start taking medication to strengthen their bones and decrease the risk of fracture.

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attractive are hard surfaces for wheeled toys or bicycles, areas where other children gather, well equipped playgrounds, pools, ponds or streams of water, vacant lots, areas with loose sand or dirt and vacant dwellings. These locations may be either safe or unsafe, and getting there may involve crossing streets. From the point of view of young children, safety is not a distinguishing characteristic. Their criteria are activity and companionship. When they find little to do in their own yards or in areas that have been designated for them, they are likely to seek more desirable locations.

In summary, young children in traffic are in a very difficult position due to the normal process of growing up. They are curious, adventurous and act impulsively. They alternate between affection and aggression, independence and dependency, competency and limitations. They lack knowledge and experience in making judgments about space (distance) and the time necessary for safe street crossing. Their reasons for crossing a street have nothing to do with safe or dangerous actions. They still do not have concepts of what is safe, dangerous, or illegal. They give most of their attention to play, family or friends, and it is unlikely that they will think about or respond to traffic at the same time, unless properly guided.

(Adapted from "Preschool Children in Traffic," a Parent's Guide to Action. Prepared by the AAA Department of Traffic Engineering and Safety. Stock #3260.)
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For information about bicycle safety education materials, contact your county Cornell Cooperative Extension association.
Written by Lois Chaplin Layout by Kimberly Gabriel
Funded in part by a grant from the New York State Governor's Traffic Safety Committee

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Developmental Characteristics That Influence a Child's Behavior as a Bicyclist



It is commonly held that bicycle crashes in traffic involving children are usually caused by the children themselves, who are called careless or lacking in caution. It would appear as if people, without realizing it, equate the physical and psychological abilities of children, their attitudes and their experiences, to those of adults. This means more or less that the same requirements are made of children as of normal adults.

On the contrary, it must be accepted that:

- Young children have completely different prerequisites compared to those of the normal adult.
- That they act in a manner determined by their age and degree of development. No child can act in a more sophisticated manner than this.
- The rate of development in early childhood is so rapid that there are considerable differences, not only between adults and children, but also between children of different ages. The experiences of the two year old in a traffic situation differ from those of the four, six, eight, or ten year old.

This basic approach means that it is the children who are the victims of accidents but it is we adults who are to blame. As adults, we have failed to appreciate the situation of the children and in many circumstances to

adapt ourselves to this situation in order to ensure that many of these crashes never happen.

Any attempt to reduce bicycle crashes must consider the characteristics of young children. Let's examine why children behave as they do around streets and traffic.

During the preschool years, from the end of toddlerhood to age six, children make tremendous strides in physical, mental, emotional and social growth and development. They discover themselves, other people and meet the world with exuberance. Play is their business and they are constantly active. They are naturally curious and eager to learn.

#### **Physical Development**

The height of young children places them at a distinct disadvantage. The eye levels of three to five year olds, for example, range from 35 to 40 inches above the ground. In contrast, adult eye levels generally range from about 60-69 inches. To gain a better perspective of this crucial factor, stoop, sit or kneel to get an idea of what the traffic environment looks like from a child's level. You will find it impossible to see as much, and the perspective will be quite different.

In addition, visual development is not yet complete. Children under six years of age are typically farsighted, peripheral vision is not well developed. Their eyes are not well coordinated, and focusing requires more time than is generally true of adults. Some youngsters may see only part of a situation; at other times, what they see is a blur and they may be unable to focus or identify important items. In addition, they do not localize sound as well as adults.

### **Mental Development**

Young children are generally unaware of traffic laws and how they, as individuals, fit into the traffic system. Their thinking is a combination of reality and fantasy, knowledge and miscomprehensions. They usually think of only one thing at a time (they are particularly poor at any task which requires divided attention), have short attention spans, are impulsive and inherently curious. Furthermore, children under six rarely understand the true nature of dangerous situations. They can understand a situation from their point of view only and are unable to assume another person's perspective. In particular, they have no concept of the problems facing a motor vehicle driver. Children's thinking is typically based on what they see, rather than reasoning, and their experience base is small. However, they can begin to develop skills for using their eyes and ears to gather details concerning traffic if they are guided to do so.

### **Emotional Development**

Children often act on the basis of emotion rather than logic. Fear, excitement, anger or jealousy may intensify as children engage in activities that bring them in contact with traffic. Children are often unpredictable due to strong emotions associated with situations, such as a birthday party, family fight, even something as simple as buying ice cream. Under such circumstances a child's spontaneous reaction may be to bolt straight for or away from a particular person or object with total disregard for traffic. Many children even forget that they are entering the street.

### Social Development

A fourth factor is that between ages three and six, children are attempting to become sociable, somewhat self-reliant and independent. Playing with other children becomes important, and it seems very reasonable to a young child to join other children. Around age three, youngsters show interest in being near children their own age; however, they prefer to play beside rather with other children. Typical four-year-olds wish to expand their world more quickly than parents generally anticipate. They seem to have few self-constraints and are constantly on the move. At about age five, children become interested in their community, more independent and self-sufficient. Friendships can become strong, and they prefer to play in small groups.

When playing, young children are drawn to locations where they can be active and play with other youngsters. Areas that are particularly

## Testimony to Metro in support of the St John's Truck Strategy, Phase II Plan, May 30, 2013 Donna L. Cohen 8443 N Bliss St., Portland, OR 97203 503-737-1425 <u>dcohen@dcoheninfo.com</u>

My name is Donna Cohen and I am a community member of the Stakeholder Advisory Committee which developed the St John's Truck Strategy, Phase II, plan.

