Duwamish HIA

Recommendations to maximize health benefits, minimize impacts, and reduce health inequities of Proposed Duwamish River Cleanup Plan

UW School of Public Health
Just Health Action
Duwamish River Cleanup Coalition/
Technical Advisory Group



Local Residents



Resources & Methods

- EPA & Census data sources
- Literature Review
- Resident Advisory Committee (South Park, Georgetown residents, topical advisors)



Residents

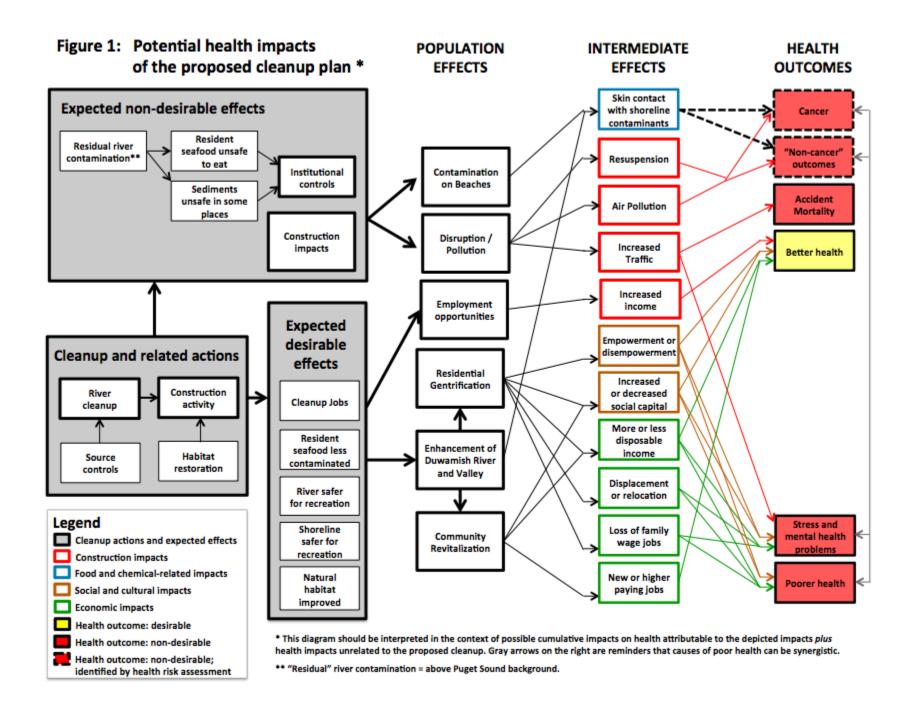
- South Park, Georgetown
- Low-income, high unemployment
- Large minority, immigrant communities

Disproportionate environmental exposures,

health burdens







Health Effects

	Direction	Likelihood	Magnitude	Distribution
Construction Disruption/ Pollution	ADVERSE	POSSIBLE – LIKELY	LIMITED – MODERATE	Neighborhood differences; Disproportionate harm to fishers, beach users
Construction Opportunities	BENEFICAL	LIKELY	LIMITED – MODERATE	Restorative equity effect
Contamination on Beaches	ADVERSE	POSSIBLE	LIMITED	Disproportionate harm to beach users
Gentrification	ADVERSE	VERY LIKELY	SUBSTANTIAL	Disproportionate harm to low income residents
Gentrification	BENEFICAL	POSSIBLE – LIKELY	LIMITED – SUBSTANTIAL	Disproportionate benefit to high income residents

Recommendations

Construction & Contamination Impacts

- 1. Use environmental dredging technology and skilled operators to reduce suspension
- 2. Negotiate vehicle traffic routes with community; develop mitigation measures
- 3. Use low-sulfur fuels and "green remediation" to reduce emissions
- 4. Provide signage and washing stations at local beaches until cleanup goals are met



Recommendations

Construction Opportunities

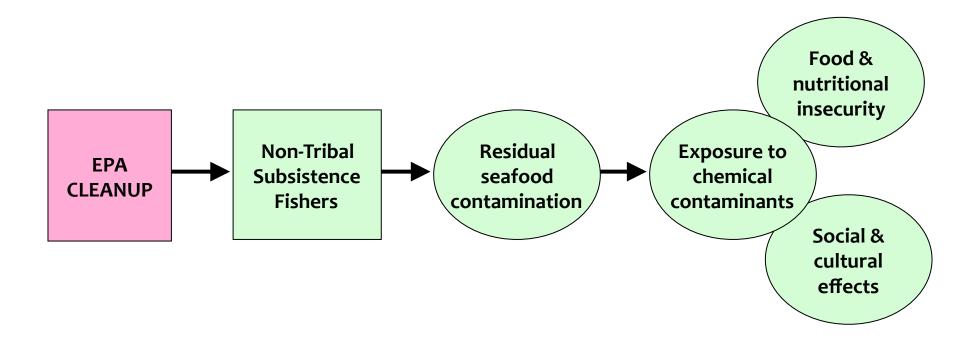
5. Provide job training and placement program for local residents

Gentrification

- 6. Ensure equity in all development through existing race, equity and social justice ordinances
- 7. Coordinate reinvestment and development through agency/community coalition
- 8. Preserve affordability, produce affordable housing
- 9. Protect and promote home ownership



Non-tribal Subsistence Fishers



Resources and methods

- * Literature review
- * Community advisors
- * Key informant interviews
- * Focus groups

* Graduate student: Amber Lenhart

Fishing populations

Who is currently fishing on the Duwamish?

- * Asian and Pacific Islander immigrants and Americans
- * Other immigrant populations
- * People of color
- * Low-income, food-insecure
- * Urban American Indians and Alaska Natives

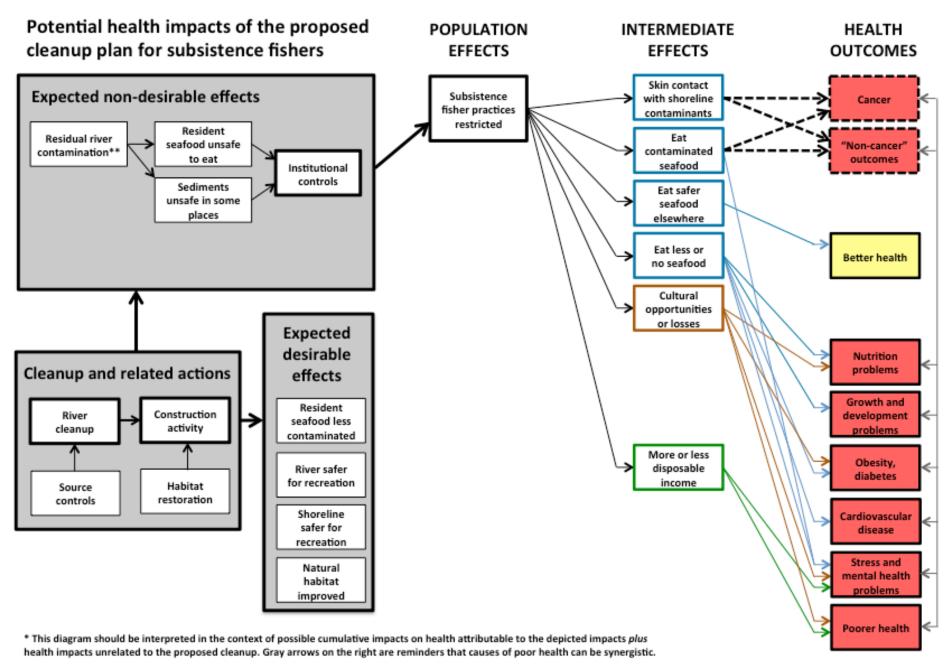


Fishing from Spokane St. Bridge (Google Maps Street View)

Fishing populations

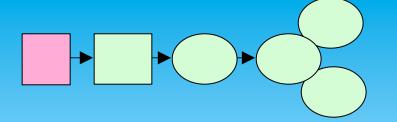
Why are people fishing on the Duwamish River or other urban waters?

- * cultural and traditional reasons
- * recreation and relaxation
- * convenient and inexpensive source of perceived healthy and culturally relevant food
- * opportunity to spend time with friends and family



^{** &}quot;Residual" river contamination = above Puget Sound background.