I know this project is listed as a freight project but it is much, much more. It is also a crucial community pedestrian project. As someone whose backyard is on Columbia Blvd – the truck route – I understand what it means for thru trucks are re-routed away from Fessenden / St Louis to Columbia. But, my experiencing additional noise and dust is *insignificant* compared to what pedestrian improvements on Fessenden / St Louis will mean to St John's as a whole.

Changes to the street are indispensable as part of the vision for a bright future for St John's, because this part of the project *isn't just about the street*. This is a 1 ½ -mile corridor which runs through the *middle* of St John's; approximately half of St John's population of 15,000 lives on either side of the corridor. The characteristics of the corridor *divide the population* on the north side from most of our destination places, which are south of the corridor: the town center, library and community center; and, children on the south side are endangered – especially at the blind curve - if they want to go to Pier Park with its pool, skate park, ball fields, and playground. And, Pier Park is only going to become more of an attraction with the anticipated npGreenway Trail, which will run through it.

The **safety conditions** of the corridor are practically nil. We have a volume of traffic for a neighborhood collector that is equivalent to a minor arterial, and we have a blind curve near which over 1,000 children live. The street is so unsafe that people – especially children, seniors and disabled individuals, which comprise about half our population – often avoid crossing the street completely, either going way out of their way to do so, or forsaking trips to the town center. I know many parents who don't let children walk to the library, or the community center, for example – a direct trip for many kids of only a few blocks – because it means crossing Fessenden / St Louis.

This is also about *equity* - the residents of St John's who live north of Fessenden / St Louis, have the lowest median income and are the most diverse, in St John's as a whole. Indeed, the area north of Fessenden / St Louis - has a significantly lower median income, and a more diverse population, than Portland as a whole. It's our time for change.

Please remember that developing Fessenden / St Louis is **about setting a foundation for the future for the whole of St John's**. The multiplier effect of what we are asking for along Fessenden / St Louis is huge. The changes will **bring our community together**, by transforming a desolate, and dangerous corridor, and will make St John's much **safer**, more **livable** and **walkable** *and also* **provide incentives for economic growth in our town center**, **as well as along Fessenden / St Louis** – everything we talk about as being worthy, if not precious, goals for our urban life.

#### Dec 5 Council Meeting

### Jennings, Gayla

From:Donna Cohen [dcohen@dcoheninfo.com]Sent:Thursday, April 11, 2013 12:18 PMTo:Jennings, GaylaSubject:RE: Dec 5 Council MeetingSure.I should have more to report by then!

And, if not, I will cancel - giving you ample notice.

Thanks, Donna

Donna L Cohen 503-737-1425 dcohen@dcoheninfo.com

From: Jennings, Gayla [mailto:Gayla.Jennings@portlandoregon.gov] Sent: Thursday, April 11, 2013 11:55 AM To: Donna Cohen Subject: RE: Dec 5 Council Meeting

I apologize Donna - the last spot for May 29th was just reserved.

Would you like me to sign you up for the following Wednesday, June 5th?

*Gayla Jennings* Deputy Auditor | Office of the City Auditor City of Portland, Oregon Phone (503) 823-3560

From: Donna Cohen [mailto:dcohen@dcoheninfo.com] Sent: Thursday, April 11, 2013 11:29 AM To: Jennings, Gayla Subject: RE: Dec 5 Council Meeting

Hi,

May 29 is fine.

I don't want the council members to feel the application is super important for them to read. It's just a courtesy in case they are interested. Amanda and Steve would be most likely as both have had some dealings with the issue on Fessenden.

Thanks for your help. Donna

4/11/2013

From: Jennings, Gayla [mailto:Gayla.Jennings@portlandoregon.gov]
Sent: Thursday, April 11, 2013 11:24 AM
To: Donna Cohen
Subject: RE: Dec 5 Council Meeting

Hi Donna,

No problem - I'd be happy to assist you in signing up for communications.

Unfortunately, April and May are pretty full with communication requests. The next available date to speak before Council is May 29th. There's one spot left and someone had expressed interest in signing up for it so I'm not sure how long it will be available. Additionally, I could put you on a call list in case there's a cancellation.

In the meantime, I could distribute the application you attached to the Council members.

Please let me know how you'd like me to proceed - thank you!

*Gayla Jennings* Deputy Auditor | Office of the City Auditor City of Portland, Oregon Phone (503) 823-3560

From: Donna Cohen [mailto:dcohen@dcoheninfo.com] Sent: Thursday, April 11, 2013 8:56 AM To: Jennings, Gayla Subject: RE: Dec 5 Council Meeting

Hi Gayla,

I spoke with Amanda at the St John's N.A. meeting Monday night to update her on the progress on the Fessenden/St Louis safety plan [part of the St John's Truck Plan, Phase II] and the fact that we are going for funding now. The thru trucks are gone!! Yay. Traffic division has really provided good enforcement [as well as catching a few traffic infractions around St John's, in general - now that they are situated here. But, that's another story. :-) ]

Anyhow, she requested I come to council to tell give the all members an update.

So....I could do a "Communications" 3-minute gig on the 24th, the 1st or the 8th.

I'm attaching our application for funding, should anyone on the council like to take a look at it.

Thanks, Donna

4/11/2013

Donna L Cohen 503-737-1425 dcohen@dcoheninfo.com

From: Jennings, Gayla [mailto:Gayla.Jennings@portlandoregon.gov]
Sent: Wednesday, November 28, 2012 10:37 AM
To: Donna Cohen
Cc: Commissioner Fritz
Subject: RE: Dec 5 Council Meeting

Request of Donna Cohen to address Council regarding the Fessenden/St Louis safety plan (Communication)

# JUN 05 2013

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# Filed \_\_\_\_\_ MAY 3 1 2013

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Audito	or of the Gity of Portland
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COMMISSIONERS VOTED AS FOLLOWS:			
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