Health impacts



	Direction	Likelihood	Magnitude	Distribution
Exposure to chemical contaminants	Adverse	Very likely	Limited to moderate	 Lower income Non-English speaker People who fish for social, cultural or traditional reasons
Food & nutritional insecurity	Adverse	Likely	Limited to moderate	Lower incomeFood-insecure people
Social & cultural effects	Adverse	Likely	Limited to moderate	 People who fish for social, cultural or traditional reasons

Recommendations

- 1. Institutional controls should go beyond restrictive and informational actions.
- 2. Interventions should emphasize positive alternatives.
- 3. There is a clear need for innovative thinking. *Possible* options:
 - a. "Off-sets" in EPA EJ Analysis
 - b. Supply fish to local food banks
 - c. Community Supported Fishery (CSF) programs
 - d. Urban fishing ponds

Recommendations

- 4. Target audience should include people who might fish on the Duwamish; not just current fishers.
- 5. Efforts should be culturally appropriate, and should be designed to help people make informed choices.
- 6. Efforts should engage and empower members of fishing populations, to participate meaningfully in all stages of intervention.

Three Tribes





Duwamish Tribe

Suquamish Tribe



Tribal Advisory Committee

(2 professional staff from Suquamish and 2 Duwamish Tribe members. Muckleshoot chose not to participate)

1. Advise

- 2. Provide preliminary info about:
 - How do Tribes conceptualize health relative to the general population?
 - How could the river cleanup impact or change the community? (in good ways and bad ways)
- 3. Provide recommendations

Table 1: Comparison of American Indian/Alaska Native Indicators to General Population in Washington State and King County

Indicators/Source	WA AI/AN	WA Gen Pop	KC AI/AN	KC Gen Pop
Sociodemographics				
Poverty (percent)	26.3*	12.1	25.1*	9.7
Source	US Census, ACS 20	06-2010; GCT1701	US Census, ACS 2005-2009:GTC1701	
College Education (percent)	13.2*	31.0	16*	44.8
Source	US Census, ACS 2006-2010; B15002		US Census, ACS 2005-2009; B15002	
Unemployment (percent)	16.4* 7.6		10.9* 5.7	
Source	US Census, ACS 2006-2010: DP03		US Census, ACS 2005-2009: DP03	
Mortality	,		,	
Cancer mortality per 100,000	170.3	177.7	177.3	165.6
Source	US National Center for H	ealth Statistics 2004-2008	U.S. National Center for Health Statistics 2003-2007	
Heart disease mortality per 100,000	185.5	168.5	176.5	152.6
Source	US National Center for H	ealth Statistics 2004-2008	U.S. National Center for He	ealth Statistics 2003-2007
Heart health	-		-	
Heart disease (percent)	4.9*	3.5	6.3	2.8
Source	BRFSS 20	006-2010	BRFSS 2005-2010	
Smoking (percent)	31.3*	15.9	23.7*	12.1
Source	BRFSS 2006-2010		BRFSS 2005-2010	
Diabetes (percent)	11.5*	7.3	12.2*	5.9
Source	BRFSS 2006-2010		BRFSS 2006-2010	
Obesity (percent)	39.0*	25.6	35.3*	20.1
Source	BRFSS 2006-2010		BRFSS 2006-2010	
Maternal and childhealth	-		•	
Infant mortality per 1,000 live births	9.7*	5.1	13.2*	4.5
Source	US National Center for Health Statistics 2003-2007		US National Center for Health Statistics 2002-2006	
Low birth weight (percent)	7.6*	6.3	6.9	6.5
Source	US National Center for Health Statistics 2004-2008		US National Center for Health Statistics 2003-2007	
Mental health			•	
Mental distress (percent)	19.1*	9.9	15.7*	8.3
Source	BRFSS 2006-2010		BRFSS 2005-2010	
Wellness				
Cirrhosis deaths per 100,000	31.6*	9.1	24.3*	7.8
Source	US National Center for Health Statistics 2004-2008		US National Center for Health Statistics 2003-2007	
Asthma (percent)	17.3*	9.2	17.3*	8.1
Source	BRFSS 20	006-2010	BRFSS 2005-2010	

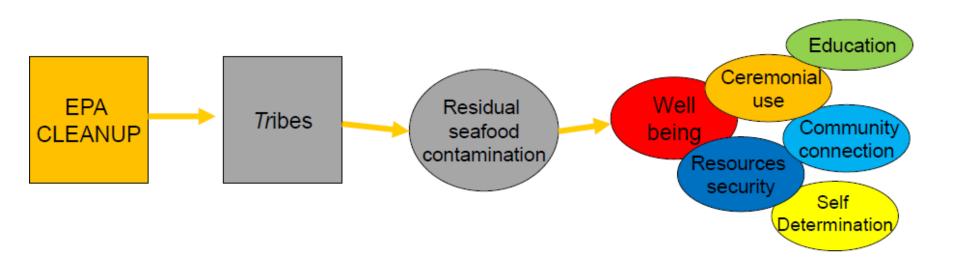
Health data produced by: Urban Indian Health Institute: Seattle Indian Health Board

U.S Census Data and Table 1 compiled by: Just Health Action

BRFSS- Behavioral Risk Factor Surveillance System

^{*} Statistically significant at p= 0.05

Health through Tribal Lens: Indigenous Health Indicators



Tribal Health Effects: Residual Contamination

- Traditional EPA Risk Assessment = disproportionate risks to Tribes
- Residual risks postcleanup = still disproportionate
- Cumulative risks not accounted for





credit: Ashley Ahearn, KUOW



Tribal Health Effects: Institutional Controls



- 1. Violation of Tribal fishing rights
- 2. Food security
- 3. Physical health to protect spiritual health

Like we say, it's our spiritual food so it feeds our soul; so it might poison our body, but then we we'd rather nourish our soul

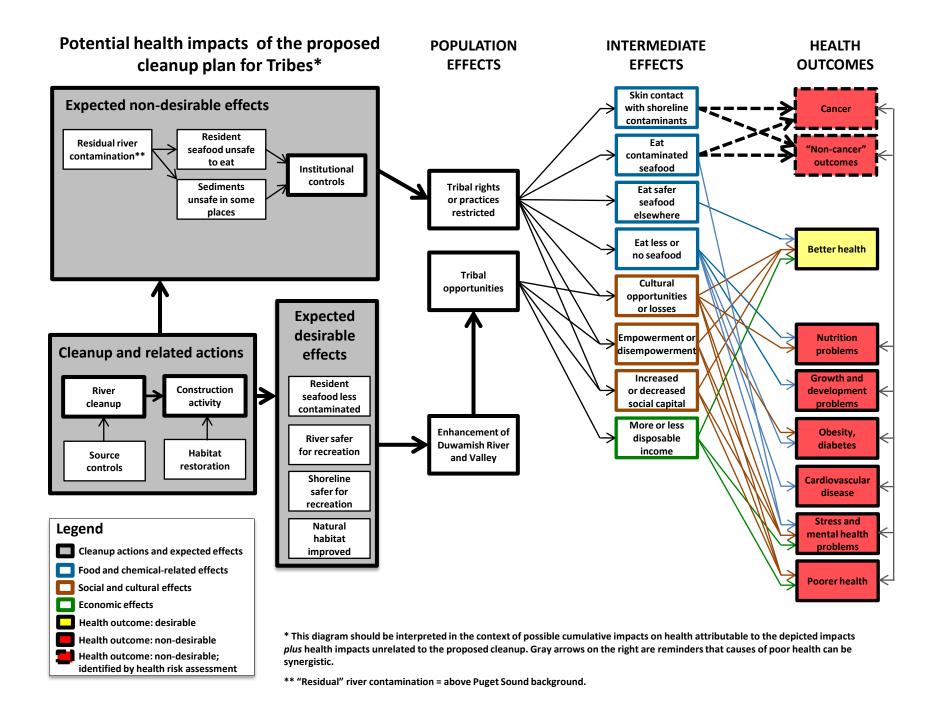
Swinomish Elder – Donatuto, 2011

Tribal Health Effects: Habitat Renewal

Good for health:

Pride, empowerment, ownership - "more ceremonies on river"





Three Tribal Advisory Committee Recommendations

- 1. Collaborate with Tribes to more fully address their health concerns about river cleanup
- Restore Tribes' traditional resource use in accordance with Treaty rights: Institutional controls need to be temporary, not permanent
- 3. Establish Revitalization Fund to enhance Tribal empowerment and health until Institutional Controls are removed